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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	 Complete all entries in accor 	dance witl	h the instructions to the Form 5500	0-SF.	1
		lentification Information				
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		_
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	ation			
	Name of plan				1b	Three-digit
	ORMANCE WORK REHABILI	TATION, INC. 401(K) PLAN				plan number 001
					_	(PN) ▶
					1C	Effective date of plan 03/01/2005
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number
	FORMANCE WORK REHABILIT		, ,			(EIN) 61-1473786
1830	112TH STREET EAST, SUITE	D			2c	Plan sponsor's telephone number 253-548-8400
	DMA, WA 98445				2d	Business code (see instructions)
					1	621340
3a	Plan administrator's name and	address (if same as Plan sponsor, e FATION, INC. 1830 112TH	nter "Same	e") EAST, SUITE D	3b	Administrator's EIN 61-1473786
LIXI	ORMANOE WORK REHABILI	TACOMA, W	/A 98445	LAST, GOTTE D	30	Administrator's telephone number
					3	253-548-8400
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
ı	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	5
b					5b	5
С					02	
	complete this item)				5c	5
	•	0 , ,		(See instructions.)		Yes No
b				ndent qualified public accountant (IQI ions.)		X Yes No
	•	• .		SF and must instead use Form 550		
Pa	rt III Financial Informa					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	507779)	592819
b	Total plan liabilities		. 7b			
С	Net plan assets (subtract line 7	b from line 7a)	. 7с	507779)	592819
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or received		2 (1)	6368	8	
			. 8a(1)	15410	_	
	• •		` `	10110	\dashv	
b	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `)	` ` `	63262	,	
	,	8a(2), 8a(3), and 8b)				85040
c d	, , ,	rollovers and insurance premiums	60			
-			. 8d			
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e			
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f		_	
g	Other expenses		. 8g			
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. 8h			0
į		e 8h from line 8c)				85040
j	Transfers to (from) the plan (se	ee instructions)	. 8i			

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Part IV	Plan	Charac	teristics

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

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

	· · · · · · · · · · · · · · · · · · ·									
art	V Compliance Questions									
0	During the plan year:		Yes	No		An	nount			
а	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 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?	10d		X						
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	Χ					193		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		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								
art	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No		
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	RISA?	. [Yes	X No		
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 instruct granting the waiver									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т	1						
b	Enter the minimum required contribution for this plan year		⊢	12b						
	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 o negative amount)			12d	_		г			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ш	No	N/A		
art	VII Plan Terminations and Transfers of Assets									
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?						Yes	X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to							
1	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)		
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.					
ВВ о	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ref, it is true, correct, and complete.									

SIGN	Filed with authorized/valid electronic signature.	07/06/2011	DAWN JONES					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	07/06/2011	DAWN JONES					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

_	► Complete all entries in accor	rdance wit	h the instructions to the Form 5500-	SF.	mapection			
_	Part I Annual Report Identification Information							
Fo	r the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010 and ending	12	/31/2010			
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	rt is for: first return/report final return/report						
	an amended return/report	year return/report (less than 12 months	s)					
С	Check box if filing under: Form 5558	extension	·Г	DFVC program				
	special extension (enter description	n)						
P	art II Basic Plan Information enter all requested info	, , , , , , , , , , , , , , , , , , ,						
_	Name of plan	mation.		1h -	Three-digit			
	PERFORMANCE WORK REHABILITATION, INC. 401(K)			ķ	olan number			
	PERFORMANCE WORK REPUBLICATION, INC. 401(K)	PLAN	-		PN) ▶ 001			
					Effective date of plan			
2a	Plan sponsor's name and address (employer, if for single-employer p	olan)			Employer Identification Number			
	PERFORMANCE WORK REHABILITATION, INC.			(EIN) 61-1473786			
	1830 112TH STREET EAST, SUITE D				Plan sponsor's telephone number			
			 		(253) 548-8400 Business code (see instructions)			
US 32	30113				521340			
Эa	Plan administrator's name and address (If same as plan employer, er Same	nter "Same	*)	3b /	Administrator's EIN			
				3c A	Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return/report. Sponsor's	st return/rep	port filed for this plan, enter the	4b EIN				
	sponsors	s Name		4c F	PN			
5a	Total number of participants at the beginning of the plan year			5a	5			
b	Total number of participants at the end of the plan year		5b	5				
С	Total number of participants with account balances as of the end of the complete this item)	ne plan yea	r (defined benefit plans do not	5c	_			
6a	Were all of the plan's assets during the plan year invested in eligible a	assets? (Se	ee instructions.)		5 X Yes No			
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Ps	irt III Financial Information	n 5500-SF	and must instead use Form 5500.					
7	Plan Assets and Liabilities	1.50 100 100	(a) Basilia is a CV	· · · · · · · · · · · · · · · · · · ·				
a	Total plan assets		(a) Beginning of Year		(b) End of Year			
b	Total plan liabilities	. 7a	507,779		592,819			
С	Net plan assets (subtract line 7b from line 7a)	· 7b	500 000					
8	Income, Expenses, and Transfers for this Plan Year	. 7c	507,779		592,819			
a	Contributions received or receivable from:	Section 18 and 18	(a) Amount	- SAME	(b) Total			
-	(1) Employers	. 8a(1)	6,368					
	(2) Participants	. 8a(2)	15,410					
	(3) Others (including rollovers)	. 8a(3)		2500				
b	Other income (loss)	. 8b	63,262					
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	以		85,040			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
е		8d						
f	Certain deemed and/or corrective distributions (see instructions)	8e						
g	Administrative service providers (salaries, fees, commissions) Other expenses	8f						
		8g						
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
i	Net income (loss) (subtract line 8h from line 8c)	81			85,040			
<u></u>	Transfers to (from) the plan (see instructions)	8j		178				

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Part	IV Plan Characteristics									
-	the plan provides pension benefits, enter the applicable pension	feature codes fr	om the L	ist of Plan Chara	acteristic	Codes	s in the	instructions	 3:	
	2F 2J 2K the plan provides welfare benefits, enter the applicable welfare fe									
Pari	V Compliance Questions									
10	During the plan year:		*************			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contrib	ution within the	time peri	od described in			x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interes	uciary Correction st? (Do not inclu	n Progran de transa	n)	. 10	<u> </u>	 -			
	on line 10a.)				. 10	<u> </u>	х			
C	Was the plan covered by a fidelity bond?				. 10	;	ж			
a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bond, th	nat was o	aused by fraud	. 100	j				
е	Were any fees or commisions paid to any brokers, agents, or oth insurance services or other organization that provides some or al instructions.)	Il of the benefits	under th	e plan? (See	100	, x				19
f	Has the plan failed to provide any benefit when due under the pla						х		·	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year end.)			. 100	,	х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruction	s and 29	CFR	. 101		x			
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	the required noti	ce or on	e of the					tad	
Part	/ Pension Funding Compliance						<u> </u>	CONTRACTOR OF THE PERSON NAMED IN		
11	s this a defined benefit plan subject to minimum funding requirer	ments? (If "Yes,"	see ins	ructions and con	nplete S	chedul	e SB (Form		X No
12	s this a defined contribution plan subject to the minimum funding (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appli	requirements o	f section	412 of the Code	or sect	ion 302	of EF	RISA? .		X No
а	f a waiver of the minimum funding standard for a prior year is bei	•	this plan	vear see instru	ctions of	and ant	or tha	data af tha I		
	granung ine waiver				Nonth	ming ent	Day	date of the i	etter ruling Year	· · · · · · · · · · · · · · · · · · ·
_	u completed line 12a, complete lines 3, 9, and 10 of Schedule			•		Г	106	I		
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this					• -	12b			
d	Subtract the amount in line 12c from the amount in line 12b. Entenegative amount)	or the result (ente	••• ∍r a minu	s sign to the left	of a	•	12c 12d			
_е	Will the minimum funding amount reported on line 12d be met by		dline?			٠ ــ		l ∏Yes	ΠNο	□N/A
Part \	Plan Terminations and Transfers of Asset	S				•	<u>· · · </u>			
13a	las a resolution to terminate the plan been adopted during the plan	an year or any p	rior year	?					Yes	X No
 	f "Yes," enter the amount of any plan assets that reverted to the e	employer this ye	ar				13a			
	Vere all the plan assets distributed to participants or beneficiaries of the PBGC?						ol		□Yes	₩.
	f during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)	om this plan to a	nother p	lan(s), identify th	e plan(s) to	• •	• • • •	∐ res	[X]IVO
13	c(1) Name of plan(s):					130	c(2) E	N(s)	13c(3)	PN(s)
Caution	: A penalty for the late or incomplete filing of this return/repo	rt will be asses	sed uni	ess reasonable	cause i	s estal	olishe	d.		
Under p SB or S	enalties of perjury and other penalties set forth in the instructions, thedule MB completed and signed by an enrolled actuary, as well is true, correct, and complete.	I declare that I	have eva	mined this return	a/ranart	inalud	ina 16.		Schedule edge and	
SIGN	Carrier San Carrie	(0/2-	1/u	Dawn Jones						
HERE	Signature of plan administrator	Date	-	Enter name of i	ndividus	al signir	10 26 1	olan adminis	trator	

Date

Susan Mack

Enter name of individual signing as employer or plan sponsor

SIGN

Signature of employer/plan sponsor