## 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

	Complete all entries in accord	iance witi	n the instructions to the Form 550	)0-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 12/01/201	1	and ending	12/31/20	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: X the first return/report	the final re	eturn/report				
	X an amended return/report	a short pla	in year return/report (less than 12 m	nonths)			
C	Check box if filing under: Form 5558	automatic	extension		DFVC prograi	m	
	special extension (enter descriptio	n)					
Pa	Irt II Basic Plan Information—enter all requested information	ation					
1a	Name of plan			1b ·	Three-digit		
ELEN	MENTS THERAPEUTIC MASSAGE 401K PLAN				plan number		
					(PN) •	. 001	
				10	Effective date of 12/01/		
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b 1	Employer Identifi	cation Numl	ber
CAN	NON SPARKS MASSAGE, LLC			(	EIN) 27-033	38241	
				2c 3	Sponsor's teleph		r
	E 34TH AVE.			24 (			\
3701	KANE, WA 99223			Zu	Business code (8 81299		ons)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b /	Administrator's E	IN	
CAN	NON SPARKS MASSAGE, LLC 3907 E 34TH SPOKANE, W			0 -	27-03		
	57 574 tite, 17	71 00220		3C /	Administrator's to 509-954	elephone nu -7705	ımber
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	EIN		
_	name, EIN, and the plan number from the last return/report.			40	DNI		
	Sponsor's name			4c	PN T		
ъa	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 p complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes	No
b	Are you claiming a waiver of the annual examination and report of a					 □ ./ .l	_ 
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			× Yes	No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	000.			
<u>га</u>	Plan Assets and Liabilities		(a) Beginning of Veer		(b) End	of Voor	
a	Total plan assets	7a	(a) Beginning of Year		(b) End	oi reai	0
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	0				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(4)		(**/		
	(1) Employers	8a(1)		_			
	(2) Participants	8a(2)		_			
	(3) Others (including rollovers)	8a(3)		_			
b	Other income (loss)	8b					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					0
j	Transfers to (from) the plan (see instructions)	8j					

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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 2E 2F 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:

During the plan year:		Yes	No		Δm	ount	
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		7	June	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
Was the plan covered by a fidelity bond?	10c		Χ				
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				
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		Х				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
1 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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))						Yes	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo						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 instrugranting the waiver	nth		nter th				ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	nth		nter th Day <sub>-</sub>				ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth 3.		nter th Day				ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	[	nter th Day <sub>-</sub>				ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth i. it of a	 [	nter th Day				ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	nth s. st of a	[ [	nter th Day 12b 12c 12d		_ Ye		ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth s. st of a	[ [	nter th Day 12b 12c 12d		_ Ye	ar	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth		12b 12c 12d	Yes	_ Ye	ar	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth		12b 12c 12d	Yes	Ye.	ar	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth i. it of a 1 t under	3a the co	12b 12c 12d	Yes	Ye.	No [	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth it of a 1 t under	3a	12b 12c 12d	Yes	Ye.	No [	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth it of a 1 t under	3a	12b 12c 12d	Yes	Ye.	No [	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth it of a 1 t under	3a the co	12b 12c 12d	Yes	Ye.	No [	ng N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.  Most you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13d 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 negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	nth it of a 1 t under	3a the co	12b 12c 12d [	Yes	Ye.	No [	ng N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth it of a 1 t under	3a the co	12b 12c 12d [	Yes	Ye.	No [	ng N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/07/2012	STEVEN SPARKS
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)

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Part I Annual Report Identification Information	radiioc ii	iai ale iiisaac	tions to the Form 55t	U-3F.		
F		12/01/	2011	and ending		12/31/20:	1.1
Α	This return/report is for:	a multip	ole-empioyer pla	an (not multiemployer)		a one-partici	
В	This return/report is:	₹	return/report	1 7 7		[ k	part plan
	an amended return/report	a short p	olan year return	/report (less than 12 m	onths)	)	
С	Check box if filing under: Form 5558	<del>-</del>	tic extension	, ,	,	DFVC progra	ım
	special extension (enter descript	-∎ tion)				T = 1 o broger	•••
F	Part II Basic Plan Information—enter all requested inform						
18	Name of plan				1 1b	Three-digit	
	Elements Therapeutic Massage 401k Plan					plan number	
						(PN) ▶	001
					1c	Effective date of 12/01/2011	
2	Plan sponsor's name and address; include room or suite number (	employer	if for a single-e	mplover plan)	2h	Employer Identit	
	Cannon Sparks Massage, LLC		· ·	. , , ,	_~	(EIN) 27-033	8241
					2c	Sponsor's telep	hone number
	3907 E 34th Ave.					(509) 954-	
	Spokane				2d	Business code (	see instructions)
3a	Plan administrator's name and address (if same as plan sponsor e	enter "Sam	WA (")	99223	2h	812990 Administrator's E	-10.1
	Same	ontor our	ic /		JD	Administrators	IN
					3с	Administrator's t	elephone 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.		rioport mod (or	uns plan, enter the	40	EIN	
	Sponsor's name				4c	PN	
	Total number of participants at the beginning of the plan year	. •			5a		0
b	the plant of the plant year.				5b		0
C	Number of participants with account balances as of the end of the complete this item)	plan year	(defined benefit	plans do not	5c		0
6a	Were all of the plan's assets during the plan year invested in eligib					<u> </u>	X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified i	public accountant (IQF	PA)		
	under 29 CFR 2520 104-46? (See instructions on waiver eligibility)	and condit	tions)				X Yes No
Pá	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500	-SF and must i	nstead use Form 550	0.		
7	Plan Assets and Liabilities	1.00	/\>		T		
-	Total plan assets	7-	(a) Be	ginning of Year	1	(b) End o	
	Total plan liabilities	7a 7b			1-		0
	Net plan assets (subtract line 7b from line 7a)	7c		(			0
8	Income Expenses and Transfers for this Plan Year		1-	i) Amount	1-	/L\ T	
а	Contributions received or receivable from:		(*	y zanoutt		(b) To	<u>nal</u> 
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
L	(3) Others (including rollovers)	8a(3)		<u> </u>			
b	Other income (loss)	8b			ļ	<u> </u>	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  Benefits paid (including direct rollovers and insurance premiums	8c			<del> </del>		0
~	to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e			•		
f	Administrative service providers (salaries fees commissions)	8f			1		
g	Other expenses	8g			1		
h	Total expenses (add lines 8d 8e 8f and 8g)	8h					0
į	Net income (loss) (subtract line 8h from line 8c)	8i					0
	Transfers to (from) the plan (see instructions)	i			1		

Form 5500-SK 2011	Pa	ge 2 - [				
Part IV	, ,	962 1		<b>_</b> .		
96 If the plan provides pension benefits, enter the applicable pension benefits, enter the applicable pension benefits.	lon forbus as 2 o					
J If the plan ormaides welfare homests	mon reactio codes in	om the List of Plan Cha	eracteri	štio Ço	odes l	n the Instructions:
b) If the plan provides welfare benefits, enter the applicable welfa	ra faziure codes fro	m the List of Plan Char	aolerisi	ic Coa	des in	the instructions:
Part V. Compliance Questions		<u> </u>	_			***************************************
10 During the plan year:			-			
29 CFR 2510.3 1027 (See instructions and DOI's Voluntary in	ibulions Within the t	Me period descrives to		Yés	No	Amount
b Were there any noneyamni transportions with	montally conficted	Program)	10a		X	1
			10b		×	
The district covered by a Kielily bond?			f0c		x	
				$\dashv$	^	
Ø Were the force or commission.		en <del>-</del> egen oan oang ay	10¢		Х	<u> </u>
insurance service or other organization that provides some or a instructions.)	no the benefits und	instrance carrier, let the plan? (See	<b> </b>	[		
f Has the plan littled to provide any benefit when due under the p		control of the contro	104		Х	
g Did the plan have any participant loans? (If "Yes," enter amount in this is an individual account.	isin?	manner of the second	101		Х	
if this is an individual occount plan, was there a blackout period 2520 101-8.)	. 85 Of Year end.) 2 (See Instruction of		10g		Х	
2520:101-8.) From the same and	: (See Histingtions &	ind 29 CFR	10h		$\lceil_{\mathbf{x}}\rceil$	
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required notice	or one of the	<del>-"</del>	<del>-  </del> -		. And the second second
			10)			
11 is this a defined bacefit plan subject to minimum funding required 5500)).  12 Is this a defined contribution plan subject to the minimum funding	menis? (if "Ven " «	indensi.				
dranting the Melyer in the dranting stendard for a prior year is being from the Melyer in the first the minimum required contribution for this plan year.  C. Enter the minimum required contribution for this plan year.  C. Enter the mount contributed by the amployer to the plan for this in the smount the mount in the 12c from the amount in the 12b. Enter the amount in the 12b. Enter the amount in the 12b. Enter the minimum furnished smount and the smount in the 12b.	Dian year The feault (enter a r	ninus sign to the left of	· · · · · · · · · · · · · · · · · · ·	12	b o	
Earl VII. Plan Ferminations and Transfers of Assets	he funding deadline	<u>Z.,</u>	<u></u>		市	Yes No NA
13a Has a resolution to temphate the old base advantage of Assets	, ,			•		
13a Has a resolution in terminate the plan been adopted in any plan year?  If Yes, enter the appoint of any plan assets that reverted to the entermination of the plan assets distributed to produce any plan assets that reverted to the entermination.	The state of the s	ent of promotion to the company of the company		[	Yes	X No
We're all the plan assets distributed to participants or beneficiaries,     of this PBGC?	mployer this year	***************************************	13a	$\bot$		
which assets or liabilities were transferred from which assets or liabilities were transferred from	π this plan to anoth	er plan(e), identify the p	erthe (a)nek	contro  to	k	Yes No
13a(1) Name of plan(e):		·			<del></del>	
	<u> </u>			3c(2)	EIN(a	) 130(3) PN(6)
<u> </u>						
Caution: A penalty for the late or incomplete filing of this return/raps	of will be person-					
Inder penalties of perjury and other penalties set form in the instructions, 39 or Schedule MB completed and signed by an enfolled actuary, se well effect, it is true, compared, and complete.	I deplare that I have as the electronic ve	examined this return/reportsion of this return/reportsion of this return/reportsion	euse k eport, j ort, and	s esta Includi 10 the	blishe Ing, if sbest	ad. Applicable, a Schedule
SIGN SIGN	<del></del>	T			-64	
ERE Signature of plan administrator	8/6/20/2	Steven Sparks				
ion	<u>Da</u> te	Enter name of Individ	ugi sa	ning a	s pla	n administrator
Signature of employer/plan sponsor	Oate	<u> </u>				
	~ PW	r cutst name of Individ	ual sig	ning a	<u> 5 em</u>	oloyar or plan sponsor
		·				_