## 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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending	12/31/2	2010
Α .	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 mo	onths)	
С	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	20011		1b	Three-digit
	POINTE RETIREMENT COMMUNITY 401(K) PLAN				plan number 001
					(PN) •
				1c	Effective date of plan 01/01/2005
22	Plan sponsor's name and address (employer, if for single-employer p	nlan)		2h	Employer Identification Number
	POINTE COMPENSATION, LLC	piai i)		20	(EIN) 26-1096208
				2c	Plan sponsor's telephone number
	ERICKSEN AVE., SUITE 222 BRIDGE ISLAND, WA 98110			0-1	206-842-0929
				<b>2</b> a	Business code (see instructions) 623000
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	9")	3b	Administrator's EIN
NOR	THWEST CARE MANAGEMENT, INC. 375 ERICKSE BAINBRIDGE				91-1572936
		,		3c	Administrator's telephone number 206-842-0929
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	
	name, EIN, and the plan number from the last return/report. Sponsor		' '		
				4c	1
	Total number of participants at the beginning of the plan year				60
b	Total number of participants at the end of the plan year			5b	62
С	Total number of participants with account balances as of the end of complete this item)		•	5c	17
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes   No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.	
7	Plan Assets and Liabilities		(a) Danimaina of Vaca		(h) Fod of Voca
-		7-	(a) Beginning of Year	8	(b) End of Year 60319
	Total plan assets  Total plan liabilities	7a 7b			
C	Net plan assets (subtract line 7b from line 7a)	7 C	5359	8	60319
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(5) 10tai
	(1) Employers	8a(1)			
	(2) Participants	8a(2)	1560		
	(3) Others (including rollovers)	8a(3)	17	2	
b	Other income (loss)	8b	560	0	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			21374
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1465	3	
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			14653
i	Net income (loss) (subtract line 8h from line 8c)	8i			6721
i	Transfers to (from) the plan (see instructions)	Ωi			

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		•	
Part IV	Plan	(`hara	cteristics
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HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2G 2J 2K 2T

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in	the instru	ıctions		
art	V	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		is 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		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					100000
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0 01 00	00.011	JOE 01				ш
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.							
lf y	-	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		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef pative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	1				
1	3c(1	) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
laut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cai	ISA İS	establ	ished			
Jnde	er pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re- nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	turn/rep	port, ir	cludin	g, if appli			
	f, it is	s true, correct, and complete.	•	, and		703t 01 III	y KIIOV	nouge	ui IU
SIG	N	Filed with authorized/valid electronic signature.  05/18/2011 KIMBERLY SCH	IOLL						

Date

Date

Enter name of individual signing as plan administrator

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 Benefil Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

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Part I Annual Report Identification Information											
For	For calendar plan year 2010 or fiscal plan year beginning and ending										
A T	his return/report is for: Single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participant plan						
ВТ	his return/report is for: first return/report	final return/	report								
	an amended return/report	short plan y	ear return/report (less than 12 mon	ths)							
C	Check box if filing under: Form 5558	automatic e	extension		DFVC program						
	special extension (enter description	n)									
Pa	rt II Basic Plan Information—enter all requested information	ation									
1a	Name of plan				Three-digit						
BAY	POINTE RETIREMENT COMMUNITY 401(K) PLAN				plan number 001						
			1		(FIX) P						
				10	Effective date of plan 01/01/2005						
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number						
BAY	POINTE COMPENSATION, LLC			(EIN) 26-1096208							
375 E	ERICKSEN AVE., SUITE 222			2C	Plan sponsor's telephone number 206-842-0929						
BAIN	BRIDGE ISLAND WA 98110			2d	Business code (see instructions)						
					623000						
	Plan administrator's name and address (if same as Plan sponsor, ele THWEST CARE MANAGEMENT, INC. 375 ERICKS			3b	Administrator's EIN 91-1572936						
,,,,,,	BAINBRIDGI			3c	Administrator's telephone number						
					206-842-0929						
	the name and/or EIN of the plan sponsor has changed since the later name, EIN, and the plan number from the last return/report. Sponso		ort filed for this plan, enter the	4b EIN							
10	name, Env., and the plan humber from the last return/report. Sportso	i s name		4c	PN						
5a	Total number of participants at the beginning of the plan year	***************************************	***************************************	5a	60						
	Total number of participants at the end of the plan year		72 WOODAY II PARA CO E GO	5b	62						
	Total number of participants with account balances as of the end of			05							
	complete this item)			5c	17						
	Were all of the plan's assets during the plan year invested in eligib				X Yes No						
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ	dent qualified public accountant (IQF	PA)	X Yes ∏ No						
	If you answered "No" to either 6a or 6b, the plan cannot use F				V les   140						
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year						
а	Total plan assets	. 7a	53598		60319						
b	Total plan liabilities	. 7b									
C	Net plan assets (subtract line 7b from line 7a)	. 7c	53598		60319						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from:										
	(1) Employers	8a(1)		7,550	Pingski galej						
	(2) Participants		15602	12100							
200	(3) Others (including rollovers)	40.000-0-100	172	- 1919							
	Other income (loss)		5600								
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		1)	21374						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	14653								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	was a second of the second of								
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		4	14653						
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			6721						
j	Transfers to (from) the plan (see instructions)	. Ri		1							

