## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P		lance with	n the instructions to the Form 5500	SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 07	7/31/2	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	ſ	a one-particip	ant plan	
		•	eturn/report	L	_ ' '	·	
			•	ntha\			
_		•	in year return/report (less than 12 mo	ntns) r	7		
С	Check box if filing under:	automatic	extension	L	DFVC progra	m	
	special extension (enter description	n)					
Pa	Irt II Basic Plan Information—enter all requested informa	ation					
	Name of plan			1b	Three-digit		
	RAPEUTIC HEALTH SERVICES 401(K) PROFIT SHARING PLAN				plan number		
	•				(PN) <b>▶</b>	001	
				1c	Effective date of	plan	
					01/01/	/1992	
	Plan sponsor's name and address; include room or suite number (en	mployer, if	for a single-employer plan)	2b	Employer Identif		
THE	RAPEUTIC HEALTH SERVICES				(EIN) 91-08	82971	
				2c	Sponsor's telep		
	SUMMIT AVENUE				206-323		
SEAT	TLE, WA 98101			2d		see instructions)	
					62111		
	Plan administrator's name and address (if same as plan sponsor, en RAPEUTIC HEALTH SERVICES 1116 SUMMIT			3b	Administrator's E		
IHER	SEATTLE, WA		-	30			_
				36	206-323	elephone numbe 3-0930	H
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b			
-	name, EIN, and the plan number from the last return/report.		repert med for time plant, entire the				_
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			
b	Total number of participants at the end of the plan year			5b			-
С	Number of participants with account balances as of the end of the pl		-	0.0			
•	complete this item)	,	•	5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes N	Νo
b	Are you claiming a waiver of the annual examination and report of a	an indepen	ndent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes 1	Vo
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	55024			0	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7с	55024			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(-)		()		
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	2695				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				2695	
d	Benefits paid (including direct rollovers and insurance premiums	- OC					
u	to provide benefits)	8d	57494				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses		225				
g	· · · · · · · · · · · · · · · · · · ·	8g	223			57719	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					_
ŀ	Net income (loss) (subtract line 8h from line 8c)	8i				-55024	_
J	Transfers to (from) the plan (see instructions)	8j					

Form	5500	QE.	2011		
⊢∩rm	2211	->-	2011		

**Plan Characteristics** 

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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

Part IV

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

	V   Compliance Questions								
10	During the plan year:		Yes	No		Amou	nt		
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					
С	Was the plan covered by a fidelity bond?	10c	Χ				150	0000	
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		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.)	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							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	nplete	Sched	ule SB	(Form	.	Yes X	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X	No	
	· · · · · · · · · · · · · · · · · · ·								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
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 instrugranting the waiver								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	nth							
If	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructional transfer of the minimum funding standard for a prior year is being amortized in this plan year, see instructional transfer of the minimum funding standard for a prior year is being amortized in this plan year, see instructional transfer of the minimum funding standard for a prior year is being amortized in this plan year, see instructional transfer of the minimum funding standard for a prior year is being amortized in this plan year, see instructional transfer of the minimum funding standard for a prior year is being amortized in this plan year, see instructional transfer of the minimum funding standard for a prior year is being amortized in this plan year, see instructional transfer of the minimum funding standard for a prior year is being amortized in this plan year.	nth	—— 						
If	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	[	Day _					
lf b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugers and the waiver	of a	 [	Day _					
lf b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugenting the waiver	of a	 [ [	Day					
lf b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	 [ [	Day		Year _			
b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a		Day	Yes	Year _			
b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a		Day _ 12b 12c 12d	Yes	Year _		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 instrugranting the waiver	of a	3a the co	Day	Yes	YearNo			
lf b c d e Part 13a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	3a the co	Day	Yes	YearNo		N/A	
e Part 13a b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	3a the co	Day	Yes	YearNo		N/A	
e Part 13a b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	3a the co	Day	Yes	YearNo	Yes [	N/A	
lf b c d e Part 13aa b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	3a the co	Day	Yes es I	YearNo	Yes [	N/A	

SIGN	Filed with authorized/valid electronic signature.	04/16/2012	ANTONIO PAZ
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

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 sections 6057(b) and 6058(a) of

