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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	SF.		•
Pä	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 12	2/31/2	011	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	oant plan
		•	eturn/report	L		•
			·			
			in year return/report (less than 12 mo	ontns)	_	
С	Check box if filing under:	automatic	extension		DFVC progra	ım
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested informa	ition				
	Name of plan			1b	Three-digit	
	FERPOINT MANAGEMENT, INC. CAFETERIA PLAN				plan number	
					(PN) ▶	501
				1c	Effective date of	f plan
					10/01	/2004
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)	2b	Employer Identif	
CEN	TERPOINT MANAGEMENT, INC.				(EIN) 20-14	50395
				2c	Sponsor's telep	
	9 72ND AVE S STE 125				253-39	
KEN	Γ, WA 98032-2390			2d		see instructions)
					53111	
	Plan administrator's name and address (if same as plan sponsor, en TERPOINT MANAGEMENT, INC. 20819 72ND A			3b	Administrator's I	EIN 50395
CEN	FERPOINT MANAGEMENT, INC. 20819 72ND A KENT, WA 98		= 125	20		
				3C .	253-395	elephone number 5-9226
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/i	report filed for this plan, enter the	4b	FIN	
-	name, EIN, and the plan number from the last return/report.		open med is and plan, eller and		LIIV	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of the pl		-			
•	complete this item)	• (•	5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a	n indeper	dent qualified public accountant (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditi	ons.)			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	0.		
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	0			0
b	Total plan liabilities	7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	7с	0			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		(-)		(~) .	
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	3400			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3400
d	Benefits paid (including direct rollovers and insurance premiums	UC				
u	to provide benefits)	8d	3400			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g g	Other expenses	8g				
	·					3400
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
!	Net income (loss) (subtract line 8h from line 8c)	8i				<u> </u>
J	Transfers to (from) the plan (see instructions)	8j				

Form	5500.	SF.	201

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Part IV	Plan	Chara	cteristics

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

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

	44						
Part	Compliance Questions						
10	During the plan year:		Yes	No	Α	mount	
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		10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
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		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	or se	ection 3	302 of	ERISA?	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 instrugranting 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 negative amount)		L	12d			
<u>e</u>	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 in any plan year?			Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ntrol			п.,
	of the PBGC?					X Yes	No
	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 pla	. ,				
1	I3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.	urn/re	port, ir	cluding	g, if applicab		
	f, it is true, correct, and complete.	- 1	,				· -

