	Form 5500-SF	OMB Nos. 1210-0110 1210-0089								
	Department of the Treasury Internal Revenue Service	of the Treasury venue Service This form is required to be filed under sections 104 and 4065 of the Employee								
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A Internal R		This Form is Open to Public						
P	Pension Benefit Guaranty Corporation Inspection > Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection									
	Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
_		single-employer plan		mployer plan (not multiemployer)	2/01/	one-participant plan				
	This return/report is for:	first return/report	final retur							
D		an amended return/report		year return/report (less than 12 mc	nths)					
C (Check box if filing under:									
0		special extension (enter descriptio				DFVC program				
Pa	Part II Basic Plan Information—enter all requested information									
	Name of plan				1b	Three-digit				
PERF	FORMANCE WORK REHABILIT	TATION, INC. 401(K) PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						03/01/2005				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-1473786				
					2c	Plan sponsor's telephone number 253-548-8400				
	112TH STREET EAST, SUITE DMA, WA 98445	D			2d	Business code (see instructions) 621340				
		address (if same as Plan sponsor, er			3b	Administrator's EIN 61-1473786				
PERFORMANCE WORK REHABILITATION, INC. 1830 112TH STREET EAST, SUITE D TACOMA, WA 98445						Administrator's telephone number 253-548-8400				
		in sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	4				
b	Total number of participants at	5b	4							
С	C Total number of participants with account balances as of the end of the plan year (defined benefit p complete this item)					4				
6a	complete this item) 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
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.										
Pa	rt III Financial Informa	ation								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
a L	•		7a	38372	9	507779				
b		(h from line 70)	7b 7a	20272	<u> </u>	507779				
<u> </u>	Income, Expenses, and Transf	'b from line 7a) ers for this Plan Year	7c	38372 (a) Amount		(b) Total				
a	Contributions received or recei									
	(1) Employers		8a(1)	636	В					
			8a(2)	1622	2					
۲)	8a(3)	10110						
b		8a(2), 8a(3), and 8b)	8b	10146	5	124050				
c d		rollovers and insurance premiums	8c			124030				
	, ,		8d		_					
e f		ive distributions (see instructions)	8e		_					
f	•	s (salaries, fees, commissions)	8f		-					
g h	•		8g 8h			0				
i		e 8h from line 8c)	8i			124050				
j		ee instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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: 2F 2J 2K
- **b** 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:							
During the plan year.		Yes	No		Amo	unt	
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)			x				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
Was the plan covered by a fidelity bond?	10c		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)							207
Has the plan failed to provide any benefit when due under the plan?	10f		Х				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr					. П	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 in this plan year, see instru- granting the waiver	ctions, th	and e 	nter the Day _ 12b	e date of	the let	ter ru	
			12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							_
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
VII Plan Terminations and Transfers of Assets							
Has a resolution to terminate the plan been adopted during the plan year or any prior year?		·····-				Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
						Ves	× No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the						100	
Bc(1) Name of plan(s):		130	:(2) Ell	N(s)	1	3c(3)	PN(s)
	 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)	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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10d where there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest? 10d 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 Has the plan have a logs, whether or not? (If "Yes," enter amount as of year end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10h If the 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 250.201-3. 10h If one start of the minimum funding requirements? (If "Yes," see instructions and complete 5500) 10k Is this a defined contribution plan subject to the minimum funding requirements? of section 412 of the Code or se (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 11k If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	Was there a failure to transmit to the plan any participant contributions within the time period described in 199 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b Was the plan covered by a fidelity bond? 10d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d 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.) 10d Has the plan failed to provide any benefit when due under the plan? 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	Was there a failure to transmit to the plan any participant contributions within the time period described in 10a × 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a × Was the plan nave any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10a × Was the plan covered by a fidelity bond? 10d × Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonestry? 10d × 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). 10d × Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	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 Ficulary Correction Program)	Was there a failure to transmit to the plan any participant contributions within the time period described in 10a × 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a × Was the plan covered by a fidelity bond? 10b × Ub the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c × Was the plan covered by a fidelity bond? 10d × 10d × Ub the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × 10d × Was the plan fave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × 10d<	Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10b 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 X 10d X Ub the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 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). 10d X 10d X

