	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		Plan ctions 104 and 4065 of the Employe	е	2010					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A Internal		This Form is Open to Public Inspection						
Pension Benefit Guaranty Corporation In Complete all entries in accordance with the instructions to the Form 5500-SF.										
	Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
_		al plan year beginning 01/01/2010			2/31/2					
	This return/report is for:		•	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final return	•	ntha)					
C		an amended return/report		year return/report (less than 12 mo	nuns)					
	C Check box if filing under:									
Part II Basic Plan Information—enter all requested information										
	Name of plan		allon		1b	Three-digit				
	TERPOINT MANAGEMENT, IN	C. CAFETERIA PLAN				plan number 501				
					10	(PN)				
					IC	Effective date of plan 10/01/2004				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 20-1450395				
	9 72ND AVE S STE 125				2c	Plan sponsor's telephone number 253-395-9226				
KEN	T, WA 98032-2390				2d	Business code (see instructions) 531110				
3a CEN	Plan administrator's name and TERPOINT MANAGEMENT, IN	address (if same as Plan sponsor, er C. 20819 72ND	nter "Same AVE S ST	") E 125	3b	Administrator's EIN 20-1450395				
		3c	3c Administrator's telephone number 253-395-9226							
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	2				
b	Total number of participants at	5b	2							
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)										
6a	Sa Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b		e annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a							
b	•		7b							
<u> </u>		b from line 7a)	7c	(י ר	0				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or recei (1) Employers		8a(1)							
	(2) Participants		8a(2)	1650)					
	(3) Others (including rollovers)		8a(3)							
b			8b			4050				
с С		Ba(2), 8a(3), and 8b)	8c			1650				
d		ollovers and insurance premiums	8d	1650)					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f							
g	Other expenses		8g							
h		3e, 8f, and 8g)	8h							
i		e 8h from line 8c)				U				
J	mansiers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

4A

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

Part	V	Compliance Questions							
10	Dui	ing the plan year:		Yes	No		Amo	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х				
С	Wa	as the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		Х				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, arance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		x				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0)).						Yes	No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of I	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	/ou (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er 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 a negative amount)								
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	lo	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b									
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)							PN(s)		
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/05/2011	RENE JONES
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Page 2-

Benefit Plan Benefit Plan Desting with the instance of the form of		Form 5500-SF Short Form Annual R	Return/	Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
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KENT WA 98032-2390 531110 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's ENN 20819 72ND AVE S STE 125 3c Administrator's ENN KENT WA 98032-2390 3c Administrator's ENN 4 If the name and/or EIN of the plan sponsor has charged since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report soname 4d EIN 5a Total number of participants at the end of the plan year 5a 2c 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 5c 6a Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No Part III Financial Information 7a (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 7a (a) Amount (b) Total 63 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions neavier distributions (see instructions.) Be 1650 <		2001) 7200 AVE 5 511 125			24				
20819 72ND AVE S STE 125 KBNT WA 98032-2390 3C Administrator's telephone number 253-395-9226 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4D EIN 4D 5a Total number of participants at the beginning of the plan year. 5a 2a 2b 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xres No Xres No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xres No Yes No Part III Financial Information 7a Yes No Yes No 7 Plan Assets and Liabilities 7a 0 0 8 Income, Expenses, and Transfers for this Plan Year 8a(2) 1650 (2) Other sincluding rollowers) 8a(2) 1650 (3) Others (including rollowers) 8a(2) 1650 9 Other plan assets (subtract line 7b from line 7a) 8c 1650 (2) Participants 8a(2) 1650 9 Other sincluding di		KENT WA 98032-2390			20	, , ,			
KENT VA 98032-230 253-395-9226 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 2a 2b c Total number of participants at the end of the plan year 5a 2b 2c c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Sc 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xe Yes No b Ave you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part Assets and Liabilities 7a 7a 7a 7b 7c 7b 7b <t< td=""><td>3a</td><td>Plan administrator's name and address (if same as Plan sponsor, e CENTERPOINT MANAGEMENT, INC.</td><td>nter "Sam</td><td>e")</td><td colspan="5"></td></t<>	3a	Plan administrator's name and address (if same as Plan sponsor, e CENTERPOINT MANAGEMENT, INC.	nter "Sam	e")					
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4c PN 5a Total number of participants at the beginning of the plan year				eport filed for this plan, enter the	4b	EIN			
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j Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1650			
	i	Net income (loss) (subtract line 8h from line 8c)	8i			0			
	j		0						

Par								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara $4A$	cteris	tic Coo	les in t	he instructio	ons:		
Part	V Compliance Questions							
10	During the plan year:	Ļ	Yes	No	1	Amount		
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)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c		Х				
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		х				
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		х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf	you 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				
С	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 a negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[Yes] No 🗌 N/A		
Part	VII Plan Terminations and Transfers of Assets							
13a	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 of the PBGC?					X Yes 🗌 No		
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					
1	3c(1) Name of plan(s):		130	:(2) EIN	N(s)	13c(3) PN(s)		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and sinced by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete	5		/	
beller, it is true, conrect, and complet	2	Λ		

SIGN	John Harl	07/28/2011	John P. Rader
HERE	Signature/of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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