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).

2009

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

	art I		Identification Info								
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009										
Α	A This return/report is for: Single-employer plan			multiple-	employer plan (not multiemployer)		one-participant	plan			
					x final retu	rn/report					
_	11110 101	an amended return/report short plan year return/report (less than 12 more)									
							nonano,				
C	C Check box if filing under: ☐ Form 5558 ☐ automatic extension							DFVC program			
special extension (enter description)											
P	art II	Basic Plan Info	rmation—enter all re	quested info	ormation						
	Name	•					1b	Three-digit			
PUG	SET SOL	JND HOME HEALTH	401(K) PLAN					plan number	001		
							10	(PN)			
							16	Effective date of p			
2a	Plan sr	nonsor's name and add	dress (employer, if for s	ingle-emplo	over plan)		2h	Employer Identifica			
		JND HOME HEALTH,		ingle emple	yor plani			(EIN) 74-29672			
							2c	Plan sponsor's tele	ephone number		
		SEPORT WAY W.						253-581-9			
LAN	EWOOL	D, WA 98499					2d	Business code (se	e instructions)		
32	Dlan a	dminietrator'e name an	nd address (if same as F	Plan enoned	or enter "Sam	AP")	3h	Administrator's EII			
		JND HOME HEALTH,		7714 BRI	IDGEPORT V	VAY W.	35	74-29672			
				LAKEWO	OOD, WA 984	99	3с	Administrator's tele	ephone number		
								253-581-9	9410		
4						eport filed for this plan, enter the	4b	EIN			
	name, i	ziin, and the plan numi	ber from the last return/	героп. Бро	nisor's name		4c	PN			
5a	Total r	number of participants	at the beginning of the	plan vear			_		22		
		•							0		
		·				year (defined benefit plans do not	30		0		
C						pian (defined benefit plans do not	5c		0		
6a						? (See instructions.)			X Yes No		
					-	ndent qualified public accountant (QPA)			
			•	•	•	tions.)			X Yes No		
_				cannot us	e Form 5500	-SF and must instead use Form	5500.				
	art III	Financial Inform	nation			T					
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
						169 ⁻	108		0		
b	Total p	olan liabilities			7b						
С	Net pla	an assets (subtract line	e 7b from line 7a)		7c	169	108	3			
8	Incom	e, Expenses, and Trar	nsfers for this Plan Year			(a) Amount		(b) Tot	al		
а		butions received or rec			00/41	04	305				
		(1) Employers									
	` '	•				35	799				
	` '	, -	rs)								
D		` ,				42	142		00740		
۲ C), 8a(2), 8a(3), and 8b)						86746		
d		1 \	ct rollovers and insurance			33	332				
е	•	o provide benefits)ertain deemed and/or corrective distributions (see instructions)dministrative service providers (salaries, fees, commissions)									
f				′							
		·	•	,			553				
g		·					000		3885		
n i			kpenses (add lines 8d, 8e, 8f, and 8g)					82861			
:		, , ,	ine 8h from line 8c)						02001		
J		, , ,	(see instructions)		O)	-2519	969		orm 5500 SE (2000)		

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

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

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

10	During the plan year:		Yes	No		Λm	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in					All	iount	
	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					40000
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		Χ				
е	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					552
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.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	10i	X					
Part		1						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Γ	Yes	X No
12	"						Yes	X No
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	(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	ıth						
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ith		Day				
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ith		Day				
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ith	 [Day				
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you 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.	of a	 [Day				
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you 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 a	 [[12b 12c 12d		_ Ye		
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	 [[12b 12c 12d		_ Ye	ar	
b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a		12b 12c 12d		_ Ye.	ar	N/A
b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	[12b 12c 12d		_ Ye.	No [N/A
b c d e Part	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	[12b 12c 12d 		_ Ye.	No Yes	
b c d e Part	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a	the co	12b 12c 12d 13a ntrol		_ Ye.	No Yes	N/A No
b c d Part 13a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	the co	12b 12c 12d 13a ntrol	Yes	_ Ye.	No Yes	N/A No No
b c d Part 13a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a under	the co	12b 12c 12d 13a	Yes	_ Ye.	No Yes	N/A No No PN(s)
b c d Part 13a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a under	the co	12b 12c 12d 13a	Yes	_ Ye.	No Yes Yes 13c(3)	N/A No No PN(s)
b c d Part 13a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a under he pla	the co	12b 12c 12d 13a ntrol	Yes	_ Ye.	No Yes Yes 13c(3)	N/A No No PN(s)

SIGN	Filed with authorized/valid electronic signature.	06/29/2010	BRUCE J SNELL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/29/2010	BRUCE J SNELL
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

Short Form Annual Return/Report of Small Employee

2009

OMB Nos. 1210-0110

1210-0089

Department of Labor Employee Benefits Security Administration 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).

This Form is Open to Public Inspection.

 Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Benefit Guaranty Corporation **Annual Report Identification Information** 2009-12-31 2009-01-01 and ending For the calendar plan year 2009 or fiscal plan year beginning one-participant plan multiple-employer plan (not multiemployer) x single-employer plan A This return/report is for: first return/report X final return/report B This return/report is for: short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number 001 (PN) ▶ Puget Sound Home Health 401(k) Plan 1c Effective date of plan 2002-01-01 2b Employer Identification Number Plan sponsor's name and address (employer, if for single-employer plan) 2a (EIN) 74-2967252 Puget Sound Home Health, LLC 2c Plan sponsor's telephone number (253) 581-9410 7714 Bridgeport Way W. 2d Business code (see instructions) 621610 WA 98499 Lakewood 3b Administrator's EIN Plan administrator's name and address (If same as plan employer, enter "Same") 3a Same 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4 name, EIN and the plan number from the last return. Sponsor's Name 4C PN 5a 22 Total number of participants at the beginning of the plan year 0 5b b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not x Yes Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. **Financial Information** (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 0 169,108 7a Total plan assets Total plan liabilities 7b 169,108 7c Net plan assets (subtract line 7b from line 7a) (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 8,805 8a(1) 35,799 8a(2) (2) Participants . . 8a(3) (3) Others (including rollovers). . . 42,142 Other income (loss) . 8b 86,746 8c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 3,332 84 Certain deemed and/or corrective distributions (see instructions) 8e 8f Administrative service providers (salaries, fees, commissions) Other expenses 553 8g 3,885 8h Total expenses (add lines 8d, 8e, 8f, and 8g) 82,861 Net income (loss) (subject line 8h from line 8c) . 8i (251,969)Transfers to (from) the plan (see instructions)

		Form 5500-SF (2009)	Pag	e 2			*		
D.	rt IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature	e codes from the List	of Plan Character	ristic C	Codes i	n the ir	nstructions:	
		2F 2F 2C 2T 2K 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature	codes from the List o	f Plan Characteri	stic Co	odes in	the ins	structions:	
Pa	rt V	Compliance Questions				,			
10		ring the plan year:				Yes	No	Am	ount
á	a w	as there a failure to transmit to the plan any participant contribution v	within the time period	described in	10a		x		
•	29 b W	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary ere there any nonexempt transactions with any party-in-interest? (Do	Correction Program) onot include transacti	ons reported	100				
		line 10a.)			10b		х		
	c w	as the plan covered by a fidelity bond?			10c	x			40,000
		the plan have a loss, whether or not reimbursed by the plan's fideli					х		
		dishonesty?			10d		^		
	e w	ere any fees or commisions paid to any brokers, agents, or other pe	rsons by an insurance	carrier,					
		surance services or other organization that provides some or all of the	e benefits under the l		10e	х			552
		is the plan failed to provide any benefit when due under the plan?			10f		х		
		d the plan have any participant loans? (If "Yes," enter amount as of			1		х		
	_	his is an individual account plan, was there a blackout period? (See							
	25	20.101-3.)			10h	х			
	i If ex	10h was answered "Yes," check the box if you either provided the re ceptions to providing the notice applied under 29 CFR 2520.101-3.	quired notice or one	of the	10i	х			
Pa		Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see instru	ctions and comp	lete So	chedule	SB (F	orm	Yes XNo
12	ls	this a defined contribution plan subject to the minimum funding requ	irements of section 4	12 of the Code o	r secti	on 302	of ER	ISA?	Yes X No
	(11	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
	a If	a waiver of the minimum funding standard for a prior year is being a	mortized in this plan y	ear, see instructi	ons, a	ind ente	er the o	date of the let	ter ruling
	gı 	anting the waiver		in to line 13	ntn		Day	·	ear
		nter the minimum required contribution for this plan year				. [12b		
		nter the amount contributed by the employer to the plan for this plan					12c		
		ubtract the amount in line 12c from the amount in line 12b. Enter the					12d		
		egative amount)		· · · · ·		· L	120	<u> </u>	□No □N/A
		ill the minimum funding amount reported on line 12d be met by the	funding deadline? .	<u> </u>			• •	Yes [
Pa	ırt V	Plan Terminations and Transfers of Assets							
13		as a resolution to terminate the plan been adopted during the plan y						· · · ·	X Yes No
_		"Yes," enter the amount of any plan assets that reverted to the emp					13a		0
		ere all the plan assets distributed to participants or beneficiaries, tra	insferred to another p	lan, or brought ur	nder th	ne cont	rol		X Yes No
	C If	the PBGC?	his plan to another pl	an(s), identify the	plan(s	s) to			
		(1) Name of plan(s):			T	13	c(2) E	IN(s)	13c(3) PN(s)
						01	14190	107	001
	NW	Sports Physical Therapy, Inc. 401(k) Plan			-	91	14190	767	001
Ca	ution	A penalty for the late or incomplete filing of this return/report w	vill be assessed unle	ss reasonable o	ause	is esta	blishe	ed.	
Un SB	der pe	nalties of perjury and other penalties set forth in the instructions, I do nedule MB completed and signed by an enrolled actuary, as well as	eclare that I have exa	mined this return	/report	t, includ	ding, if	applicable, a	Schedule edge and
1	0,000,0	s true, contect, and complete.	11/11/2	0 =		,1		······································	
SIGN CONTRACTOR			4/16/10	Bruce J.		N 6 4			
	HERE	Signature of plan administrator	Date	Enter name of in			ing as	plan administ	rator
1 8	SIGN	Bull succe	4/16/10	Bivee J.					
1	HERE	Signature of employer/plan sponsor	Date	Enter name of in	ndividu	ıal sign	ing as	employer or p	olan sponsor