Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	•	
		dentification Information					
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009	
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
В	B This return/report is for: first return/report final return/report						
		nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program	
_							
Do	rt II Pacia Plan Infor						
		mation—enter all requested inform	nation		1h	Throo digit	
	Name of plan	401(K) PLAN			וו	<u> </u>	
1 011	er outr, eleo ora e rivatbort	401(14)1 12/114				(PN) • 001	
					1c	Effective date of plan	
						01/01/2008	
	•	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number	
FORI	POINT, LLC					(EIN) 32-0172244	
4000	NAME OF AMANAMA				2c		
) LAKE CITY WAY N.E. E 460				2d		
SEAT	TLE, WA 98125					339900	
3a	Plan administrator's name and	l address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN	
FORI	EPOINT, LLC		CITY WAY	Y N.E.		32-0172244	
			VA 98125		3с		
1 1	the name and/or FIN of the ni	an enoneor has changed since the la	et return/re	port filed for this plan, enter the	4h		
				port med for this plan, effect the	40	EIIN	
		4c	PN				
5a	5a Total number of participants at the beginning of the plan year					13	
b	b Total number of participants at the end of the plan year					13	
С	Total number of participants w	vith account balances as of the end c	of the plan y	vear (defined benefit plans do not			
			5c	10			
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No	
b						▼ voc □ No	
						res [] No	
Pa			01111 5500-	SF and must instead use Form 55	υυ.		
7		### properties for:					
-	Total plan assets		70)	· /	
	Total plan according					300033	
b	·					E000E2	
<u>c</u>			. 7с)		
8				(a) Amount		(b) Total	
а			8a(1)	18717	7		
					-		
				10201	_		
b	, ,		` '	11944	╣		
C	` ,			110440	_	213394	
d	, , ,	, , , , ,	. 00			210004	
u	1 \	•	8d	1091			
е	Certain deemed and/or correct	etive distributions (see instructions)	8e				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f				
g	Other expenses		. 8g				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				1091	
i		-·				212303	
i							

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Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIERISII	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2F 2J 2K 3E

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No	Amount		nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					[Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	[Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d	_			_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		·····				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder 	the co	ntrol 		[Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plai	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	V(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/04/2010	KEVIN CUMLEY					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/04/2010	KEVIN CUMLEY					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

OMB Nos. 1210-0110

1210-0039

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

	Department of the Treasury Internal Revenue Service	This form is required to be file	d under sect	tions 104 and 4065 of the Employee	•	2	009		
	Department of Labor	Retirement Income Security	Act of 1974 (ERISA), and section 6058(a) of the		This Form is Open to Public			
	loyee Benefits Security Administration	* 		le (the Code).	Inspection.				
	ension Benefit Guaranty Corporation		dance with t	the instructions to the Form 5500	SF.	<u> </u>			
		Identification Information	01/01/	/2009 and ending	10	/31/2009	The state of the s		
	he calendar plan year 2009 or				_ <u></u>	7	it alan		
A 1	his return/report is for:	x single-employer plan		ployer plan (not multiemployer)	L	one-participan	a prani		
ВТ	This return/report is for:	first return/report	final return/r	· ·					
		an amended return/report	short plan y	ear return/report (less than 12 months) _				
C	Check box if fling under.	x Form 5558	automatic e	xtension	L	DFVC program	n		
		special extension (enter description)						
Pa	rt II Basic Plan Info	rmation enter all requested infor	mation.						
	Name of plan					Three-digit plan number			
	FOREPOINT, LLC SAFE	HARBOR 401(K) PLAN				(PN) ►	001		
	• • •					Effective date of	plan		
						01/01/2008	ingkan Niverkan		
2a	Plan sponsor's name and addr FOREPOINT, LLC	ress (employer, if for single-employer pla	an)			Employer Identif (EIN) 32-017			
	Policie Outra, into				2c	•	elephone number		
	12360 LAKE CITY WAY	N.E.			24	(425) 402-4 Business code (
us	SUITE 460 SEATTLE	WA 98125			۷۵	339900	See (DSUBGIONS)		
3a		i address (if same as plan employer, en	ter "Same")		3b	Administrator's E	EIN		
	Same								
					3с	Administrator's t	elephone number		
4	If the name and/or FIN of the	plan sponsor has changed since the las	t return/repor	t filed for this plan, enter the	4b	EIN			
•	name, EIN and the plan numb	er from the last return. Sponsor's Name			4c	PN			
<u> </u>	Talal a salage of a salaining start and	t the beginning of the plan year			5a		13		
b b	-	t the end of the plan year			5b		13		
	Total number of participants w	ith account balances as of the end of th	e plan year (defined benefit plans do not	_		10		
	complete this item)	<u> </u>		. <u> </u>	<u>5c</u>		10 X Yes No		
	Were all of the plan's assets d	luring the plan year invested in eligible a he annual examination and report of an	issets? (See	instructions.)	•		₹71.62 140		
b	under 29 CFR 2520 104-46? ((See instructions on waiver eligibility and	d conditions.)				x Yes No		
	If you answered "No" to eith	ner 6a or 6b, the plan cannot use Forn	n 5500-SF ar	nd must instead use Form 5500.		 			
Pa	rt III Financial Infor	mation			т				
7	Plan Assets and Liabilities		1 4 A	(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	375,750	_		588,053		
b	Total plan liabilities		. 7b	0	_	-			
С	Net plan assets (subtract line	7b from line 7a)	. 7c	375,750	_		588,053		
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount	ļ.,	(b)	Total		
а	Contributions received or received	eivable from:	A 6.45	18,717	l i				
	(1) Employers		. 8a(1)	75,232		74. T.	医真缝管囊畸胎		
	(-)		. 8a(2)	10,232	70				
L	(3) Others (including rollover		. 8a(3)	119,445	7				
b		20/3\ 20/3\ mnd 9h\	. 8b				213,394		
d	Total income(add lines 8a(1), Benefits paid (including direct	Ba(2), 8a(3), and 8b) : rollovers and insurance premiums	. 00		1	n Bara	£ -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1		
u	to provide benefits)		. 8 d	1,091	1.5	过者抵抗			
е	Certain deemed and/or correc	ctive distributions (see instructions) .	. 8e						
f		ers (salaries, fees, commissions)	. 8f		1				
g	Other expenses		· 8g			-9 op - 92 to 22			
h	Total expenses (add lines 8d	8e, 8f, and 8g)	. 8h				1,091		
1	Net income (loss) (subject line		. 8i				212,303		
i		see instructions)	. <u>8j</u>						