Fo	rm 5500-SF 2010	Page <b>2-</b> 1
Part IV	Plan Characteristics	Name of the second of the seco

9a	If th	e plar	prov	ides p	pension benefits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions	<u>-</u>
	3D	2G	2.1	2K	2T		

b	If th	e plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Charac	terist	ic Cod	les in	the instruction	ns:	
Part	V	Compliance Questions							-	
10	Du	ring the plan year:			1	Yes	No		mount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								unoune	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								NI WATER	
C		as the plan covered by a fidelity bond?		_	10c	Х			100000	
đ	Sign Control of the C								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
е	_									
f		s the plan failed to provide any benefit when due under the plan?		3	10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	vear end )	1		-	X	-		
h	If t	nis is an individual account plan, was there a blackout period? (Sec 20.101-3.)	e instructions and 2	9 CFR	10g 10h		X			
ì	If 1	Oh was answered "Yes," check the box if you either provided the neptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	e of the	10i					
Part	71 meter	Pension Funding Compliance				W2		CONTRACTOR		
11	ls t	his a defined benefit plan subject to minimum funding requirement (0))	s? (If "Yes," see ins	tructions and comp	olete \$	Sched	ule SE	(Form	☐ Yes ☐ No	
12		this a defined contribution plan subject to the minimum funding req							Yes X No	
	(If '	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а	If a	waiver of the minimum funding standard for a prior year is being a	mortized in this pla	n year, see instruct	ions,	and e	nter th	e date of the	e letter ruling	
lf v	yıa vou	nling the waivercomplete lines 3, 9, and 10 of Schedule M	B /Form 5500\ and	Monli	)		Day	Y	ear	
b		er the minimum required contribution for this plan year	sees more presentation contra			Г	12b			
С		er the amount contributed by the employer to the plan for this plan					12c			
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the pative amount)	e result (enter a min	us sian to the left o	fa		12d		-	
е		the minimum funding amount reported on line 12d be met by the				2000		∫ Yes Γ	No N/A	
Part		Plan Terminations and Transfers of Assets								
13a	Ha	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ir?		Horse			Yes X No	
		Yes," enler the amount of any plan assets that reverted to the emp					13a	7.0	∏ 162 \	
b	We	re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought ur	nder i	the co		One processor and the	Yes X No	
C	If d	uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plar	ı(s) to			sss	
1	3c(	) Name of plan(s):		87		130	(2) EI	N(s)	13c(3) PN(s)	
ķ			-11-25-2-200				<u> </u>	. 1(0)	Toolog Friday	
	51454		074F0365							
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonable	cau	se is	establ	ished.		
Unde SB o	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.									
SIGI	N	Kinbel Shol	15/17/17/11	KIMBERLY SCH	OLL					
HER		Signature of plan administrator	Date Date	Enter name of inc	dividu	al sign	ning as	plan admin	istrator	
SIGI	N							Pract delimit	4(0)	
HER							individual signing as employer or plan sponsor			
									The second secon	