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).

2010

2010

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to Public Inspection

	art I Annual Report Identification Information			0/45/	2044			
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201		g)9/15/2	2011			
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	_			
С	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter description	n)						
	art II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit plan number			
IVIILL	LENNIA HEALTHCARE, INC. 401(K) PLAN				(PN) • 001			
				1c	Effective date of plan			
				01/01/2008				
	Plan sponsor's name and address (employer, if for single-employer LENNIA HEALTHCARE, INC.	plan)		2b	Employer Identification Number (EIN) 91-1991459			
IVII	LENGTHE TETTOTICE, INC.			2c	Plan sponsor's telephone number			
	00 INTERNATIONAL BLVD., STE 205 TAC, WA 98198				206-878-0909			
OL,				2d	Business code (see instructions) 621610			
3a	Plan administrator's name and address (if same as Plan sponsor, et e.ENNIA HEALTHCARE, INC. 21400 INTER	nter "Same	3")	3b	Administrator's EIN			
MILL	ENNIA HEALTHCARE, INC. 21400 INTER SEATAC, WA		L'BLVD., STE 205	_	91-1991459			
				3C	Administrator's telephone number 206-878-0909			
4	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	DNI			
5a	Total number of participants at the beginning of the plan year			5a	51			
b	Total number of participants at the end of the plan year			5b	0			
С	Total number of participants with account balances as of the end of			0.0				
	complete this item)		· · · · · · · · · · · · · · · · · · ·	5c	0			
	Were all of the plan's assets during the plan year invested in eligible		` '		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			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	3	(b) End of Year			
a	Total plan liabilities	7a)	0			
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)		76329		0			
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount		(b) Total			
a	Contributions received or receivable from:		, ,		(b) Total			
	(1) Employers	8a(1))				
	(2) Participants	8a(2)	8090	_				
	(3) Others (including rollovers)	8a(3)		2				
b	Other income (loss)	8b	-3618	5	4475			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4475			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	80804	4				
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			80804			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-76329			
j	Transfers to (from) the plan (see instructions)	8j		0				

	F	Form 5500-SF 2010 Page 2-				
Par	t IV	Plan Characteristics				
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C	haracteri	stic Co	des in	the instructions:
		2E 2J 2K 3D 2F 2A plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haractaris	tic Cod	dee in t	the instructions:
	11 1110	plan provides wellare serients, enter the applicable wellare reading season from the clot of high e	naraotono	110 000	200 111	the methodiche.
Part	٧	Compliance Questions				
10	Duri	ng the plan year:		Yes	No	Amount
а		there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ne 10a.)	ed 10b		X	
С	Was	s the plan covered by a fidelity bond?	10c	X		10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra shonesty?	ud 10d		X	
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X	
i		th 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		X	
Part	VI	Pension Funding Compliance	•			
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and				
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the 0				
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.				
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		_		Т
b	Ente	r the minimum required contribution for this plan year			12b	
C		r the amount contributed by the employer to the plan for this plan year			12c	
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)			12d	

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

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 under the control X Yes No

No

Yes

N/A

No

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

Part VII

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)

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.	09/23/2011	TODD HUGHES
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

D 2					
Page 2-					·
from the List of Plan Chara					
from the List of Plan Chara	Clens	110 000	162 III (ne mandono	
		Yes	No	<u> </u>	mount
e time period described in	40-		x		
ion Program) ude transactions reported	10a				
***************************************	10b		X		
***************************************	10c	Х			10,000
that was caused by fraud	10d		Х		
y an insurance carrier, under the plan? (See	10e		х		
			Х	<u> </u>	
	10f	├	╅┈		
.)	10g	 	X		
ons and 29 CFR	10h		_ x	Services of the services of th	
otice or one of the	10i		х	And the second s	A Command Company of the Company of
s," see instructions and con			dule SI	3 (Form	Yes X No
s of section 412 of the Cod			302 of	ERISA?	Yes X No
in this plan year, see instru	ictions	s, and	enter t	he date of th	e letter ruling
5500), and skip to line 13			_ Day		Tear
•			12b	Τ	
			12c		
enter a minus sign to the lef	t of a		12d		
leadline?				Yes	No X N/A
cadilite:					
					X Yes No
y prior year?			13a	Т	0
yearto another plan, or brough		r the	· <u> </u>	1	
to another plan(s), identify					X Yes No
to another plants, recently	1			-(N/c)	13c(2) DN(c)
	\dashv	1	3c(2) E	=HV(8)	13c(3) PN(s)

Part IV	Plan	Chara

Form 5500-SF 2010

cteristics If the plan provides pension benefits, enter the applicable pension feature codes

2F 2E 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes

art	Compliance Questions			V	No		
0	During the plan year:	. sturn madad dagadbad in		Yes	No	An	nount
	Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections)	on Program)	10a		Х	<u> </u>	
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include 10a.)		10b		Х		
С	Was the plan covered by a fidelity bond?	***************************************	10c	Х			10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, or dishonasty?	that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by insurance service or other organization that provides some or all of the benefits instructions.)	an insurance carrier, 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 year end.		10g		х		
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)	ons and 29 CFR	10h		Х		isopaliin ali Läilläsine
i	If 10h was answered "Yes," check the box if you either provided the required no exceptions to providing the notice applied under 29 CFR 2520.101-3	tice or one of the	10i		Х	Antiques of the second of the	
Part.	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes						Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements	of section 412 of the Co	de or se	ection	302 of I	ERISA?	Yes X No
	(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	n this plan year, see instr	uctions	and	enter th	e date of the	letter ruling ear
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and skip to line 1.	5.	Г	12b		
b	Enter the minimum required contribution for this plan year			····	120 12c		
C	Enter the amount contributed by the employer to the plan for this plan year	wiene eien to the le					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (e negative amount)	***************************************	•••••	[12d	Yes	No X N/A
е	Will the minimum funding amount reported on line 12d be met by the funding d	eadline?				103	140 22 14.1
⊃art			.,				X Yes No
13a	Has a resolution to terminate the plan been adopted during the plan year or an	y prior year?			120		Δ res No
	If "Yes," enter the amount of any plan assets that reverted to the employer this	year	do	r tho	control	l	
	Were all the plan assets distributed to participants or beneficiaries, transferred of the PRGC?						X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plants), identity	, the pi	an(3)			
	3c(1) Name of plan(s):			1	3c(2) E	!N(s)	13c(3) PN(s)
Com	ion: A penalty for the late or incomplete filing of this return/report will be a	ssessed unless reason	able c	ause i	s estab	lished.	
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare to Schedule MB/completed and signed by an enrolled actuary, as well as the elef, it is true, correct, and complete.	hat I have examined this i	eturn/r	ероп.	inciuair	io. Il applicat	ole, a Schedule nowledge and
	V/104404 9/16 9-21	-11 Larry Ude	3				
SIG		Enter name of	f indivi	dual s	igning a	ıs plan admir	nistrator
SIG	Agreement of the control of the cont			امرياء		o omolovo:	or plan enoneer
HEF		Enter name of	t indivi	aual s	igning a	is employer o	or plan sponsor