	Farm 5500-SF (2009)	Pa	age 2-					
art IV	Language Control of the Control of t							
a Ifthe	plan provides pension benefits, enter the applicable pension fea	ture codes from the List	of Plan Characterist	ic Co	des in	the ins	structions	
b If the	2F 2J 2K 3E plan provides welfare benefits, enter the applicable welfare feat	ure codes from the List o	f Plan Characteristic	Cod	es in t	he inst	ructions:	
art V	Compliance Questions							
	ring the plan year:		ſ		Yes	No	Am	nount
29	is there a failure to transmit to the plan any participant contribution CFR 2510 3-102? (See instructions and DOL's Voluntary Fiducions there any nonexempt transactions with any party-in-interest?	ary Correction Program)	ons reported	10a	··· <u>·</u>	x		
on	line 10a.)			10b				
	is the plan covered by a fidelity bond?			10c		x		
or	dishonesty?			10d				
ins	ere any fees or commissions paid to any brokers, agents, or other urance services or other organization that provides some or all o tructions.)	of the benefits under the p	olan? (See	10e		x		
	is the plan failed to provide any benefit when due under the plan			10 f		х		
	If the plan have any participant ioans? (If "Yes," enter amount as			10g	-	x		
h Ift	his is an individual account plan, was there a blackout period? (\$ 20.101-3.)	See instructions and 29 C	FR	10h		х		
i If	Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101	e required notice or one o	of the	10i				
	Pension Funding Compliance							
1 Is	this a defined benefit plan subject to minimum funding requireme	ents? (If "Yes," see instru	ctions and complete	Schi	edule	SB (Fo	rm	Yes X No
a ifa	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate weiver of the minimum funding standard for a prior year is being anting the waiver completed line 12a, complete lines 3, 9, and 10 of Schedule	g amortized in this plan y	Mon	s, and	l enter	the da	ite of the lette	r ruling ear
	ter the minimum required contribution for this plan year				.]_	12b		
C Er	iter the amount contributed by the employer to the plan for this p	lan year			. L	12c		
ne	ibtract the amount in line 12c from the amount in line 12b. Enter gative amount)					12d	<u> </u>	
	il the minimum funding amount reported on line 12d be met by t				<u> </u>	<u></u>	Yes [No NA
art VI	al de la companya de							
	as a resolution to terminate the plan been adopted during the pla 'Yes," enter the amount of any plan assets that reverted to the e					 13a		Yes X No
	ere all the plan assets distributed to participants or beneficiaries				contro	Ŋ		Tyre Files
C If	the PBGC? during this plan year, any assets or liabilities were transferred from the plan year, any assets or liabilities were transferred. (See instructions.)				to			Yes X No
	1) Name of plan(s):				1.	3c(2) E	IN(s)	13c(3) PN(s)
—-·								
Caution:	A penalty for the late or incomplete filing of this return/repo	rt will be assessed unle	ess reasonable cau	use is	estal	blished	1	
SB or Sch	nalties of perjury and other penalties set forth in the instructions, nedule MB completed and signed by an enrolled actuary, as well	I declare that I have exa as the electronic version	mined this return/report of this return/report	port, i t, and	ncludi to the	ng, if a best c	ppticable, a S of my knowled	chedule ige and
······································	strue_correct, and complete.							
SIGN		Data	Enter name of inc	livida	al einn	ina se	nlan administ	rator
HERE	Signature of plan administrator	Date 10 - 1 - 10	Kevi-				Proc	7 /
SIGN	- COY		Enter name of inc			7		
HERE	Signature of employer/plan_sponsor	Date						