

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1989</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	01/01/1989		
1b Three-digit plan number (PN) ►	001						
1c Effective date of plan	01/01/1989						
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 1201 SOUTH PROCTOR STREET TACOMA, WA 98405-2047	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>91-0854239</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>253-396-5820</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>621112</td> </tr> </table>	2b Employer Identification Number (EIN)	91-0854239	2c Sponsor's telephone number	253-396-5820	2d Business code (see instructions)	621112
2b Employer Identification Number (EIN)	91-0854239						
2c Sponsor's telephone number	253-396-5820						
2d Business code (see instructions)	621112						

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/15/2012	GHASEM NAHVIPOUR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	GHASEM NAHVIPOUR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 1201 SOUTH PROCTOR STREET TACOMA, WA 98405-2047	3b Administrator's EIN 91-0854239 3c Administrator's telephone number 253-396-5820
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	353
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	228
b Retired or separated participants receiving benefits.....	6b	20
c Other retired or separated participants entitled to future benefits.....	6c	97
d Subtotal. Add lines 6a , 6b , and 6c	6d	345
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	345
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	267
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2A 2F 2G 2M

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☒ 2 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY</u>	D Employer Identification Number (EIN) <u>91-0854239</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>71-0294708</u>	<u>86509</u>	<u>VC2417</u>	<u>144</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINDA RUTLEDGE 9302 76TH ST SW
LAKEWOOD, WA 98498 WA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1975496
5 Current value of plan's interest under this contract in separate accounts at year end	5	2286670

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP PENSION FUNDS**

b Balance at the end of the previous year	7b	1642308
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c Additions: (1) Contributions deposited during the year	7c(1)	328846	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	74373	
(4) Transferred from separate account	7c(4)	1087808	
(5) Other (specify below)	7c(5)	215261	

(6) Total additions	7c(6)	1706288
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d Total of balance and additions (add b and c(6))	7d	3348596
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	718301	
(2) Administration charge made by carrier	7e(2)	2776	
(3) Transferred to separate account	7e(3)	418386	
(4) Other (specify below)	7e(4)	233637	

(5) Total deductions	7e(5)	1373100
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f Balance at the end of the current year (subtract e(5) from d)	7f	1975496
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY</u>	D Employer Identification Number (EIN) <u>91-0854239</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>91-0742147</u>	<u>68608</u>	<u>LP1022445</u>	<u>31</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SYMETRA LIFE INSURANCE COMPANY
RETIREMENT SERVICES
777 108TH AVE NE, SUITE 1200
BELLEVUE, WA 98004-5135

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1478952**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDS**b** Balance at the end of the previous year **7b** 1528235**c** Additions: (1) Contributions deposited during the year **7c(1)** 24490(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 54995(4) Transferred from separate account **7c(4)** 49625(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 129110**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1657345**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 178368(2) Administration charge made by carrier **7e(2)** 25(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 178393**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 1478952

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY	D Employer Identification Number (EIN) 91-0854239	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ING LIFE INSURANCE AND ANNUITY COMP	PO BOX 990067 HARTFORD, CT 06199-0104
71-0294708	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ING MUTUAL FUNDS

95-4516049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INV PRODUCT PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	14529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	1234
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ING BALANCED PORTFOLIO I 25-1599480	INV MGMT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	1976
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ING GROWTH AND INCOME PORTFOLIO 06-0912550	INV MGMT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	1202
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ING INTERMEDIATE BOND PORTFOLIO 06-0891902	INV MGMT FEES	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY</u>	D Employer Identification Number (EIN) <u>91-0854239</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY CO

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2286670</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SPINNAKER VARIABLE CONTRACT

b Name of sponsor of entity listed in (a): SYMETRA LIFE INSURANCE COMPANY

c EIN-PN <u>91-0742147-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47454</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY	D Employer Identification Number (EIN) 91-0854239	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3407	55230
(2) Participant contributions	1b(2)		3668
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	54903	62289
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	3084422	2334124
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3195494	2616464
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3170543	3406994
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9508769	8478769

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9508769	8478769
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	530831	
(B) Participants	2a(1)(B)	178503	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		709334

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	74373	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2414	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		76787
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	62213	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		62213
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	24204	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		24204

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-28539
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-82699
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		761300

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1786595	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1786595
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4705	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4705
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1791300

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1030000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCDANIEL & HALLSTROM, CPAS

(2) EIN: 91-1113819

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY		D Employer Identification Number (EIN) 91-0854239
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 71-0294708 23-2640992		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FINANCIAL REPORT

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

DECEMBER 31, 2011

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McDaniel & Hallstrom

Jonathan C. McDaniel, CPA
Jane Hallstrom, CPA

Certified Public Accountants

October 15, 2012

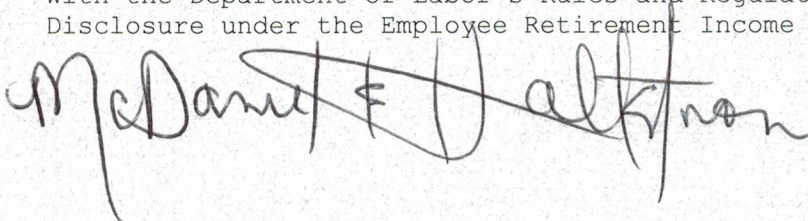
Plan Administrator
COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN
Tacoma, Washington

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the statement of net assets available for benefits of COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (b) RETIREMENT PLAN as of December 31, 2011 and December 31, 2010 and the related statements of changes in net assets available for benefits and the supplemental schedule for the years then ended. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by ING, Symetra, and Vanguard, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodians hold the Plan's assets and executed investment transactions. The plan administrator has obtained a certification from each of the custodians as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011

(With comparative totals as of December 31, 2010)

	<u>2011</u>	<u>2010</u>
<u>Assets</u>		
Participant directed investments at fair value	\$8,357,582	\$9,450,459
Receivables-employee contributions	3,668	3,407
Receivables-employer contributions	55,230	- -
Notes receivable from participants	62,289	54,903
Total assets	<u>\$8,478,769</u>	<u>\$9,508,769</u>
 <u>Liabilities</u>	 <u>- -</u>	 <u>- -</u>
 <u>Net Assets Available for Benefits</u> <u>at Fair Value</u>	 <u>\$8,478,769</u>	 <u>\$9,508,769</u>

The accompanying notes are an integral part of these financial statements.

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

STATEMENT OF CHANGES OF NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2011

(With Comparative totals for the Year Ended December 31, 2010)

	<u>2011</u>	<u>2010</u>
<u>Additions</u>		
Additions in net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$(114,080)	\$ 720,436
Interest	76,527	62,653
Capital gains	24,204	13,534
Dividends	62,213	67,194
Total investment income	<u>48,864</u>	<u>863,817</u>
Contributions:		
Participants	178,503	207,329
Employer	530,831	571,282
Total contributions	<u>709,334</u>	<u>778,611</u>
Total additions	<u>758,198</u>	<u>1,642,428</u>
<u>Deductions</u>		
Deductions from net assets attributed to:		
Deemed loans distributions	1,603	97,391
Benefits paid to participants	1,786,595	938,529
Total deductions	<u>1,788,198</u>	<u>1,035,920</u>
Net increase	<u>(1,030,000)</u>	<u>606,508</u>
<u>Net Assets Available for Benefits</u>		
Beginning of year	9,508,769	8,902,261
End of year	<u>\$8,478,769</u>	<u>\$9,508,769</u>

The accompanying notes are an integral part of these financial statements.

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011

Note 1 - Description of Plan

The following description of the Comprehensive Mental Health Center of Tacoma-Pierce County 403 (b) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

Comprehensive Mental Health Center of Tacoma-Pierce County (CMHC) established the plan to provide employees with a benefit that helps employees save for their retirement and that provides a systematic means of the employees saving and investing for their future as well.

Eligibility:

Employees are eligible to voluntarily contribute to the plan effective at the date of hire. Any regular employee who is not a non-resident alien and who has been employed by CMHC for 2 years with at least 1000 service hours in each of those two years is eligible to receive CMHC contributions to the Plan.

Employer Contributions:

The employer contributes to the Plan for each eligible employee based on the following percentages of the employee's base salary:

Years 3-6 of employment	5.0%
Years 7-10 of employment	7.5%
Years 11-thereafter	10.0%

For employees enrolled in the Plan prior to January 1, 2009, contributions are grandfathered in at the prior rates as follows:

Years 3-15	same as schedule above
Years 16-20	12.5%
Years 21 and thereafter	15.0%

Employee Contributions:

Effective on the date of hire, an employee may contribute from 1-100% of their base pay by means of payroll deductions, subject to certain discrimination tests prescribed by the Internal Revenue Code and other limitations specified in the plan and by the Internal Revenue Code.

Participant Accounts:

Each participant's account is credited with the participant's contributions, the employer's contribution and the gains or losses attributable to the investments selected by the participant and the related expenses attached to those investments. The benefit to which each participant is entitled is the vested amount in the account which is 100%.

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011

Note 1 - Description of Plan (continued)

Investment Options:

Upon enrollment in the Plan, participants may direct the investment of both their contribution and the employer contributions into various investment contracts and annuity options offered by the plan.

Vesting:

Participants accounts are 100% vested as soon as they are established.

Distributions:

Upon retirement, disability or death, a participant or beneficiary receives the entire amount credited to the participant's account in either a lump sum or, at the participant's election, in annual installments. Upon termination, other than by retirement, disability or death, a participant becomes eligible to receive the current value of the participant's account in a lump sum.

Participant loans:

If allowed by the option selected by the participant, participants may borrow from their account balances with interest charged at a rate equal to the "prime rate" plus 1%, which remains in effect for the duration of the loan. The minimum loan is \$1,000 and the maximum loan is amount of the participant's account. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably directly to the custodian. Participants may only have one loan outstanding at any one time. As of December 31, 2011 and 2010, the Plan had loans receivable from participants with balances totaling \$62,289 and \$54,903, respectively, which are shown as notes receivable from participants on the accompanying Statement of Net Assets Available for Benefits. Interest on these loans is accrued when earned.

Participant Investment rollovers:

Participants are allowed to transfer or rollover funds into the Plan from other qualified or 403 (b) plans.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting:

The books of the COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (b) RETIREMENT PLAN are maintained on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America, except for distributions paid to participants which are prepared on the cash basis of accounting.

Management Review: Events occurring subsequent to the financial statements have been evaluated through October 15, 2012, the financial statement issuance date.

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011

Note 2 - Summary of Significant Accounting Policies (continued)

Use of Accounting Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets, liabilities, and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition:

At December 31, 2011 and 2010, the Plan's investments were held in various insurance contracts and annuities and are stated at fair value. The net appreciation in the fair value of investments includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Loans to participants are valued at their outstanding balance plus any accrued but unpaid interest, which approximates fair value. Purchases and sales of investments are recorded on a settlement date basis. Interest income is accrued as it is earned and dividends are recorded as of the ex-dividend rate.

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation in fair value of investments.

The change in net unrealized appreciation/depreciation of investment held from the beginning of the plan year to the end of the plan year is included with realized gains/losses as net investment income/loss reported in the accompanying statements of changes in net assets available for benefits.

Contributions:

Contributions from employees and CMHC are recorded in the period in which CMHC makes the payroll deductions from participant earnings.

Distributions:

Distributions are recorded when paid. At December 31, 2011 and 2010, there were no benefits processed and approved for payment, but not paid.

Expenses:

The Plan administrative expenses, including legal and accounting are paid by Comprehensive Mental Health Center.

Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011

Note 3 - Investments (unaudited)

The Plan's investments were held and administered by the following service providers: ING Insurance Company, Vanguard Insurance Company and Symetra Insurance Company. All investment information presented in the accompanying financial statements and supplemental schedules, including investments held and net appreciation/depreciation in fair value of investments and interest and dividends, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the custodians listed above.

The fair value of investments that represented 5% or more of net assets available for benefits as of December 31, 2011 and 2010 were as follows:

	<u>2011</u>	<u>2010</u>
ING Fixed Account	\$1,968,277	\$1,636,128
Symetra Group Deferred Annuity-QPA-III	1,214,655	1,311,201

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated as follows:

	<u>2011</u>	<u>2010</u>
Mutual funds	\$(75,058)	\$ 239,023
Annuities	(39,022)	481,413
Interest, dividends, and capital gains	<u>162,944</u>	<u>143,381</u>
Net appreciation on investments	\$ <u>48,864</u>	\$ <u>863,817</u>

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011

Note 4 - Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- a. quoted prices for similar assets or liabilities in active markets
- b. quoted prices for identical or similar assets or liabilities in inactive markets
- c. inputs other than quoted prices that are observable for the asset or liability
- d. inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011

Note 4 - Fair Value Measurement (continued)

Mutual funds: Valued at the net asset value (NAV) of share held by the plan at year end.

Annuities: Valued at the underlying net asset value (NAV) of the individual plans at year end

Participant loans: Valued at face value plus accrued interest which approximates fair value.

Contributions receivable: Valued at face value which approximates fair value because of the plan's collection history and the collection turn-around time.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2011 and 2010.

Assets at Fair Value as of December 31, 2011

	<u>Level 1</u>	<u>Total</u>
Mutual funds	\$ 2,616,464	\$ 2,616,464
Annuities	5,741,118	5,741,118
Participant loans	62,289	62,289
Contributions receivable	58,898	58,898
	<u>\$ 8,478,769</u>	<u>\$ 8,478,769</u>

Assets at Fair Value as of December 31, 2010

	<u>Level 1</u>	<u>Total</u>
Mutual funds	\$ 3,195,494	\$ 3,195,494
Annuities	6,254,965	6,254,965
Participant loans	54,903	54,903
Contributions receivable	3,407	3,407
	<u>\$ 9,508,769</u>	<u>\$ 9,508,769</u>

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011

Note 5 - Tax Status

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service. The Plan Administrator intends to apply for a determination letter on the plan when the government opens such a program. The plan is required to operate in conformity with the Code to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore no provision for income tax has been included in the Plan's financial statements.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, CMHC has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan any vested right.

Note 7 - Transactions with Parties in Interest

The Plan Sponsor (CMHC) pays all administrative costs of the Plan. During 2011 these costs totaled \$ 7,400 for plan accounting and preparation of the Plan Form 5500 (\$9,158 in 2010) and \$4,900 for the audit of the plan (\$7,500 in 2010).

Note 8 - Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the accompanying financial statements	<u>\$8,478,769</u>	<u>\$9,508,769</u>
Net assets available for benefits per the Form 5500	<u>\$8,478,769</u>	<u>\$9,508,769</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2011:

Change in net assets available for benefits per	
The accompanying financial statements	<u>\$ (1,030,000)</u>
Change in net assets available for	
Benefits per the Form 5500	<u>\$ (1,030,000)</u>

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

EIN: 91-0854239

PLAN: 001

SCHEDULE H, LINE 4 (i)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2011

<u>Party</u>	<u>Identity of Issuer,</u>	<u>Description of Investment</u>	<u>Current or</u>
<u>In</u>	<u>Borrower, Lessor or</u>	<u>including maturity date,</u>	<u>Market Value</u>
<u>interest</u>	<u>Similar Party</u>	<u>rate of interest, par or</u>	
		<u>maturity value</u>	

See next 3 pages for detail

\$ 8,419,871

* Party in interest to the Plan

** Historical cost is not required as all investments are participant
Directed

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN
Schedule H, Item 4(i) (Form 5500) - Schedule of Assets (Held at End of Year)
31-Dec-11

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity	(d) Historical Cost	(e) Current Value
*	Symetra QPA Series III	Mutual Fund	N/A	1,214,655.12
*	Symetra Preference FP	Mutual Fund	N/A	216,842.45
	Spinnaker+ DWS Balanced VIP	Mutual Fund	N/A	18,966.30
	Spinnaker+ PIQ Fund CLS I	Mutual Fund	N/A	28,487.84
	American Century Inflation Adj Bond Inv Class	Mutual Fund	N/A	82,568.99
	American Funds EuroPacific Growth Fund® - Class R-4	Mutual Fund	N/A	14,224.95
	American Funds Fundamental Investors CI R4	Mutual Fund	N/A	143.88
	American Funds New Perspective Fund® - Class R-4	Mutual Fund	N/A	7,302.30
	American Funds The Growth Fund of America® - Class R-4	Mutual Fund	N/A	2,723.42
	American Funds Washington Mutual Investors FundSM - Clas	Mutual Fund	N/A	8,371.39
	Calvert VP SRI Balanced Portfolio	Mutual Fund	N/A	13,214.48
	Fidelity® VIP Contrafund® Portfolio - Initial Class	Mutual Fund	N/A	62,193.80
	Fidelity® VIP Equity-Income Portfolio - Initial Class	Mutual Fund	N/A	31,659.44
	Fidelity® VIP Growth Portfolio - Initial Class	Mutual Fund	N/A	42,479.73
	Fidelity® VIP Overseas Portfolio - Initial Class	Mutual Fund	N/A	1,493.64
	Franklin Small Cap Value Securities Fund - Class 2	Mutual Fund	N/A	5,682.63
*	ING Balanced Portfolio - Class I	Mutual Fund	N/A	106,270.15
*	ING BlackRock Large Cap Growth Portfolio - Institutional Clas	Mutual Fund	N/A	73,270.52
*	ING BlackRock Science and Technology Opportunities Portfol	Mutual Fund	N/A	3,744.75
*	ING Fixed Account	Mutual Fund	N/A	1,916,114.68
*	ING Fixed Plus Account	Mutual Fund	N/A	52,161.89
*	ING Global Bond Portfolio - Initial Class	Mutual Fund	N/A	17,571.91
*	ING Global Resources Portfolio - Service Class	Mutual Fund	N/A	67,135.65
*	ING Growth and Income Portfolio - Class I	Mutual Fund	N/A	282,563.13
*	ING Guaranteed Account	Mutual Fund	N/A	7,219.68
*	ING Index Plus LargeCap Portfolio - Class I	Mutual Fund	N/A	54,266.78
*	ING Index Plus MidCap Portfolio - Class I	Mutual Fund	N/A	36,646.05
*	ING Index Plus SmallCap Portfolio - Class I	Mutual Fund	N/A	29,115.53
*	ING Intermediate Bond Portfolio - Class I	Mutual Fund	N/A	222,462.90
*	ING International Value Portfolio - Class I	Mutual Fund	N/A	22,219.64
*	ING Invesco Van Kampen Equity and Income Portfolio - Initial	Mutual Fund	N/A	60,004.10
*	ING JPMorgan Emerging Markets Equity Portfolio - Service CI	Mutual Fund	N/A	24,017.41
*	ING Large Cap Growth Portfolio Inst CI	Mutual Fund	N/A	141,409.23
*	ING Large Cap Value Portfolio - Institutional Class	Mutual Fund	N/A	20,129.74
*	ING Marsico Growth Portfolio - Institutional Class	Mutual Fund	N/A	7.79
*	ING MFS Return Portfolio - Service Class	Mutual Fund	N/A	1,203.81
*	ING MFS Utilities Portfolio - Service Class	Mutual Fund	N/A	5,325.91
*	ING Money Market Portfolio - Class I	Mutual Fund	N/A	31,809.61
*	ING Oppenheimer Global Portfolio - Initial Class	Mutual Fund	N/A	98,580.06
*	ING PIMCO High Yield Portfolio - Service Class	Mutual Fund	N/A	4,512.79
*	ING PIMCO Return Portfolio - Service Class	Mutual Fund	N/A	91,117.16

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN
Schedule H, Item 4(i) (Form 5500) - Schedule of Assets (Held at End of Year)
31-Dec-11

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity	(d) Historical Cost	(e) Current Value
*	ING Pioneer Mid Cap Value Portfolio - Institutional Class	Mutual Fund	N/A	5,184.29
	ING Russell Lg Cap Indx Portfolio CI I	Mutual Fund	N/A	7,381.17
*	ING Small Company Portfolio - Class I	Mutual Fund	N/A	16,835.59
*	ING Solution 2015 Portfolio - Service Class	Mutual Fund	N/A	4,514.39
*	ING Solution 2025 Portfolio - Service Class	Mutual Fund	N/A	4,479.76
*	ING Solution 2045 Portfolio - Service Class	Mutual Fund	N/A	18,285.73
*	ING Strategic Allocation Conservative Portfolio - Class I	Mutual Fund	N/A	49,078.07
*	ING Strategic Allocation Growth Portfolio - Class I	Mutual Fund	N/A	30,357.05
*	ING T. Rowe Price Diversified Mid Cap Growth Portfolio - Initial Class	Mutual Fund	N/A	95,980.08
*	ING T. Rowe Price Growth Equity Portfolio - Initial Class	Mutual Fund	N/A	32,079.52
*	ING Templeton Foreign Equity Portfolio - Initial Class	Mutual Fund	N/A	32,357.15
*	ING Thornburg Value Portfolio - Initial Class	Mutual Fund	N/A	8,389.59
*	ING UBS U.S. Large Cap Equity Portfolio - Initial Class	Mutual Fund	N/A	155,672.04
	Invesco V.I. Core Equity Fund - Series I Shares	Mutual Fund	N/A	5,833.99
	Lord Abbett Series Fund - Mid Cap Value Portfolio - Class VC	Mutual Fund	N/A	17,851.55
	Oppenheimer Developing Markets Fund - Class A	Mutual Fund	N/A	14,988.85
	Pax World Balanced Fund - Individual Investor Class	Mutual Fund	N/A	30,123.31
	PIMCO VIT Real Return Portfolio - Administrative Class	Mutual Fund	N/A	30,895.26
	Pioneer High Yield VCT Portfolio - Class I	Mutual Fund	N/A	13,603.66
	Templeton Global Bond Fund - Class A	Mutual Fund	N/A	18,401.67
	Wanger International	Mutual Fund	N/A	10,919.39
	Wanger Select	Mutual Fund	N/A	10,553.48
	Wells Fargo Advantage Special Small Cap Value Fund - Class	Mutual Fund	N/A	7,460.63
*	Vanguard Balanced Index Fund Investor Shares	Mutual Fund	N/A	8,614.88
*	Vanguard Value Index Fund Investor Shares	Mutual Fund	N/A	16,599.84
*	Vanguard Fiduciary Tr Co. Cust	Mutual Fund	N/A	71.65
*	Vanguard Admiral Treasury Money Market Fund	Mutual Fund	N/A	25,760.95
*	Vanguard Wellington Fund Investor Shares	Mutual Fund	N/A	175,314.85
*	Vanguard U.S. Growth Fund Investor Shares	Mutual Fund	N/A	30.58
*	Vanguard Wellesley Income Fund Investor Shares	Mutual Fund	N/A	127,725.73
*	Vanguard Prime Money Market Fund	Mutual Fund	N/A	196,334.29
*	Vanguard Intermediate-Term Treasury Fund Investor Share	Mutual Fund	N/A	81,332.13
*	Vanguard Short-Term Investment-Grade Fund Investor Share	Mutual Fund	N/A	4,888.65
*	Vanguard 500 Index Fund Investor Shares	Mutual Fund	N/A	305,720.44
*	Vanguard Small-Cap Index Fund Investor Shares	Mutual Fund	N/A	132,909.46
*	Vanguard Energy Fund Investor Shares	Mutual Fund	N/A	44,110.87
*	Vanguard Health Care Fund Investor Shares	Mutual Fund	N/A	113,735.79
*	Vanguard Precious Metals and Mining Fund	Mutual Fund	N/A	127,944.24
*	Vanguard STAR Fund	Mutual Fund	N/A	94,165.45
*	Vanguard Dividend Growth Fund	Mutual Fund	N/A	11,323.26
*	Vanguard PRIMECAP Fund Investor Shares	Mutual Fund	N/A	41,223.06

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN
Schedule H, Item 4(i) (Form 5500) - Schedule of Assets (Held at End of Year)
31-Dec-11

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity	(d) Historical Cost	(e) Current Value
*	Vanguard Equity Income Fund Investor Shares	Mutual Fund	N/A	64,700.92
*	Vanguard Intermediate-Term Investment-Grade Fund Invest	Mutual Fund	N/A	96,470.43
*	Vanguard Windsor II Fund Investor Shares	Mutual Fund	N/A	18,664.80
*	Vanguard International Growth Fund Investor Shares	Mutual Fund	N/A	56,781.98
*	Vanguard Long-Term Treasury Fund Investor Shares	Mutual Fund	N/A	4,301.92
*	Vanguard Bond Market Index Fund Investor Shares	Mutual Fund	N/A	8,397.13
*	Vanguard Stock Market Index Fund Investor Shares	Mutual Fund	N/A	31,821.50
*	Vanguard Growth and Income Fund Investor Shares	Mutual Fund	N/A	1,247.48
*	Vanguard Ext Market Indx Fund Investor	Mutual Fund	N/A	318.97
*	Vanguard International Stock Index Fund	Mutual Fund	N/A	10,139.65
*	Vanguard Inflation - Protected Securities Investor Shares	Mutual Fund	N/A	24,126.04
*	Vanguard LifeStrategy Growth Fund	Mutual Fund	N/A	156,477.20
*	Vanguard REIT Index Fund Investor Shares	Mutual Fund	N/A	116,591.81
*	Vanguard Global Equity Fund	Mutual Fund	N/A	64,191.06
*	Vanguard Social Index Fund	Mutual Fund	N/A	4,494.90
*	Vanguard Target Retirement 2015 Fund	Mutual Fund	N/A	59,025.27
*	Vanguard Target Retirement 2025 Fund	Mutual Fund	N/A	39,229.62
*	Vanguard Target Retirement 2035 Fund	Mutual Fund	N/A	16,293.07
*	Vanguard Target Retirement 2045 Fund	Mutual Fund	N/A	15,026.08
*	Vanguard Intermediate-Term Bond Index Fund Investor Share	Mutual Fund	N/A	88,684.27
*	Vanguard Capital Value Fund	Mutual Fund	N/A	18,156.27
*	Vanguard Emerging Markets Stock Index Fund Investor Share	Mutual Fund	N/A	39,832.27
*	Vanguard Diversified Equity Fund	Mutual Fund	N/A	5,271.04
*	Vanguard Target Retirement 2020 Fund	Mutual Fund	N/A	2,239.58
*	Vanguard Target Retirement 2030 Fund	Mutual Fund	N/A	2,534.14
*	Vanguard Target Retirement 2040 Fund	Mutual Fund	N/A	1,959.97
*	Vanguard Target Retirement 2050 Fund	Mutual Fund	N/A	3,129.44
*	Vanguard LifeStrategy Income Fund	Mutual Fund	N/A	955.26
*	Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund	N/A	32,230.32
*	Vanguard FTSE AllWorld ex-US Index Fund	Mutual Fund	N/A	253.39
*	Vanguard Mid-Cap Index Fund Investor Shares	Mutual Fund	N/A	24,421.22
*	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund	N/A	100,690.50
		Mature through 2024, with interest at 4.25% - 9.25%	N/A	62,288.63
	Participant Loans			
	Total Investments including Participant Loans			8,419,869.70
	Total Investment excluding Participant Loans			8,357,581.07