SIGN	Filed with authorized/valid electronic signature.	07/03/2012	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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011 and ending		12/31/2011				
Α	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
	This return/report is:	= :	return/report	. , ,					
	an amended return/report	=	an year return/report (less than 12 m	ontha'					
_		╡ :	, ,	UHRHS,					
U	Check box if filing under: Form 5558		c extension		DFVC program				
	special extension (enter descripti	<u>'</u>							
	art II Basic Plan Information—enter all requested inform	nation							
	Name of plan			1b	Three-digit				
CE	INTERPOINT MANAGEMENT, INC. CAFETERIA PLA	AN			plan number 501				
				10	(PN) For Surface (PN) Figure (PN) For Surface (PN) For Su				
					10/01/2004				
2a	Plan sponsor's name and address; include room or suite number (e	employer, i	f for a single-employer plan)	2b	Employer Identification Number				
CE	NTERPOINT MANAGEMENT, INC.	1 1317			(EIN) 20-1450395				
				2c	Sponsor's telephone number				
20	819 72ND AVE S STE 125				253-395-9226				
				2d	Business code (see instructions)				
	NT WA 98032-2390				531110				
3 <u>a</u>	Plan administrator's name and address (if same as plan sponsor, e NTERPOINT MANAGEMENT, INC.	enter "Sam	e")	3b	Administrator's EIN				
				20	20-1450395				
KE KE	819 72ND AVE S STE 125 NT WA 98032-2390			30	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	4b	EIN				
	name, EIN, and the plan number from the last return/report.								
	Sponsor's name	***************************************		4c					
	Total number of participants at the beginning of the plan year			5a	2				
	Total number of participants at the end of the plan year			5b	0				
C	Number of participants with account halances as of the end of the	nian waar (
	Number of participants with account balances as of the end of the complete this item)	pian year (defined benefit plans do not	5c					
6a	complete this item) Were all of the plan's assets during the plan year invested in eligible.				X Yes				
	Complete this item)	ole assets?	(See instructions.)	PA)	<u> </u>				
	complete this item)	ole assets? an indeper and condit	(See instructions.)	PA)	<u> </u>				
b	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F	ole assets? an indeper and condit	(See instructions.)	PA)	<u> </u>				
b Pa	complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	ole assets? an indeper and condit	(See instructions.)	PA)	X Yes No				
ь Ра 7	complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fri III Financial Information Plan Assets and Liabilities	ole assets? an indeper and condit form 5500-	(See instructions.)	PA)	(b) End of Year				
Pa 7 a	complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets	ole assets? an indeper and condit form 5500-	(See instructions.)	PA)	(b) End of Year				
Pa 7 a b	complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan liabilities	ole assets? an indeper and condit orm 5500-	(See instructions.)	PA) 00.	(b) End of Year				
Pa 7 a b	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ole assets? an indeper and condit orm 5500-	(See instructions.) Ident qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year	PA)	(b) End of Year 0 0 0				
Pa 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	ole assets? an indeper and condit orm 5500-	(See instructions.)	PA) 00.	(b) End of Year				
Pa 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	ole assets? an indeper and condit form 5500- 7a 7b 7c	(See instructions.) Ident qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year	PA) 00.	(b) End of Year 0 0 0				
Pa 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	ole assets? an indeper and condit form 5500- 7a 7b 7c 8a(1)	(See instructions.) Ident qualified public accountant (IQF IONS.) SF and must instead use Form 550 (a) Beginning of Year (a) Amount	PA) 0 0 0	(b) End of Year 0 0 0				
Pa 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Free III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	ole assets? an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Ident qualified public accountant (IQF ions.) SF and must instead use Form 550 (a) Beginning of Year	PA) 0 0 0	(b) End of Year 0 0 0				
Pa 7 a b c 8 a	complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	Die assets? an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Ident qualified public accountant (IQF IONS.) SF and must instead use Form 550 (a) Beginning of Year (a) Amount	PA) 0 0 0	(b) End of Year 0 0 0				
Pa 7 a b c 8 a b	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Frt. III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	ole assets? an indeper and condit form 5500- 7a	(See instructions.) Ident qualified public accountant (IQF IONS.) SF and must instead use Form 550 (a) Beginning of Year (a) Amount	PA) 0 0 0	(b) End of Year O O (b) Total				
Pa 7 a b c 8 a	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Frt. III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Die assets? an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Ident qualified public accountant (IQF IONS.) SF and must instead use Form 550 (a) Beginning of Year (a) Amount	PA) 0 0 0	(b) End of Year 0 0 0				
Pa 7 a b c 8 a b c .	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Frt. III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	ole assets? an indeper and condit form 5500- 7a	(See instructions.) Ident qualified public accountant (IQF IONS.) SF and must instead use Form 550 (a) Beginning of Year (a) Amount	0 0 0 0	(b) End of Year O O (b) Total				
Pa 7 a b c 8 a b c d	complete this item)	ole assets? an indeper and condit form 5500- 7a	(See instructions.) Ident qualified public accountant (IQF ions.)	0 0 0 0	(b) End of Year O O (b) Total				
Pa 7 a b c 8 a b c d	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Frill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) Ident qualified public accountant (IQF ions.)	0 0 0 0	(b) End of Year O O (b) Total				
Pa 7 a b c 8 a b c d e	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Free III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	ble assets? an indeper and condit form 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e	(See instructions.) Ident qualified public accountant (IQF ions.)	0 0 0 0	(b) End of Year O O (b) Total				
Pa 7 a b c 8 a b c d e f	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Frill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	ble assets? an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8g	(See instructions.) Ident qualified public accountant (IQF ions.)	0 0 0 0	(b) End of Year O O (b) Total				
Pa 7 a b c 8 a b c d e f g	Complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	ble assets? an indeper and condit form 5500- 7a	(See instructions.) Ident qualified public accountant (IQF ions.)	0 0 0 0	(b) End of Year 0 0 0 (b) Total				

