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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	art I Annual Re	port lo	dentification Information						
For	calendar plan year 2010	or fisc	al plan year beginning 01/01/20	10	and ending 1	2/31/2	010		
Α	This return/report is for:		employer plan (not multiemployer)		one-participant plan				
	This return/report is for:		first return/report	final retur	n/report				
_	This return report is ion.		an amended return/report	=	year return/report (less than 12 mor	nthe)			
_				╡ :		11113)	П ремо		
C	Check box if filing under	r:	Form 5558		extension		DFVC program		
			special extension (enter descript	,					
Pa	art II Basic Plan	Infor	mation—enter all requested inforr	nation					
1a	Name of plan					1b	Three-digit		
SOM	ERSET ALZHEIMERS	COMM	JNITY RETIREMENT PLAN				plan number 001		
						10	(PN)		
						10	Effective date of plan 01/01/2002		
2a	Plan sponsor's name a	nd addr	ress (employer, if for single-employe	r plan)		2h	Employer Identification Number		
	ERSET COMPENSATION					ì	(EIN) 26-1096254		
						2c	Plan sponsor's telephone number		
375 I BAIN	ERICKSEN AVE., SUITE IBRIDGE ISLAND, WA 9	= 222 98110				0.1	206-842-0929		
	,					2d	Business code (see instructions) 623000		
3a	Plan administrator's na	me and	address (if same as Plan sponsor	enter "Same	2")	3h	Administrator's EIN		
NOR	THWEST CARE MANA	GEMEN	address (if same as Plan sponsor, NT, INC. 375 ERICKS	SEN AVE.,	SUITE 222	0.0	91-1572936		
			BAINBRIDG	SE ISLAND,	WA 98110	3с	Administrator's telephone number		
4						4.	206-842-0929		
			an sponsor has changed since the la er from the last return/report. Spons		port filed for this plan, enter the	4b	EIN		
	name, Env, and the plan	THOMBO	or ment the last retain, report. Opons	or o name		4c	PN		
5a	Total number of partici	pants a	t the beginning of the plan year		5a	46			
b	Total number of partici	pants a	t the end of the plan year			5b	46		
С	Total number of partici	pants w	rith account balances as of the end	of the plan y	rear (defined benefit plans do not				
	complete this item)					5c	6		
6a	Were all of the plan's	assets (during the plan year invested in eligi	ble assets?	(See instructions.)		Yes No		
b					ndent qualified public accountant (IQI		X Yes ☐ No		
					ons.)SF and must instead use Form 55				
Pa	rt III Financial I			01111 3300-	or and must mistead use i orm 55	.			
7	Plan Assets and Liabili				(a) Beginning of Year		(b) End of Year		
' а				7a	21145	5	33320		
b	•			7a					
	•		7b from line 7a)		21145	5	33320		
8	Income, Expenses, and		<u> </u>	/0			(h) Total		
а	Contributions received				(a) Amount		(b) Total		
<u> </u>				8a(1)	1852	2			
	(2) Participants			8a(2)	8280				
	(3) Others (including r	ollovers							
b	, ,		, 	` '	2043	3			
С	` ,		8a(2), 8a(3), and 8b)				12175		
d			rollovers and insurance premiums						
	. ,	_		8d					
е	Certain deemed and/o	r correc	tive distributions (see instructions)	8e					
f	Administrative service	provide	rs (salaries, fees, commissions)	8f					
g	Other expenses			8g					
h	Total expenses (add lin	nes 8d,	8e, 8f, and 8g)	8h					
i	Net income (loss) (sub	tract lin	e 8h from line 8c)	8i			12175		
	` , `		,						
j	Transfers to (from) the	piari (S	ee instructions)	··· 8i					

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
1	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characacter 2G 2J 2K 3D 2T	acteris	tic Co	des in	the instructions:
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
rt	V Compliance Questions				
	During the plan year:		Yes	No	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)	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	X		100000
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	

e 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	^						
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	Part VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(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 negative amount)		12d						
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?	under the	control		Yes X 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 plan(s) to						
1	3c(1) Name of plan(s):		13c(2) EIN	l(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 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.	05/18/2011	KIMBERLY SCHOLL
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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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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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