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN

EIN: 91-0854239

PLAN: 001

SCHEDULE H, LINE 4 (i)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2011

Party In interest	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment including maturity date, rate of interest, par or maturity value	Current or Market Value
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See next 3 pages for detail

\$ 8,419,871

* Party in interest to the Plan

** Historical cost is not required as all investments are participant
Directed

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN
Schedule H, Item 4(i) (Form 5500) - Schedule of Assets (Held at End of Year)
31-Dec-11

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity	(d) Historical Cost	(e) Current Value
*	Symetra QPA Series III	Mutual Fund	N/A	1,214,655.12
*	Symetra Preference FP	Mutual Fund	N/A	216,842.45
	Spinnaker+ DWS Balanced VIP	Mutual Fund	N/A	18,966.30
	Spinnaker+ PIQ Fund CLS I	Mutual Fund	N/A	28,487.84
	American Century Inflation Adj Bond Inv Class	Mutual Fund	N/A	82,568.99
	American Funds EuroPacific Growth Fund® - Class R-4	Mutual Fund	N/A	14,224.95
	American Funds Fundamental Investors CI R4	Mutual Fund	N/A	143.88
	American Funds New Perspective Fund® - Class R-4	Mutual Fund	N/A	7,302.30
	American Funds The Growth Fund of America® - Class R-4	Mutual Fund	N/A	2,723.42
	American Funds Washington Mutual Investors FundSM - Clas	Mutual Fund	N/A	8,371.39
	Calvert VP SRI Balanced Portfolio	Mutual Fund	N/A	13,214.48
	Fidelity® VIP Contrafund® Portfolio - Initial Class	Mutual Fund	N/A	62,193.80
	Fidelity® VIP Equity-Income Portfolio - Initial Class	Mutual Fund	N/A	31,659.44
	Fidelity® VIP Growth Portfolio - Initial Class	Mutual Fund	N/A	42,479.73
	Fidelity® VIP Overseas Portfolio - Initial Class	Mutual Fund	N/A	1,493.64
	Franklin Small Cap Value Securities Fund - Class 2	Mutual Fund	N/A	5,682.63
*	ING Balanced Portfolio - Class I	Mutual Fund	N/A	106,270.15
*	ING BlackRock Large Cap Growth Portfolio - Institutional Clas	Mutual Fund	N/A	73,270.52
*	ING BlackRock Science and Technology Opportunities Portfol	Mutual Fund	N/A	3,744.75
*	ING Fixed Account	Mutual Fund	N/A	1,916,114.68
*	ING Fixed Plus Account	Mutual Fund	N/A	52,161.89
*	ING Global Bond Portfolio - Initial Class	Mutual Fund	N/A	17,571.91
*	ING Global Resources Portfolio - Service Class	Mutual Fund	N/A	67,135.65
*	ING Growth and Income Portfolio - Class I	Mutual Fund	N/A	282,563.13
*	ING Guaranteed Account	Mutual Fund	N/A	7,219.68
*	ING Index Plus LargeCap Portfolio - Class I	Mutual Fund	N/A	54,266.78
*	ING Index Plus MidCap Portfolio - Class I	Mutual Fund	N/A	36,646.05
*	ING Index Plus SmallCap Portfolio - Class I	Mutual Fund	N/A	29,115.53
*	ING Intermediate Bond Portfolio - Class I	Mutual Fund	N/A	222,462.90
*	ING International Value Portfolio - Class I	Mutual Fund	N/A	22,219.64
*	ING Invesco Van Kampen Equity and Income Portfolio - Initial	Mutual Fund	N/A	60,004.10
*	ING JPMorgan Emerging Markets Equity Portfolio - Service CI	Mutual Fund	N/A	24,017.41
*	ING Large Cap Growth Portfolio Inst CI	Mutual Fund	N/A	141,409.23
*	ING Large Cap Value Portfolio - Institutional Class	Mutual Fund	N/A	20,129.74
*	ING Marsico Growth Portfolio - Institutional Class	Mutual Fund	N/A	7.79
*	ING MFS Return Portfolio - Service Class	Mutual Fund	N/A	1,203.81
*	ING MFS Utilities Portfolio - Service Class	Mutual Fund	N/A	5,325.91
*	ING Money Market Portfolio - Class I	Mutual Fund	N/A	31,809.61
*	ING Oppenheimer Global Portfolio - Initial Class	Mutual Fund	N/A	98,580.06
*	ING PIMCO High Yield Portfolio - Service Class	Mutual Fund	N/A	4,512.79
*	ING PIMCO Return Portfolio - Service Class	Mutual Fund	N/A	91,117.16

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN
Schedule H, Item 4(i) (Form 5500) - Schedule of Assets (Held at End of Year)
31-Dec-11