	Form 5500-SF 2011	Page 2 - [
Par	t IV Plan Characteristics				·····	·.·			
	If the plan provides pension benefits, enter the applicable pension featur	re codes from the	List of Plan Chara	acteris	tic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature 4λ	e codes from the L	ist of Plan Charac	cteristi	c Cod	es in ti	he instruc	tions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	m)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		10b		Х				
C	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 or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the linstructions.)	benefits under the	plan? (See	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 ye	ear end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (See ir 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3			10i		***************************************			
Part	VI Pension Funding Compliance			• • • • • • • • • • • • • • • • • • • •					(1) 11 12 13 14 14 14 14 14 14 14
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	(if "Yes," see inst	ructions and com	plete :	Sched	ule SB	(Form	∏ Y€	s No
12	Is this a defined contribution plan subject to the minimum funding requir							Υe	s X No
а	(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 amount to the standard for a prior year.	, iortized in this plan							
lf v	granting the waiver			.m		Day.		Year	
	Enter the minimum required contribution for this plan year	•	-		F	12b			
	Enter the amount contributed by the employer to the plan for this plan ye					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (enter a minu	s sign to the left o	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?	*************	,.,			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		***************************************			Y	es X I	10	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year	***************************************	1	3a			 	
þ	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?							X Ye	s No
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):				130	(2) Ell	N(s)	13c	3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report wi	/ill be assessed u	nless reasonabl	e cau	se is	stabl	ished.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I dea Schedule MB completed and signed by an enrefied actuary, as well as the tit is true, correct, and complete.								
	Mount faile 6	5/30/12	John P. Rac	ler					
SIGI		Date	Enter name of in		al sigr	ing as	plan adn	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