Part I Annual Report Identification Information										
For	calendar plan year 2010 or fiscal plan year beginning	70) 100 100 200	and ending							
A ·	This return/report is for: Single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participant plan					
В	This return/report is for: first return/report	final return/	report							
	an amended return/report	short plan y	ear return/report (less than 12 mor	nths)						
C	Check box if filing under: Form 5558	automatic e	extension		DFVC program					
	special extension (enter description	on)								
Pa	art II Basic Plan Information—enter all requested inform	5			2.7					
1a	Name of plan			1b	Three-digit					
SOM	ERSET ALZHEIMERS COMMUNITY RETIREMENT PLAN				plan number					
			(PN) ▶ 001							
	2272			10	Effective date of plan 01/01/2002					
	Plan sponsor's name and address (employer, if for single-employer ERSET COMPENSATION, LLC	plan)		2b	Employer Identification Number (EIN) 26-1096254					
375 (ERICKSEN AVE., SUITE 222			2c	Plan sponsor's telephone number 206-842-0929					
BAIN	IBRIDGE ISLAND WA 98110			2d	Business code (see instructions) 623000					
	Plan administrator's name and address (if same as Plan sponsor, a THWEST CARE MANAGEMENT, INC. 375 ERICKS	enter "Same") SEN AVE., SI		3b	Administrator's EIN 91-1572936					
		E ISLAND W		3с	Administrator's telephone number 206-842-0929					
4 1	f the name and/or EIN of the plan sponsor has changed since the la	4b	EIN							
,	name, EIN, and the plan number from the last return/report. Sponso	4c	DNI							
5a	Total number of participants at the beginning of the plan year	5a	46							
	Total number of participants at the end of the plan year		Visionseparen	5b	46					
	Total number of participants with account balances as of the end o complete this item)	f the plan ve	ar (defined benefit plans do not	5c	6					
6a	Were all of the plan's assets during the plan year invested in eligib									
b	Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public accountant (IOI	٦Δ١	O D					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ns.)		X Yes No					
Do	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-S	F and must instead use Form 55	00.						
7	TOTAL TO THE TOTAL TO AND THE PROPERTY OF THE TOTAL TO AND THE TOTAL TO THE TOTAL THE TOTAL TO T			_						
′_	Plan Assets and Liabilities		(a) Beginning of Year	-	(b) End of Year					
a	Total plan assets	·	21145		33320					
	Total plan liabilities		01445		200					
	Net plan assets (subtract line 7b from line 7a)	. 7c	21145	-	33320					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	E-1111	(b) Total					
a	(1) Employers	. 8a(1)	1852	52						
	(2) Participants		8280							
	(3) Others (including rollovers)									
b	Other income (loss)		2043							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			100	12175					
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)									
e	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)			Ĭ.						
g	Other expenses			11.5						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)									
į	Net income (loss) (subtract line 8h from line 8c)				12175					
<u> </u>	Transfers to (from) the plan (see instructions)	·· 8j								

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SIGN HERE

Signature of employer/plan sponsor

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Page	Z -	+

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rail	IV I	rian	Charac	teristics

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

b	If th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the L	ist of Plan Chara	acteris	tic Coc	les in t	he instruc	ions	:		
Part	V	Compliance Questions					17.5-		_			-
10	Du	ring the plan year:	The Property of the Property o			Yes	No		Λm	ount	-	_
а	W:	as there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	s within the time per	riod described in	10a		х	203	Ailli	June	=30 = 1-27; =	-
b	W	ere there any nonexempt transactions with any party-in-interest? (D	o not include transa	actions reported	10b		х					-
C		as the plan covered by a fidelity bond?			10c	X	10.41				100000	_
d	Dic or	d the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?	lity bond, that was o	aused by fraud	10d		x			-,		_
е									W			
f	1 (1963) (1964) (1964) (1964) (1964) (1964) (1964) (1964) (1964)						х					_
g		the plan have any participant loans? (If "Yes," enter amount as of			10f		X			- 35-		
h	If t	his is an individual account plan, was there a blackout period? (See 20.101-3.)	e instructions and 29	CFR	10g		х					100
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10h		202					
Part		Pension Funding Compliance	•••••		101						150/16	_
11	ls t	his a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form		1	П	_
12	ls	(his a defined contribution plan subject to the minimum funding requ	uirements of pastion	412 of the Code		-1:			-H	Yes		
• •	(IF	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	unements of section - 1	1412 of the Code	e or se	ction 3	02 of E	ERISA?	L	Yes	No.	
а	If a	waiver of the minimum funding standard for a prior year is being a	mortized in this plan	vear, see instruc	ctions	and e	nter th	e date of t	na la	Her rul	ina	
	gra	nung the waiver	*************************	Mon	th		Day		Yea	r		
1853	you	completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	l skip to line 13.		· ·		CS 000 100 VASC				
d		er the minimum required contribution for this plan year					12b		- SA			
C	En	er the amount contributed by the employer to the plan for this plan	year	***************************************			12c					
d	ne	otract the amount in line 12c from the amount in line 12b. Enter the pative amount)	***************************************		•••••		12d				30.10	
		I the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	1	Vo [N/A	
Part	VII	Plan Terminations and Transfers of Assets				187				-10	9,44	
13a	Ha	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	·?					П	Yes	X No	
	If "	Yes," enter the amount of any plan assets that reverted to the empt	over this year			01-	13a					_
b	of t	re all the plan assets distributed to participants or beneficiaries, tra he PBGC?	nsferred to another	plan, or brought	under	the co	ntrol	· · · · · · · · · · · · · · · · · · ·	П	Yes	X No	
С	If c	uring this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to			,	-	_	
1	3c() Name of plan(s):				130	(2) EII	V(s)	9	13c(3)	PN(s)	Ī
												_
												1700
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	so is c	etabli	ehad	3			-
Unde SB o	r pe r Sc	nalties of perjury and other penalties set forth in the instructions, I on the instructions, I on the defendance of the completed and signed by an enrolled actuary, as well associated, and complete.	declare that I have e	evamined this retu	un/ror	orl in	dudina	if applies	ble, know	a Sche /ledge	dule and	
SIGI		Wember Shal	5317/2011	KIMBERLY SC	HOLL				- 750		***	
HER	E	Signature of plan administrator Date Enter name of				al einn	ina se	nlan admi	nietr	ator		-

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor