## 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).

2011

This Form is Open to Public

Inspection

2011

OMB Nos. 1210-0110

1210-0089

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

<u> </u>	art I   Annual Report I	dentification Information							
For	calendar plan year 2011 or fis	cal plan year beginning 01/01/201	<u>  1</u>	and ending 1	2/31/2	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 r	eturn/report					
		an amended return/report	a short pla	in year return/report (less than 12 mo	onths)				
С	Check box if filing under:	Form 5558	1	extension		DFVC progra	m		
	oncon box ii iiiiig andoi.	special extension (enter description	on)						
P	art II Basic Plan Info	rmation—enter all requested inform	•						
	Name of plan	one an requested mon	idilori		1b	Three-digit			
	POINTE RETIREMENT COM	MUNITY 401(K) PLAN				plan number			
						(PN) <b>▶</b>	001		
					1c	Effective date of			
20	Diamana and a da			for a single condense plan	2 h	01/01/			
	Pointe compensation, L	dress; include room or suite number (e	employer, ii	for a single-employer plan)	20	Employer Identif (EIN) 26-10			
					2c	Sponsor's telep	hone number		
375	ERICKSEN AVE., SUITE 222					206-842			
	IBRIDGE ISLAND, WA 98110				2d	Business code (	see instructions)		
						62300	00		
		d address (if same as plan sponsor, e			3b	Administrator's E	EIN 72936		
NOR	THWEST CARE MANAGEME	NT, INC. 375 ERICKS BAINBRIDGI			30		elephone number		
					30	206-842			
4		plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN			
_		nber from the last return/report.			4				
	Sponsor's name				4c				
		at the beginning of the plan year		-	5a	6			
b		at the end of the plan year		<b> </b>	5b	6			
С	·	account balances as of the end of the	plan year (defined benefit plans do not				6		
6a	,	during the plan year invested in eligib			5c		X Yes No		
	·	the annual examination and report of							
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditi	ons.)			X Yes No		
		ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.				
_	art III   Financial Inform	nation							
7	Plan Assets and Liabilities		_	(a) Beginning of Year 60319		(b) End	of Year 19762		
				00010			10702		
b	•	. The frame lines To)		60319			19762		
8	Income, Expenses, and Tran	7b from line 7a)	. 7с			/L\ T			
_	Contributions received or rec			(a) Amount		(b) T	otai		
u			. 8a(1)						
	(2) Participants		. 8a(2)	7280					
	(3) Others (including rollover	·s)	. 8a(3)						
b	Other income (loss)		8b	-720					
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c				6560		
d	Benefits paid (including direc	t rollovers and insurance premiums		47117					
	'		8d	4/ 11/					
e		ctive distributions (see instructions)							
f		ers (salaries, fees, commissions)							
g	·						4		
h		, 8e, 8f, and 8g)					47117		
i	` , `	ne 8h from line 8c)see instructions)					-40557		
			. 8j						

Form	5500.	SF.	201

Page 2	- [	1	
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Part IV	Plan Characteristics

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

art	٧	Compliance Questions						
0	Durir	ng the plan year:		Yes	No	Δ	mount	
а		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		Х			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
С	Was	the plan covered by a fidelity bond?	10c	Χ				100000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	he 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 .101-3.)	10h		Х			
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance				•		
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					П у	п
							Yes	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction	302 of	ERISA?	Yes	X No
2	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	otiono	and a	ontor th	o data of the	lottor ruli	ina
а		ing the waiverMon						
lf y	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				1		
b	Ente	the minimum required contribution for this plan year			12b			
С		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 left tive amount)		[	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			X	/es No		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				C
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought a PBGC?	under	the co	ontrol		Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	)		_	_
1	3c(1)	Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c(3)	PN(s)
	: •					i a la a d		
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab alties of perjury and other penalties set forth in the instructions. I declare that I have examined this retu					lo a Sabr	odule.
JIIUE	i Della	nues oi penury and other penalues sectorul in the Instituctions. I deciale that I have examined this fell	4111/TE	JUIL II	ICIUUIII	u. II applicab	ie. a ouite	-uui <del>c</del>

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.	03/09/2012	DARAH COONEY
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

## 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

P	art I Annual Report Identif	ication Informa	ation							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 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						oant plan			
В	This return/report is:	first return/report	ř	V 56	A 1.53	,	a one-participant plan			
	·	amended return/repo	ort 🗀		the final return/report a short plan year return/report (less than 12 months)					
C		m 5558	- E	The second	c extension	monuns				
		cial extension (enter	L docariati		Cexterision		□ DFVC program			
P	art II Basic Plan Informatio		3100 C 100 T 100 T 100 T	500 / Samuel		Million.				
	Name of plan	11—enter all reques	tea inform	ation		1 41.		r		
	POINTE RETIREMENT COMMUNITY	(401(K) PLAN				10	Three-digit plan number	8		
		TO THY I CAN					(PN) ▶	001		
						1c	Effective date o	f plan		
22	Plan appropria pama and address in						01/01/2			
BAY	Plan sponsor's name and address; inc POINTE COMPENSATION, LLC	ande room or suite i	number (e	employer, i	f for a single-employer plan)	2b	Employer Identi			
						_	(EIN) 26-109			
375	ERICKSEN AVE., SUITE 222					2C	Sponsor's telep 206-842			
	IBRIDGE ISLAND WA 98110					2d	Business code (			
*****							623000			
3a	Plan administrator's name and addres					3b	Administrator's I	EIN		
NOR	THWEST CARE MANAGEMENT, INC				SUITE 222 WA 98110		91-157			
	2 CONTROL STREET	DΩ	III4EJKIDG	E IOLANU	VVA 96110	3с	Administrator's t 206-842	elephone number		
4	If the name and/or EIN of the plan spo	onsor has changed :	since the	last return/	report filed for this plan, enter the	4h	EIN	-0323		
-	name, EIN, and the plan number from	the last return/repo	ort.		\$ 50. TO PRODUCE HAND DOWN TODAY OF MANAGEMENT OF THE RESIDENCE OF THE PRODUCE OF		LIN			
	Sponsor's name					4c	PN			
b	Total number of participants at the be	Total number of participants at the beginning of the plan year  Total number of participants at the end of the plan year				- 5a		62		
	Number of participants at the en	d of the plan year				· 5b	Ci	6		
С	Number of participants with account b complete this item)	alances as of the er	nd of the p	olan year (	defined benefit plans do not	. 5c		•		
6a	Were all of the plan's assets during the	ne plan vear investe	d in aligib	lo concle?	(Con instruction )	.   50	1,	6		
b	Are you claiming a waiver of the annu	ial examination and	report of	an indener	dent qualified public accounted. (I	STAL		X Yes No		
	under 29 CFR 2520.104-46? (See ins	structions on waiver	eligibility	and condit	ions.)		*******	X Yes No		
Da	If you answered "No" to either 6a ort III   Financial Information	r 6b, the plan canr	not use F	orm 5500-	SF and must instead use Form 5	500.				
7			## <del>***********************************</del>	· ·						
′_	Plan Assets and Liabilities				(a) Beginning of Year		(b) End	of Year		
a h	Total plan assets				603	9		19762		
	Total plan liabilities					_				
8	Net plan assets (subtract line 7b from			7c	6031	9		19762		
	Income, Expenses, and Transfers for Contributions received or receivable fr				(a) Amount		(b) T	otal		
	(1) Employers			8a(1)						
	(2) Participants			8a(2)	728	10				
	(3) Others (including rollovers)			8a(3)						
b	Other income (loss)				-72	20				
	Total income (add lines 8a(1), 8a(2), 8							6560		
d	Benefits paid (including direct rollovers	s and insurance pre	miums			_				
2	to provide benefits)			8d	4711	7				
-	Certain deemed and/or corrective dist		(8)	8e						
1	Administrative service providers (salar			8f						
g	Other expenses			8g						
h	Total expenses (add lines 8d, 8e, 8f, a			8h				47117		
! :	Net income (loss) (subtract line 8h from	m line 8c)		8i	-			-40557		
J	Transfers to (from) the plan (see instru	ıctions)		8j		6				

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		ı age ∡ ·					
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable p 3D 2G 2J 2K 2T	ension feature codes from the	e List of Plan Characteris	lic Code	s in the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable w	elfare feature codes from the	List of Plan Characterist	c Codes	in the instruc	tions:	
Par	t V Compliance Questions						
10	During the plan year:			Yes N	lo		
а		ontributions within the time p	eriod described in			Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Volunta Were there any nonexempt transactions with any party-in-	ary Fiduciary Correction Prog	ram) 10a		<b>S</b>		
(M)	on line 10a.)		10b	,	<		
С	, , , , , , , , , , , , , , , , , , , ,			х			100000
d	Did the plan have a loss, whether or not reimbursed by the or dishonesty?	plan's fidelity bond, that was	caused by fraud	)	<	10000	
е		s, or other persons by an insu	rance carrier,	,	(		
f		the plan?	200	<del> </del> ,	,		
g				- /			
h	If this is an individual account plan, was there a blackout pe	eriod? (See instructions and a	29 CER	- / ·		120	
j	If 10h was answered "Yes," check the box if you either proventions to providing the reliable to the second of the	vided the required notice or o	ne of the		`		
Part	exceptions to providing the notice applied under 29 CFR 20	520.101-3	10i				-
11							
	Is this a defined benefit plan subject to minimum funding re 5500))	quirements? (If "Yes," see ins	structions and complete s	Schedule	SB (Form	☐ Yes	П No
12	Is this a defined contribution plan subject to the minimum f	unding requirements of section	on 412 of the Code or ser	tion 302	of FRISA?	Yes	5.7
220	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as	s applicable )					1000000
а	If a waiver of the minimum funding standard for a prior year granting the waiver	is being amortized in this pla	in year, see instructions,	and ente	r the date of	the letter ru	iling
lf y	granting the waiver	hedule MB (Form 5500), an	Month	D	ay	Year	
	Enter the minimum required contribution for this plan year			12	b		-
C	Enter the amount contributed by the employer to the plan for	or this plan year	ray, marter voc established ale ta Albah	12	c		
d	Subtract the amount in line 12c from the amount in line 12b negative amount)	. Enter the result (enter a min	us sign to the left of a	(675.4)	d	**************************************	
е	Will the minimum funding amount reported on line 12d be n	net by the funding deadline?			Yes	□ No [	N/A
Part	VII Plan Terminations and Transfers of Ass	sets					
13a	Has a resolution to terminate the plan been adopted in any plan	year?		Х	Yes N	lo	-
	If "Yes," enter the amount of any plan assets that reverted t	o the employer this year				0	-
b		ciaries, transferred to another	r plan, or brought under t	ho contr	ol	☐ Yes	X No
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instructions	rred from this plan to another	plan(s), identify the plan	(s) to			D NO
1	13c(1) Name of plan(s):			13c(2)	EIN(s)	13c(3	PN(s)
Cauti	tion: A penalty for the late or incomplete filing of this retu	rn/report will be accessed	uniose reconstile servi				
Unde SB or	er penalties of perjury and other penalties set forth in the instr or Schedule MB completed and signed by an enrolled actuary f, it is true, correct, and complete.	ructions I declare that I have	avaminad this returning			able, a Sch knowledge	edule and
SIGN	N X X Duck	3/8/12	DARAH COONEY	=   Wassing			moy - ve-
HER		Date		ol ninete		intra - 1	
SIGN	1000   1000	Juli	Enter name of individua	a signing	as plan adm	irustrator	
HERI		Date		A . L . E			19-
100	- 3	Date	Enter name of individua	aı signing	as employer	or plan spr	onsor

Enter name of individual signing as employer or plan sponsor