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	ension Henefil Guaranty Corporation  • Complete all entries in accor	dance witi	h the instructions to the Form 5500	-SF.	mspertion
	Annual Report Identification Information				
For		01/01/2	011 and ending		07/31/2011
A	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final r	etum/report		-
	an amended return/report	a short pla	ın year return/report (less than 12 mo	anths)	
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter description	on)		,	
P.	Basic Plan Information—enter all requested inform	ation			
	Name of plan			1b	Three-digit
					plan number
	Therapeutic Health Services 401(k)			10	(PN) 001 Effective date of plan
	Profit Sharing Plan			16	01/01/1992
2a	Pian sponsor's name and address; include room or suite number (e Therapeutic Health Services	mployer, il	for a single-employer plan)	2b	Employer Identification Number
	indiapoloto noutili bolivide				(EIN) 91-0882971 Sponsor's telephone number
	1116 Summit Avenue				(206) 323-0930
		•		2d	Business code (see instructions)
7.9	Seattle Plan administrator's name and address (if same as plan sponsor, e	ntos (Care	WA 98101	2 h	621111 Administrator's EIN
Ju	Same	ilien carrie	* )	311	Administrator's EIN ,
				3с	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.				
	Sponsor's name			4c	1
	Total number of participants at the beginning of the plan year			5a	6.
	Total number of participants at the end of the plan year		L	5b	. 0
C	Number of participants with account balances as of the end of the complete this item)	plan year (i	defined benefit plans do not	5c	C
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No
þ	Are you claiming a walver of the annual examination and report of	an indeper	ident qualified public accountant (IQF	A)	
	under 29 CFR 2520.104-467 (See instructions on walver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F				Yes No
a p	The financial Information	OFFII DOUG-	SP and must instead use Form 550	iv.	-
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End of Your
-	Total plan assets	7a	55, 02	Δ	(b) End of Year
	Total plan liabilities			1-	
	Net plan assets (subtract line 7b from line 7a)	7c	55,02	4	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) Total
a	Contributions received or receivable from:		, , , , , , , , , , , , , , , , , , , ,		
	(1) Employers	8a(1)			
	(2) Participants	. 8a(2)			
	(3) Others (including rollovers)	8a(3)			
	Other income (loss)	8b	2,69	5 (B)	
Ę	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2,695
ď	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. <u>8d</u>	57,49	4	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	· · · · · · · · · · · · · · · · · · ·		
.f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	. 8g	22	5	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				57,719
į	Net income (loss) (subtract line 8h from line 8c)				(55,024)
j	Transfers to (from) the plan (see instructions)	Si Si			

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

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Page	2-	

Pa	NV Plan Characteristics			,			<u> </u>		
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								
d 	If the plan provides welfare benefits, enter the applicable welfare teatu	ve codes from the List of Plan Chan	acteris	ic Cod	les in t	he instructio	Nas:		
Par	Compliance Questions								
10	During the plan year:			Yes	No	,	Amount		
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial	ry Correction Program)	10a		х				
D	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)	Do not include transactions reported	10b		x				
E	Was the plan covered by a fidelity bond?		100	х			150 000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was caused by traud	10d	_	Х		150,000		
е	Were any fees or commissions paid to any brokers, agents, or other place and fees or other organization that provides some or all of the instructions.)	persons by an insurance carrier,	10e		x	-			
f	Has the plan failed to provide any benefit when due under the plan?		101		х	-			
g	Did the plan have any participant loans? (If "Yes," enter amount as of		10g		x				
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29 CFR	10g		×				
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one of the	10i						
Part	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see Instructions and cor	nplete	Sched	티e SE	(Form	Yes X No		
12	Is this a defined contribution plan subject to the minimum funding requ						Yes X No		
a	(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 a granting the waiver.	mortized in this plan year, see instru	ictions, nth	and e	nter th Day	e date of th	e letter ruling Year		
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	B (Form 5500), and skip to line 13		-					
	Enter the minimum required contribution for this plan year		•		12b				
	Enter the amount contributed by the employer to the plan for this plan			<u> </u>	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	# 134 \$41 \$41 \$4 \$4 \$4 \$4 \$45 \$44 \$44 \$44 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4	,		12d				
	Will the minimum funding amount reported on line 12d be met by the fi	unding deadline?				Yes	No N/A		
	Plan Terminations and Transfers of Assets				<del></del>		•		
13a	Has a resolution to terminate the plan been adopted in any plan year?				X Y	es No			
	If "Yes," enter the amount of any plan assets that reverted to the employee			3a			0		
	Were all the plan assets distributed to participants or beneficiaries, trai of the PBGC?		******		ntrol		X Yes No		
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another plan(s), identify t	ne plai	n(s) to					
1	3c(1) Name of plan(s):			130	(2) El	N(s)	13c(3) PN(s)		
-	7	•							
Cant	on: Apenalty for the late or incomplete filing of this return/report	with he account and a second	į				<u> </u>		
	penalties of perjury and other penalties set forth in the instructions, I d						ala a Oalaadida		
SB or	Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct and complete.	s the electronic version of this return	report/	, and t	o the b	est of my k	nowledge and		
Se		Antonio Pa	z	11111111					
HER.	() (a)	Date Enter name of i		ıal sigr	ing as	plan admir	istrator		
sigi									
		Date Enter name of	ndividu	ıal sigr	ing as	employer o	or plan sponsor		