	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service		Benefit d under se	ctions 104 and 4065 of the Employe	2010						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A Internal	he This Form is Open to Pu								
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	Inspection D-SF.								
Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010											
_		single-employer plan			2/31/2						
	This return/report is for:	first return/report	final return	mployer plan (not multiemployer)		one-participant plan					
D	This return/report is for:	an amended return/report		i year return/report (less than 12 mor	2 months)						
C	Check box if filing under:	Form 5558		extension	nino)	DFVC program					
•		special extension (enter descriptio									
Pa	Part II Basic Plan Information—enter all requested information										
	Name of plan				1b	Three-digit					
SOU	THLAKE PROFESSIONAL GRO	OUP PROFIT SHARING PLAN AND	TRUST			plan number (PN) ▶ 001					
					1c	Effective date of plan 01/01/1987					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 55-0868870					
	0 CHRISTENSEN RD., SUITE 2				2c	Plan sponsor's telephone number 206-243-7383					
TUK	WILA, WA 98188				2d	Business code (see instructions) 621112					
3a SOU	Plan administrator's name and THLAKE PSYCHIATRIC CENTE	address (if same as Plan sponsor, er ER, PLLC 16040 CHRIS	nter "Same	") RD., SUITE 217	3b	Administrator's EIN 55-0868870					
		TUKWILA, W	'A 98188		Administrator's telephone number 206-243-7383						
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, en name, EIN, and the plan number from the last return/report. Sponsor's name						EIN					
	name, EIN, and the plan humbe	r from the last return/report. Sponso	rs 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			5b	1					
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	1					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No					
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No					
	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo		,							
	rt III Financial Informa	ation									
7	Plan Assets and Liabilities		_	(a) Beginning of Year 805898	2	(b) End of Year 914238					
a b	•		7a 7b			017200					
c	•	b from line 7a)	7c	805898	3	914238					
8	Income, Expenses, and Transf			(a) Amount		(b) Total					
а	Contributions received or recei	vable from:	9-(4)	3883	3						
			8a(1) 8a(2)	22000)						
			8a(3)								
b	., ,		8b	82457	′						
C		8a(2), 8a(3), and 8b)	8c			108340					
d		ollovers and insurance premiums	8d								
е	1 ,	ive distributions (see instructions)	8e								
f	f Administrative service providers (salaries, fees, commissions)										
g	Other expenses		8g								
h		3e, 8f, and 8g)	8h		40						
i		e 8h from line 8c) ee instructions)				108340					
1			8j								

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

Part IV Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2J 2K 2R 2T 2A 2E 2G 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							
10	۵	During the plan year:	_	Yes	No		Amo	unt	
а		Vas 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		х				
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	١	Was the plan covered by a fidelity bond?	10c	Х					100000
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	ir	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		x				
f	F	las the plan failed to provide any benefit when due under the plan?	10f		Х				
g	C	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i		f 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						
Part	۷	I Pension Funding Compliance							
11		s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))						Yes	No
b c d Part 13a b c	If go E E S n V V H If Vo If w	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct ranting the waiver. Mon u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. inter the minimum required contribution for this plan year. inter the amount contributed by the employer to the plan for this plan year. inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. i 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.) c(1) Name of plan(s):	of a		Day 12b 12c 12d 13a ontrol	Yes	Year		N/A No
Caut	io	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.			

