For	m 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employer			e 2012		012	
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to Public		
	enefit Guaranty Corporation	► Complete all entries in accordance with the instructions to the Form 5500-SF.						
Part I	Annual Report Id ar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/2012		and anding 1	2/31/2	012		
_				C	2/31/2			
	urn/report is for:			an (not multiemployer)		a one-particip	pant plan	
B This ret	urn/report is:		he final return/report					
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)	_		
C Check I	box if filing under:	Form 5558 a	automatic extension			DFVC progra	m	
		special extension (enter description						
Part II		nation—enter all requested informat	ion					
1a Name HOMES FOR	of plan R COMMUNITY LIVING	401(K) PLAN			1b	Three-digit plan number (PN)	001	
					1c	Effective date of 12/01/		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HOMES FOR COMMUNITY LIVING					2b	Employer Identif (EIN) 91-099		
2220 H ST					2c	Sponsor's telephone number 360-695-4170		
VANCOUVER, WA 98663-3252				2d	Business code (see instructions) 813000			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	Administrator's EIN		
							elephone number	
	•	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN			
	or's nameHOMES FOR	•			4c	PN		
5a Total ı	number of participants at	the beginning of the plan year			5a		36	
b Total i	number of participants at	the end of the plan year			5b		33	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			•	5c		21		
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruc	tions.)			🗙 Yes 🗌 No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						X Yes 🗌 No		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
		incomplete filing of this return/repo						
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/va	lid electronic signature.	07/02/2013	KAREN TARRENTS	rs			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adm	ninistrator	
SIGN	Filed with authorized/va	zed/valid electronic signature. 07/02/2013 KAREN TARRENTS						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	Enter name of individual signing as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include	room or suite numbe				number (optional)	

a Total plan baskets 7a 242555 30 b Total plan labilities 7b 0 0 0 c Net plan assets (subtract line 7b from fine 7a) 7c 242555 30 d Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total c Contributions received or receivable from: 8a(1) 16730 (2) Participants 8a(2) 55700 0 (3) Other sinceduring rollowers 8a(3) 0 0 (b) Endopres 6a(1) 6a(2) 55700 0 (c) Total income (loss) 6a(2) 55700 0 0 (c) Total income (loss) 6a(2) 57700 0 0 (c) Total openetis 6a(1) 38254 0 0 (c) Carlat income (loss) 8a(3) 0 3 3 (c) Total expenses 6g 0 0 3 (c) Antionard expenses 6g 0 0 1 (c) Total expenses 6a(3) 0 0 0 0 (c) Total expenses	Financial Information							
b Total plan liabilities To 0 30 c Not plan assets (dutract line 7b from line 7a) Tc 242555 30 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 16730 (2) Participants. 8a(2) 55700 55700 (3) Others income (dos) 8b 277661 100 C Total income (dos) 8b 277661 100 G Benefits paid (notund) grider olorears and insurance prenume 8d 38224 100 G Deter income (dos) 8e 0 101 100 G Deter expenses. 8g 0 101 100 G Deter expenses. 8g 0 101	ssets and Liabilities	(a) Beginning of	(a) Beginning of Year		(b) End of Year			
c Net plan assets (subtract line 7b from line 7a)	an assets					303657		
8 income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions receivable form: 8a(1) 16730 (1) Employers 8a(2) 55700 (3) Others (including relivers) 8a(3) 0 b Others income (loss) 8b 27061 C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b). 8c 0 c Total income (add lines 3a(1), 8a(2), 8a(3), and 8b). 8c 0 c Total income (add lines 3a(1), 8a(2), 8a(3), and 8b). 8c 0 c Certain deemed and/or corrective distributions (see instructions) 8d 38254 c Certain deemed and/or corrective distributions (see instructions) 8d 300 f Total expenses 8g 0 0 f Antinistrative service provides presion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 If the plan provides presion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 If the plan plan velocity of the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction	an liabilities					0		
a Contributions teckeded or receivable from: Ba(1) 167700 (1) Employers Ba(2) 55700 (2) Participants Ba(2) 55700 (3) Others (including rolewers) Ba(3) 0 (4) Employers Ba(2) 55700 (5) Others (including rolewers) Ba(3) 0 b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 100 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 100 g poride benefits) 8e 0 100 g Other science and function glice trollowers and insurance preniums by poride benefits, lines 8d, 9a, 8d, and 9g) 8d 38254 g Other sciences 8g 0 100 f Administrative service providers (sataries, tees, commissions) 8d 381 6 f Transfers to (from) the plan (see instructions) 8j 0 0 100 g If the plan provides pensits herefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3K 2T 3D g UCF 2510.3-1027 (See instructions and DOL's Volariny Fluckary Correction Program) 10a X 2E g UCF 2510.3-1027 (See instructions an	n assets (subtract line 7b from line 7a)	2	2555	303657				
(1) Employers 86(1) 16730 (2) Participants 86(2) 65700 (3) Others (including rollowers) 88(3) 0 (3) Others (including rollowers) 88 27661 (4) Benefits padd (including direct rollowers and insurance premium and provide benefits) 80 38254 100 (5) Other expenses 80 38254 0 100 (6) Enertis padd (including direct rollowers and insurance premium and provide benefits) 80 38254 0 100 (7) Benefits padd (including direct rollowers and insurance premium and set of the expenses 80 0 100	, Expenses, and Transfers for this Plan Year	(a) Amount			(b) T	otal		
(2) Participants		0	6720					
(a) Other income (loss) 8a(3) 0 (b) Other income (loss) 8b 27661 (c) Total income (loss) 8c 100 (c) Total income (loss) 8c 100 (c) Benefits paid (including direct tollovers and insurance premiums 8d 38254 100 (c) Benefits paid (including direct tollovers and insurance premiums 8d 38254 100 (c) Benefits paid (including direct tollovers and insurance premiums 8d 38254 0 (c) Compliance provides the distributions (see instructions) 8f 735 9 (c) Other expenses 8g 0 0 100 (c) Transfers to (from) the B8.0 /s, 8f, and 8g) 8h 31 100 100 (c) Transfers to (from) the plan (see instructions) 8j 0 100 100 (c) Transfers to (from) the plan (see instructions and DCL's Volutary Fiduciary Correction Program) 100								
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			-					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		•	.7001			100001		
to provide benefits). Bd 38254 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administribute service providers (salaries, fees, commissions) 8f 7.35 g Other expenses (add lines 8d, 8e, 8f, and 8g)						100091		
f Administrative service providers (salaries, fees, commissions) Bf 735 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3 i Net income (loss) (subtract line 8h from line 8c) 8i 6 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E <		:	38254					
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h Total expenses (add lines 8d, 8e, 8f, and 8g)	strative service providers (salaries, fees, commissions)		735					
i Net income (loss) (subtract line 8h from line 8c)	xpenses		0					
j Transfers to (from) the plan (see instructions) sj o 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: 2E 2F 2G 2J 2K 2T 3D 9b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amou a 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 c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Ide X f Has the plan failed to provide any benefit when due under the plan? 10f X Ide X Ide X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Ide X Ide X Ide X <td><pre> (penses (add lines 8d, 8e, 8f, and 8g)</pre></td> <th></th> <td colspan="3"></td> <td colspan="3">38989</td>	<pre> (penses (add lines 8d, 8e, 8f, and 8g)</pre>					38989		
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: 2f 2f 26 21 XI 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amou 10 During the plan year: Yes No Amou a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b × 10c × c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × 10d × f Has the plan failed to provide any benefit when due under the plan? 10f × 10g × f Has the plan failed to provide any participant loans? (ff "Yes," enter amount as of year end.) 10g × 10d ×	ome (loss) (subtract line 8h from line 8c)					61102		
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2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amou a Was there a failure to transmit to the plan any participant contributions within the time period described in 28 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	Plan Characteristics							
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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 X 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 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 10i Part VI Pension Funding Compliance 10i 10i 10i 11a Enter the amount from Schedule SB line 39. 11a 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 11 Is this a defined contribution plan subject to the minimum funding requirements of section		•		x				
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 X f Has the plan failed to provide any benefit when due under the plan? 10f X Image: Second Secon	the plan covered by a fidelity bond?		10c	Х		2500		
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	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					136		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 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	ne plan failed to provide any benefit when due under the plan?		10f	Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 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	e plan have any participant loans? (If "Yes," enter amount as	ar end.)	10a	Х				
exceptions to providing the notice applied under 29 CFR 2520.101-3	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 11a 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 line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter			10i					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Pension Funding Compliance			•				
11a 11a 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 line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter	a defined benefit plan subject to minimum funding requirement	(If "Yes," see instructions and	complete S	Schedule	SB (Form	Yes N		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter								
granting the waiverMonth Day Year _	aiver of the minimum funding standard for a prior year is being	ortized in this plan year, see ir				he letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	mpleted line 12a, complete lines 3, 9, and 10 of Schedule	Form 5500), and skip to line	13.					
b Enter the minimum required contribution for this plan year	b Enter the minimum required contribution for this plan year							

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
C 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.)							
1	13c(1) Name of plan(s): 1			IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN