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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	art I Annual Report Identification Information				•
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011
A	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В -	This return/report is: the first return/report	the final r	eturn/report		_
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description				
Pa	art II Basic Plan Information—enter all requested informa	,			
	Name of plan	2001		1b	Three-digit
	TRIPOINT, INC.				plan number
					(PN) ▶ 001
				1c	Effective date of plan
22	Plan sponsor's name and address; include room or suite number (en	mployer if	for a single employer plan)	2h	04/30/2010
	TRIPOINT, INC.	ripioyer, ii	Tor a single-employer plan	20	Employer Identification Number (EIN) 20-2124303
				2c	Sponsor's telephone number
24 R(OY STREET, SUITE 445				206-823-0221
	TTLE, WA 98105			2d	Business code (see instructions)
					621510
	Plan administrator's name and address (if same as plan sponsor, en FRIPOINT, INC. 24 ROY STRE			3b	Administrator's EIN 20-2124303
V LIVI	SEATTLE, WA		L 440	3c	Administrator's telephone number
					206-823-0221
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN
	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	2
	Number of participants with account balances as of the end of the pl		}	30	
	complete this item)		•	5c	2
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				X Yes □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	irt III Financial Information		or and made motidae add r orm dot		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	22985		21202
b	Total plan liabilities	7b			
	Net plan assets (subtract line 7b from line 7a)	7c	22985		21202
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а					
	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)	1516		
_	Other income (loss)	8b	-1516		-1516
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-1310
d	to provide benefits)	8d			
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	267		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			267
i	Net income (loss) (subtract line 8h from line 8c)	8i			-1783
j	Transfers to (from) the plan (see instructions)	8j			

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Part IV	Plan	Characteristics
railiv	Fiaii	Characteristics

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

		Ves	NI-				
During the plan year:		Yes	No		Amou	unt	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	X				5	0000
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
n If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance			- U				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete :	Sched	ule SB	(Form			
5500))						Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod				······	· H	Yes Yes	
·				······	· H		
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	ction 3	302 of E	ERISA?.	the lette	Yes er rulii	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru	e or se	ction 3	302 of E	ERISA?.	the lette	Yes er rulii	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	302 of Enter the Day _	ERISA?.	the lette	Yes er rulii	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	302 of Enter the	ERISA?.	the lette	Yes er rulii	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	e or se	and e	302 of Enter the Day _	ERISA?.	the lette	Yes er rulii	X N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver	e or se	and e	12b 12c 12d	ERISA?.	the lettr	Yes er rulii	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c 12d	ERISA?.	the lettr Year	Yes er rulii	N N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c 12d	ERISA?.	the lettr Year	Yes er rulii	N N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	e or se	and e	12b 12c 12d Y	ERISA?.	the lettr Year	Yes er rulii	N//
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver	e or se	and e	12b 12c 12d Y	PRISA?.	the lettr Year	Yes er rulii	N/#
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver	e or se	and e	12b 12c 12d Y	PRISA?.	the lettr Year	Yes o Yes	N/#

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.	07/12/2012	EDWARD F. GARTH
HERE			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

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 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	·····	1/01/2	011 and ending		12/31/2011
Α	This return/report is for: 🛛 a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final re	eturn/report		
	an amended return/report	a short pla	n year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	on)			
Pa	art II Basic Plan Information—enter all requested information				
	Name of plan			1b	Three-digit
	Ventripoint, Inc.				plan number
	-				(PN) ▶ 001
				1C	Effective date of plan 04/30/2010
2a	Plan sponsor's name and address; include room or suite number (e	mplover if	for a single-employer plan)	2h	Employer Identification Number
	Ventripoint, Inc.	mployer, ir	ior a single omproyer plany	25	(EIN) 20-2124303
	*			2c	Sponsor's telephone number
					(206) 823-0221
	24 Roy Street, Suite 445			2d	Business code (see instructions)
	Seattle		WA 98105		621510
3a	Plan administrator's name and address (if same as plan sponsor, et SAME.	nter "Same	")	3b	Administrator's EIN
				3c	Administrator's telephone number

4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/i	report filed for this plan, enter the	4b	EIN
2	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI
	Total number of participants at the beginning of the plan year			5a	2
b				5b	2
C	Number of participants with account balances as of the end of the			30	
	complete this item)		•	5c	2
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
þ					X Yes ∏ No
	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				🕍 Tes 🗌 140
Pa	art III Financial Information	<u> </u>	or and most mistead use i orm 55	<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	. 7a	22,98	35	21,202
b		. 7b			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	22,98	35	21,202
8	Income, Expenses, and Transfers for this Plan Year				(b) Total
			(a) Amount		(b) rotal
а	Contributions received or receivable from:		(a) Amount		(b) Total
а	(1) Employers	. 8a(1)	(a) Amount		· · · · · · · · · · · · · · · · · · ·
а	(1) Employers	. 8a(2)	(a) Amount		· · · · · · · · · · · · · · · · · · ·
	(1) Employers	8a(2) 8a(3)			· · · · · · · · · · · · · · · · · · ·
b	(1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	8a(2) 8a(3) 8b	(a) Amount	5)	
b	(1) Employers	8a(2) 8a(3) 8b		5)	· · · · · · · · · · · · · · · · · · ·
b	(1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	8a(2) 8a(3) 8b 8c		5)	
b	(1) Employers	8a(2) 8a(3) 8b 8c 8d		5)	
b c d	(1) Employers	8a(2) 8a(3) 8b 8c 8d			
b c d	(1) Employers	8a(2) 8a(3) 8b 8c 8d 8d 8e	(1,516		
b c d e f	(1) Employers	8a(2) 8a(3) 8b 8c 8d 8e 8f	(1,516		
b c d e f g	(1) Employers	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(1,516		(1,516)
b c d e f g	(1) Employers	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(1,516		(1,516)

Form	5500	SE	2011	ı

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Part I	V	Plan	Chara	ctoris	tice
raru	V	ridii	Ullala	CLUIS	LILS

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D
- 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	During the plan year:	Mali Madalina (1991 - a - a il Pessilla India)			Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	Х			5	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	•		10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	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.)		10a		Х			
h	If this is an individual account plan, was there a blackout period? (See i 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			ic va		
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	' (If "Yes," see inst	ructions and com	plete	Sched	lule SE	3 (Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requi	rements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	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 am granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	ortized in this plar	Mon	ith	and e	enter th Day	e date of the	e letter ru ⁄ear	ıling
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 ye	ear		*******		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)				[12d			
e	Will the minimum funding amount reported on line 12d be met by the fur	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?			•••••			res X No	A Profit Indiana Shan dania	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		1	3a	*			
b	Were all the plan assets distributed to participants or beneficiaries, transof the PBGC?		ž: 0			ntrol		Yes	X No
	If during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), identify t	he pla					The Paris of All
1	3c(1) Name of plan(s):			-	13	c(2) El	N(s)	13c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report w	vill be assessed ι	ınless reasonab	le cau	ıse is	estab	lished.		
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have e the electronic vers	examined this retain	repor	oort, in	cludin to the	g, if applicab best of my ki	le, a Sch nowledge	nedule e and
SIGN	(Christens Wallow)	19/12	Edward F.	Gart	sh /	Chi	ristine	De	2-from
HER		Date	Enter name of in	25 V F A		ning a	s plan admin	istrator	
PICA						3 3	,		
SIGN)ate	Enter name of it	adivida	ıol ola	ning o	omployer =		