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.	08/02/2011	JOHN E. DUNNE					
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 Re	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee							
	Department of Labor wee Benefitis Security Administration 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				
	nsion Benefit Guaranty Corporation		ete all entries in accordance with the instructions to the Form 5500-SF.							
Pa	rt I Annual Report Ic alendar plan year 2010 or fisc	lentification Information		and ending						
		x single-employer plan	multiple or		1					
			final return	nployer plan (not multiemployer)	l	one-participant plan				
вп	his return/report is for:	irst return/report		year return/report (less than 12 mor	the)					
• -		Form 5558			iuis)					
CC	heck box if filing under:		automatic	extension		DFVC program				
	till Besie Dien Inform	special extension (enter descriptio			1.500					
Par 1a t	Name of plan	mation—enter all requested information			1h	Three-digit				
		OUP PROFIT SHARING PLAN AND	TRUST		12	plan number				
						(PN) • 001				
-					1c	Effective date of plan 01/01/1987				
	Plan sponsor's name and addr THLAKE PSYCHIATRIC CENT	ess (employer, if for single-employer TER, PLLC	plan)			Employer Identification Number (EIN) 55-0868870				
1604() CHRISTENSEN RD., SUITE	217			2c	Plan sponsor's telephone number 206-243-7383				
	VILA WA 98188				2d	Business code (see instructions) 621112				
3a SAME		l address (if same as Plan sponsor, e	nter "Same	")	3b	Administrator's EIN 55-0868870				
Of the	- 1				3c	Administrator's telephone number 206-243-7383				
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN					
name, EIN, and the plan number from the last return/report. Sponsor's name						4c PN				
5a	Total number of participants a	t the beginning of the plan year			5a	1				
722	Proceeding to an internet on the second se	it the end of the plan year		5b	1					
	Total number of participants v	vith account balances as of the end o	f the plan y	ear (defined benefit plans do not	5c	1				
6a		during the plan year invested in eligib				X Yes No				
b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)										
		(See instructions on waiver eligibility her 6a or 6b, the plan cannot use F				X Yes 🗌 No				
Pa	rt III Financial Inform		01111 00004	or and must instead use (offit 55						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets	********	. 7a	805898	5	914238				
b	Total plan liabilities		7b							
C	Net plan assets (subtract line	7b from line 7a)	. 7c	805898	۶ 	914238				
8	Income, Expenses, and Trans		建成的建筑	(a) Amount	10000	(b) Total				
а	Contributions received or rec.	eivable from:	. 8a(1)	3883						
	3423435 1.33 3.36			22000	一题					
	S-316-2	s)	1-0-00 -000 -000 -2-00		Sec. 18					
b	Second State of the State of th	•,		8245	1	en e				
С	10 D.), 8a(2), 8a(3), and 8b)		and the second state		108340				
d		t rollovers and insurance premiums	8d							
e Certain deemed and/or corrective distributions (see instructions) 8e										
f	Administrative service provid	ers (salaries, fees, commissions)			ALC: NO.					
g	Other expenses		8g							
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	8h		AND AND					
Ì	(a) According to Strategy and According to Strategy	ne 8h from line 8c)		计标识 网络马马马马马马马马马马马马马马马马马马马马马马马马马马马马马马马马马马马马		108340				
j	Transfers to (from) the plan (see instructions)	8j							

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

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2R 2T 3D 9a
- 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**

HERE

Signature of employer/plan sponsor

10	During the plan year:			Ye	es N	0	Am	ount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time peri Correction Program	od described in n	10a X					
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not include transa	ctions reported	b	>	:			
с	Was the plan covered by a fidelity bond?			(c)	c X				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	ity bond, that was c	aused by fraud	d	>	(
e	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the instructions.)	e benefits under the	plan? (See	le	,	(
f	Has the plan failed to provide any benefit when due under the plan?)f	>	(
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		g	>	(0.000		
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h X					
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3			Di				1. A.	
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see inst	ructions and comple	te Sc	nedule	SB (Form	۱ 	Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding requ	uirements of section	412 of the Code or	sectio	on 302	of ERISA	?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable						1		2 <u></u>
а	If a waiver of the minimum funding standard for a prior year is being ar granting the waiver.	mortized in this plan	year, see instructio	ns, ar	nd ente	r the date	of the le	etter rul	ing
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and	skip to line 13.	1		ay	Yea	ar	
	Enter the minimum required contribution for this plan year		NACINE WORKERS - CONSIGNOR SCHOOL STOPPARTY		12	b	- 444 - 544 - 54		
	Enter the amount contributed by the employer to the plan for this plan				12	c			
	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 fu				·····	∏ Ye	s 🗌	No [N/A
Part	adequal to the second				1.000			1000	
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo								<u>11</u>
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	nsferred to another	plan, or brought und	ler the	e contr	ol	Г	Yes	No No
C	If during this plan year, any assets or liabilities were transferred from to which assets or liabilities were transferred. (See instructions.)						L	-	
1	3c(1) Name of plan(s):				13c(2) EIN(s)		13c(3)	PN(s)
					· · ·				
Caut	ion: A penalty for the late or incomplete filing of this return/report	will be assessed u	Inless reasonable	cause	is est	ablished			
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as , it is true, correct, and complete.	declare that I have e	examined this return	renor	t inclu	ding if an	plicable	, a Scho wledge	edule and
SIG		2/27/11	JOHN E. DUNNE						
HER		Date	Enter name of indiv	/idual	signin	as plan (adminict	rator	
SIG		anna dana - A			ອາອິດແມ	a no hiai i i	aanninst	aw	

Date

Enter name of individual signing as employer or plan sponsor

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