SIGN HERE

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 sections 6057(b) and 6058(a) of the internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011 and ending		12/31/2011				
Α	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
	This return/report is:	= :	return/report	. , ,					
	an amended return/report	=	an year return/report (less than 12 m	ontha'					
_		╡ :	, ,	UHRHS,					
U	Check box if filing under: Form 5558		c extension		DFVC program				
	special extension (enter descripti	<u>'</u>							
	art II Basic Plan Information—enter all requested inform	nation							
	Name of plan			1b	Three-digit				
CE	INTERPOINT MANAGEMENT, INC. CAFETERIA PLA	AN			plan number 501				
				10	(PN) For Surface (PN) Figure (PN) For Surface (PN) For Su				
					10/01/2004				
2a	Plan sponsor's name and address; include room or suite number (e	employer, i	f for a single-employer plan)	2b	Employer Identification Number				
CE	NTERPOINT MANAGEMENT, INC.	1 1317			(EIN) 20-1450395				
				2c	Sponsor's telephone number				
20	819 72ND AVE S STE 125				253-395-9226				
				2d	Business code (see instructions)				
	NT WA 98032-2390				531110				
3 <u>a</u>	Plan administrator's name and address (if same as plan sponsor, e NTERPOINT MANAGEMENT, INC.	enter "Sam	e")	3b	Administrator's EIN				
				20	20-1450395				
KE KE	819 72ND AVE S STE 125 NT WA 98032-2390			30	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	4b	EIN				
	name, EIN, and the plan number from the last return/report.								
	Sponsor's name	***************************************		4c					
	Total number of participants at the beginning of the plan year			5a	2				
	Total number of participants at the end of the plan year			5b	0				
C	Number of participants with account halances as of the end of the	nian waar (
	Number of participants with account balances as of the end of the complete this item)	pian year (defined benefit plans do not	5c					
6a	complete this item) Were all of the plan's assets during the plan year invested in eligible.				X Yes				
	Complete this item)	ole assets?	(See instructions.)	PA)	<u> </u>				
	complete this item)	ole assets? an indeper and condit	(See instructions.)	PA)	<u> </u>				
b	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F	ole assets? an indeper and condit	(See instructions.)	PA)	<u> </u>				
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	Form 5500-SF 2011	Page 2 - [
Par	t IV Plan Characteristics				·····	·.·			
	If the plan provides pension benefits, enter the applicable pension featur	re codes from the	List of Plan Chara	acteris	tic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature 4λ	e codes from the L	ist of Plan Charac	cteristi	c Cod	es in ti	he instruc	tions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	m)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		10b		Х				
C	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 or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the linstructions.)	benefits under the	plan? (See	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 ye	ear end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (See ir 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3			10i		***************************************			
Part	VI Pension Funding Compliance			• • • • • • • • • • • • • • • • • • • •					(1) 11 12 13 14 14 14 14 14 14 14
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	(if "Yes," see inst	ructions and com	plete :	Sched	ule SB	(Form	∏ Y€	s No
12	Is this a defined contribution plan subject to the minimum funding requir							Υe	s X No
а	(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 amount to the standard for a prior year.	, iortized in this plan							
lf v	granting the waiver			.m		Day.		Year	
	Enter the minimum required contribution for this plan year	•	-		F	12b			
	Enter the amount contributed by the employer to the plan for this plan ye					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (enter a minu	s sign to the left o	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?	*************	,.,			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		***************************************			Y	es X I	10	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year	***************************************	1	3a			 	
þ	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?							X Ye	s No
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):				130	(2) Ell	N(s)	13c	3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report wi	/ill be assessed u	nless reasonabl	e cau	se is	stabl	ished.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I dea Schedule MB completed and signed by an enrefied actuary, as well as the tit is true, correct, and complete.								
	Mount faile 6	5/30/12	John P. Rac	ler					
SIGI		Date	Enter name of in		al sigr	ing as	plan adn	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

SIGN HERE

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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				20	20-1450395				
KE KE	819 72ND AVE S STE 125 NT WA 98032-2390			30	Administrator's telephone number 253-395-9226				
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	Form 5500-SF 2011	Page 2 - [
Par	t IV Plan Characteristics				·····	·.·			
	If the plan provides pension benefits, enter the applicable pension featur	re codes from the	List of Plan Chara	acteris	tic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature 4λ	e codes from the L	ist of Plan Charac	cteristi	c Cod	es in ti	he instruc	tions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	m)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		10b		Х				
C	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 or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the linstructions.)	benefits under the	plan? (See	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 ye	ear end.)		10g		X			
h	If this is an individual account plan, was there a blackout period? (See ir 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3			10i		***************************************			
Part	VI Pension Funding Compliance			• • • • • • • • • • • • • • • • • • • •					(1) 11 12 13 14 14 14 14 14 14 14
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	(if "Yes," see inst	ructions and com	plete :	Sched	ule SB	(Form	∏ Y€	s No
12	Is this a defined contribution plan subject to the minimum funding requir							Υe	s X No
а	(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 amount to the standard for a prior year.	, iortized in this plan							
lf v	granting the waiver			.m		Day.		Year	
	Enter the minimum required contribution for this plan year	•	-		F	12b			
	Enter the amount contributed by the employer to the plan for this plan ye					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (enter a minu	s sign to the left o	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?	*************	,.,			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		***************************************			Y	es X I	10	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year	***************************************	1	3a			 	
þ	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?							X Ye	s No
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):				130	(2) Ell	N(s)	13c	3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report wi	/ill be assessed u	nless reasonabl	e cau	se is	stabl	ished.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I dea Schedule MB completed and signed by an enrefied actuary, as well as the tit is true, correct, and complete.								
	Mount faile 6	5/30/12	John P. Rac	ler					
SIGI		Date	Enter name of in		al sigr	ing as	plan adn	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

SIGN HERE