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.	07/02/2010	SUSAN MACK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/02/2010	SUSAN MACK
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF Short Form Annual Return/Report of Small Employee Department of the Treasury Benefit Plan						OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be fil			led under sections 104 and 4065 of the Employee			• 2009			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security	Act of 19	74 (ERISA), and section 6058(a) of th Code (the Code).	e		is Open to Public		
	Pension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF							
	Part I Annual Report Ic	entification Information			0.01.				
-	r the calendar plan year 2009 or	1	200	9-01-01 and ending	2	009-12-31			
_	This return/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	ant plan		
в	This return/report is for:	first return/report] final retu	rn/report					
		an amended return/report] short pla	n year return/report (less than 12 mont	hs)				
C Check box if filing under:						am			
_	special extension (enter description)								
_	art II Basic Plan Inform	mation enter all requested info	mation.				······		
1a	Name of plan				1b	Three-digit			
	PERFORMANCE WORK REHAL	BILITATION, INC. 401(K)	PLAN			plan number (PN) ►	001		
					1c	Effective date c			
$\overline{2a}$	Plan sponoorfo nome and addres					2005-03-01			
za	PERFORMANCE WORK REHAL	ss (employer, if for single-employer p	olan)		2b	Employer Ident	fication Number		
					20	(EIN) 61-14	73786 telephone number		
	1830 112TH STREET EAST	r, suite d			20	Fian sponsors	telephone number		
US	TACOMA	WA 98445			2d	Business code	(see instructions)		
3a	Plan administrator's name and a	ddress (If same as plan employer, ei	nter "Same	² ")	3b	621340 Administrator's	FIN		
	Same						ana 17 V		
					3c Administrator's telephone number				
4	If the name and/or EIN of the pla	n sponsor has changed since the las	st retum/re	port filed for this plan, enter the	4b EIN				
	name, EIN and the plan number	from the last return. Sponsor's Name				· · · · · · · · · · · · · · · · · · ·			
5a	Total number of participants at th	e beginning of the plan year	• • • •		4C PN 5a 4				
b	Total number of participants at th	e end of the plan year			5b		4		
С	Total number of participants with	account balances as of the end of the	ne nlan voa	r (defined benefit plans de set			······································		
6a	Were all of the plan's assets duri		· · ·	e instructions.)	<u>5c</u>		4		
b	Are you claiming a waiver of the a	annual examination and report of an	independe	nt qualified public associations (IODA)	• •	• • • •	XYes No		
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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.								
De			n 5500-SF	and must instead use Form 5500.					
7	Plan Assets and Liabilities	tion	Calantana	1					
' a	Total plan acceste			(a) Beginning of Year	<u> </u>	(b) End	of Year		
b	Total plan liabilities		. <u>7a</u>	383,729	_	·····	507,779		
c	Net plan assets (subtract line 7b f	· · · · · · · · · · · · · · · · · · ·	. <u>7b</u>						
8	Income, Expenses, and Transfers		7c	383,729			507,779		
a	Contributions received or receival		- Texatela	(a) Amount	10000000	(b) T	otal		
	(4)	••••••	8a(1)	6,368					
	(2) Participants		8a(2)	16,222					
Ŀ	(3) Others (including rollovers).		8a(3)			1			
b			8b	101,460	-				
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				124,050		
-		• • • • • • • • • • • • • • • • • • •							
е		distributions (see instructions)	8d 8e						
		salaries, fees, commissions)	8f						
		· · · · · · · · · · · · · · ·							
		8f, and 8g)	8h		- Contraction				
		from line 8c)	on 8i				0 124,050		
		nstructions)	8j		1000		124,030		
-			· · · ·	the second statement of the second	1 1 1 4 A		A REAL PROPERTY AND A REAL		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2009) v.092308.1

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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: 2F 2J 2K

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	Complianc	e Questions

10					I	-		
	During the plan year:		Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribution 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	TVa						
		10Ь		x				
С	Was the plan covered by a fidelity bond?	10c		x				
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		х				
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x				207	
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.)			x				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					THE OFFICE STATES		
	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	101						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
12								
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes XNo (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 amortized in this plan year, see instruction granting the waiver	ns, an h	d ente	er the c	late of the l	etter ruling Vear		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			buy				
b	Enter the minimum required contribution for this plan year		. [12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			L	Yes	ΠΝο Γ]N/A	
Part	VII 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 [<u>X_INO</u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?					·····.		
 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	3c(1) Name of plan(s):		130	(2) Ell		13c(3) PI		
				<u>, -, -</u> ,			13/	
autio	n: A penalty for the late or incomplete filing of this return/report will be assessed upless reasonable equi	• -						

C 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	2. Ulade	6/25/2010	SUSAN MACK
HERE Sigr	nature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	an for	6/25/2010	Down Jones
HERE Sign	nature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor