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 accord	dance with	n the instructions to the Form 55	00-SF.		
Pä	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011	
Α	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)	a one-participar	nt plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	ın year return/report (less than 12 r	months)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC program	
	special extension (enter descriptio	n)		L	_	
Pa	Int II Basic Plan Information—enter all requested information					
	Name of plan	ation		1b	Three-digit	
	ESIS HOUSE 401(K) PLAN				plan number	
					(PN) •	001
				1c	Effective date of pl 01/01/19	
2a	Plan sponsor's name and address; include room or suite number (er	mplover, if	for a single-employer plan)	2h	Employer Identifica	
GEN	ESIS HOUSE		To a onigro oniproyer planty		(EIN) 91-0874	
				2c :	Sponsor's telepho	ne number
POE	3OX 22910				206-860-2	
SEA	TLE, WA 98122-0910			2d 1	Business code (se	e instructions)
^				01	623000	
	Plan administrator's name and address (if same as plan sponsor, eresis HOUSE P O BOX 229	10		3D /	Administrator's EIN 91-0874	N 756
	SEATTLE, WA	A 98122-0	910	3c /	Administrator's tele	
4	If the same and/or FINI of the relations on the same of control of the latest the same of		second file of few this value as extensible	415	206-860-2	622
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			. 5a		1:
b	Total number of participants at the end of the plan year					1
С	Number of participants with account balances as of the end of the p					
	complete this item)			. 5c		1
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					X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•			N 103 140
Pa	rt III Financial Information	0000	or and muct motoda acc r crim c			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of	Year
а	Total plan assets	7a	442693		() =	381207
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	442693			381207
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Tot	al
а	Contributions received or receivable from:		12002			
	(1) Employers	8a(1)	12802	_		
	(2) Participants	8a(2)	33619			
	(3) Others (including rollovers)	8a(3)		_		
b	Other income (loss)	8b	-12995			00.400
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				33426
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	94587			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	325			
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				94912
i	Net income (loss) (subtract line 8h from line 8c)	8i				-61486
j	Transfers to (from) the plan (see instructions)	8i				

Form	5500	-SE	201	•

		••	
Part IV	Plan	Characte	ristics

- **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 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Am-	ount	
	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	Χ					4500
	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		X				
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
J	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					2203
	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						
	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp						Yes	Пи
								1 1 .
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
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 amortized in this plan year, see instruc granting the waiver	or sections,	ction 3	302 of	ERISA?	In the le	tter rul	N ing
a fy	(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 instruction granting the waiver	or sections,	and e	02 of Inter the Day	ERISA?	In the le	tter rul	N ing
a fy	(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 instruction granting the waiver	or sections,	and e	nter th Day	ERISA?	In the le	tter rul	N ing
a fy b c	(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 instruction granting the waiver	or sections,	and e	02 of Inter the Day	ERISA?	In the le	tter rul	N ing
a fy o	(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 instruction granting the waiver	or sections,	and e	12b 12c	ERISA?	of the le	etter rul	ing
a fy b c d	(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 instruction granting the waiver. Mont ou 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 of negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	or sections,	and e	12b 12c	ERISA?	of the le	tter rul	N ing
a b c d	(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 instruction granting the waiver	or sections, th	and e	12b 12c 12d	e date c	of the le	etter rul	ing
a fy c d e	(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 instruction granting the waiver	or sections, th	and e	12b 12c 12d	e date c	of the le	etter rul	ing
a If y b c d e rt ' a	(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 instruction granting the waiver	or sections, thof a1	and e	nter the Day 12b 12c 12d	e date c	of the le	etter rul	ing N/F
a fy b c d rt \ a	(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 instruction granting the waiver	or sections, th	and e	nter the Day 12b 12c 12d	e date c	of the le	etter rul	ing
a f y b c d e c d a	(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 instruction granting the waiver	or sections, th	and e	nter the Day 12b 12c 12d	e date c	of the le_Yea	etter rul	N/A
a If y b c d e rt \(\)	(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 instruct granting the waiver	or sections, th	and e	nter the Day 12b 12c 12d	e date c	of the le_Yea	No Yes	N/A
a lif y b c d le	(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 instruct granting the waiver	or sections, th	and e	12b 12c 12d	e date c	of the le_Yea	No Yes	N/A

SIGN	Filed with authorized/valid electronic signature.	09/05/2012	BARBARA PETTY
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	Short Form Annual	0013FR Return/i Benefit	RF11 Report of Small Emplo	yee	***************************************	OMB Nos. 1210-0110 1210-0089	
-	Internal Revenue Service Department of Labor	This form is required to be f	iled under se	ctions 104 and 4065 of the Employe (SA), and sections 6057(b) and 605	e e		2011	
-	Employee Benefils Security Administration			Code (the Code).	B(a) of	This Form i	s Open to Public	
Server Server	Pension Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance witl	the instructions to the Form 550	10-SF.	Ins	pection	
		entification Information			1450timinen		The state of the s	
Fo	r calendar plan year 2011 or fisca	3	01/01/2	011 and ending	~~~~	12/31/20	.1	
	This return/report is for:	a single-employer plan	a multiple	employer plan (not multiemployer)		a one-partici	oant plan	
В	This return/report is:	the first return/report	the final re	aturn/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 progra	ım	
		special extension (enter descrip						
LP	art II Basic Plan Inform	nation-enter all requested infor	mation		***************************************	TO THE PARTY OF TH	······································	
1a	Name of plan				1b	Three-digit		
	GENESIS HOUSE 401(K) PLAN				plan number (PN)	001	
					10	Effective date of		
						01/01/1999		
2a	Plan sponsor's name and addre GENESIS HOUSE	ss; include room or suite number	(employer, if	for a single-employer plan)		Employer identil (EIN) 91-087		
					2c	Sponsor's telep (206) 860-	hone number 2622	
	P O BOX 22910				2d Business code (see instructions)			
	SEATTLE	NAME OF THE OWNER O		WA 98122-0910		623000		
3a	Plan administrator's name and a SAME	address (if same as plan sponsor,	enter "Same	")	3b	Administrator's E	in .	
					3с	Administrator's t	elephone number	
4	If the name and/or FIN of the ni	an sponsor has changed since the	a last returnis	east fled for this plan, enter the	4b	Pris I		
•	name, EIN, and the plan number	er from the last return/report.	s last rotality.	eport med for tris plant, enter trie	40	LIN		
*******	Sponsor's name	**************************************	······································	······································	4c	PN		
					5a		1.2	
					5b		1.0	
C	Number of participants with acc	ount balances as of the end of the	e plan year (d	efined benefit plans do not	1		1.0	
62				Consideration 1	5c	1		
b	Are you claiming a waiver of the	annual examination and report o	ible assets? (f an Indenan	See instructions.)dent qualified public accountant (IQI		*****************	Yes No	
	under 29 CFR 2520.104-46? (S	ee instructions on walver eligibility	y and condition	ons.)		(*************************************	X Yes ∏ No	
- n			Form 5500-S	F and must instead use Form 550	00.			
T	art III Financial Informa	tion	170000			***************************************	······	
7	Plan Assets and Liabilities		24, 24, 24, 24	(a) Beginning of Year	┪—	(b) End		
				442,69	4_		381,207	
	Net plan assets (subtract line 7th			442,69	-		201 005	
8	Income, Expenses, and Transfe		7c			a - Saistanomentus.	381,207	
-	Contributions received or receive			(a) Amount	+	(b) T	otal	
_			8a(1)	12,80	2			
	(2) Participants	************************************	8a(2)	33,61	9			
	(3) Others (including rollovers).		8a(3)]			
b	Other income (loss)		8b	(12,995)			
C		a(2), 8a(3), and 8b)	8c				33,426	
d	Benefits paid (including direct ro to provide benefits)	llovers and insurance premiums	8d	94,58	7			
е	Certain deemed and/or corrective	c distributions (see instructions)	8e					
f	Administrative service providers	(salaries, fees, commissions)	8f	32	5			
g			-					
	Total expenses (add lines 8d, 8e	, 8f, and 8g)	., 8h				94,912	
ì		3h from line 8c)					(61,486)	
j		instructions)	1 01					
For F	aperwork Reduction Act Notice and OMB	Control Numbers, see the instructions fo	r Form 5500-SF.		- Anna Anna Anna Anna Anna Anna Anna Ann		Form 5500-SF (2011)	

12065774592 From: Barbara Petty

100013FR RF11

	Form 5500-SF 2011	Page 2 -							
Par	IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·				ATOWNAND LITTLE	<u> </u>	7	***************************************
9a	If the plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 2K 3D	ture codes from the	List of Plan Char	acteris	tic Co	des ir	the instruc	tions:	***************************************
b	If the plan provides welfare benefits, enter the applicable welfare feature	ire codes from the l	ist of Plan Chara	cteristi	ic Coc	les in	the instructi	ons:	
Part	V Compliance Questions	**************************************			***************************************	***************************************	- THE STATE OF THE	000010011111101111011111	
10	During the plan year:		······································		Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			10a	*************	Х		*************	######################################
b	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)			10b		Х			CHANGE COLUMN
С	Was the plan covered by a fidelity bond?			10c	Х				45,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х	***************************************		**************
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	e benefits under th	e plan? (See	10e		Х			
f	Has the plan falled to provide any benefit when due under the plan? $\boldsymbol{.}$	***************************************		10f		Х		****************	
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	Х				22,03
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part	VI Pension Funding Compliance							***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							ΠYe	s No
12	Is this a defined contribution plan subject to the minimum funding req				-			Ye	s X No
_	(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 all granting the waiver.						ne date of th		
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	d skip to line 13.				······································		
b	Enter the minimum required contribution for this plan year				''' -	12b			PPRODUCTOR CONTRACTOR
	Enter the amount contributed by the employer to the plan for this plan	•			···	12¢	 	**********	***************************************
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				L	12d			
	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?					Yes	No	N/A
Part				***************************************	·····	T	, TVI.		
isa	Has a resolution to terminate the plan been adopted in any plan year?			*****			es X N	3	
	If "Yes," enter the amount of any plan assets that reverted to the empl								
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?							Ye	s 🛮 No
	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred, (See instructions.)	ins plan to another	pian(s), identity ti	e plan			***************************************		
	3c(1) Name of plan(s):	***************************************	XX	<u> </u>	130	(2) El	N(s)	13c	(3) PN(s)
				<u></u>					
	on: A penalty for the late or incomplete filing of this return/report	***************************************					***************************************	hin - 0	
SB or	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as it is true, conject, and complete.								
SIGN	Marke Balleto	09/03/12	Barb	ala	. 4	e H	4-1		400-0
HERI		Date	Enter name of in	dividu	al sigr	ing as	s plan admi	nistrator	***************************************
SIGN									
HER	- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	Date	Enter name of in	dividu	al sigr	ing as	s employer	or plan s	ponsor