(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity	(d) Historical Cost	(e) Current Value
*	ING Pioneer Mid Cap Value Portfolio - Institutional Class	Mutual Fund	N/A	5,184.29
	ING Russell Lg Cap Indx Portfolio CI I	Mutual Fund	N/A	7,381.17
*	ING Small Company Portfolio - Class I	Mutual Fund	N/A	16,835.59
*	ING Solution 2015 Portfolio - Service Class	Mutual Fund	N/A	4,514.39
*	ING Solution 2025 Portfolio - Service Class	Mutual Fund	N/A	4,479.76
*	ING Solution 2045 Portfolio - Service Class	Mutual Fund	N/A	18,285.73
*	ING Strategic Allocation Conservative Portfolio - Class I	Mutual Fund	N/A	49,078.07
*	ING Strategic Allocation Growth Portfolio - Class I	Mutual Fund	N/A	30,357.05
*	ING T. Rowe Price Diversified Mid Cap Growth Portfolio - Initial Class	Mutual Fund	N/A	95,980.08
*	ING T. Rowe Price Growth Equity Portfolio - Initial Class	Mutual Fund	N/A	32,079.52
*	ING Templeton Foreign Equity Portfolio - Initial Class	Mutual Fund	N/A	32,357.15
*	ING Thornburg Value Portfolio - Initial Class	Mutual Fund	N/A	8,389.59
*	ING UBS U.S. Large Cap Equity Portfolio - Initial Class	Mutual Fund	N/A	155,672.04
	Invesco V.I. Core Equity Fund - Series I Shares	Mutual Fund	N/A	5,833.99
	Lord Abbett Series Fund - Mid Cap Value Portfolio - Class VC	Mutual Fund	N/A	17,851.55
	Oppenheimer Developing Markets Fund - Class A	Mutual Fund	N/A	14,988.85
	Pax World Balanced Fund - Individual Investor Class	Mutual Fund	N/A	30,123.31
	PIMCO VIT Real Return Portfolio - Administrative Class	Mutual Fund	N/A	30,895.26
	Pioneer High Yield VCT Portfolio - Class I	Mutual Fund	N/A	13,603.66
	Templeton Global Bond Fund - Class A	Mutual Fund	N/A	18,401.67
	Wanger International	Mutual Fund	N/A	10,919.39
	Wanger Select	Mutual Fund	N/A	10,553.48
	Wells Fargo Advantage Special Small Cap Value Fund - Class	Mutual Fund	N/A	7,460.63
*	Vanguard Balanced Index Fund Investor Shares	Mutual Fund	N/A	8,614.88
*	Vanguard Value Index Fund Investor Shares	Mutual Fund	N/A	16,599.84
*	Vanguard Fiduciary Tr Co. Cust	Mutual Fund	N/A	71.65
*	Vanguard Admiral Treasury Money Market Fund	Mutual Fund	N/A	25,760.95
*	Vanguard Wellington Fund Investor Shares	Mutual Fund	N/A	175,314.85
*	Vanguard U.S. Growth Fund Investor Shares	Mutual Fund	N/A	30.58
*	Vanguard Wellesley Income Fund Investor Shares	Mutual Fund	N/A	127,725.73
*	Vanguard Prime Money Market Fund	Mutual Fund	N/A	196,334.29
*	Vanguard Intermediate-Term Treasury Fund Investor Share	Mutual Fund	N/A	81,332.13
*	Vanguard Short-Term Investment-Grade Fund Investor Share	Mutual Fund	N/A	4,888.65
*	Vanguard 500 Index Fund Investor Shares	Mutual Fund	N/A	305,720.44
*	Vanguard Small-Cap Index Fund Investor Shares	Mutual Fund	N/A	132,909.46
*	Vanguard Energy Fund Investor Shares	Mutual Fund	N/A	44,110.87
*	Vanguard Health Care Fund Investor Shares	Mutual Fund	N/A	113,735.79
*	Vanguard Precious Metals and Mining Fund	Mutual Fund	N/A	127,944.24
*	Vanguard STAR Fund	Mutual Fund	N/A	94,165.45
*	Vanguard Dividend Growth Fund	Mutual Fund	N/A	11,323.26
*	Vanguard PRIMECAP Fund Investor Shares	Mutual Fund	N/A	41,223.06

COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY
403 (b) RETIREMENT PLAN
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(a) Party-in-interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity	(d) Historical Cost	(e) Current Value
*	Vanguard Equity Income Fund Investor Shares	Mutual Fund	N/A	64,700.92
*	Vanguard Intermediate-Term Investment-Grade Fund Invest	Mutual Fund	N/A	96,470.43
*	Vanguard Windsor II Fund Investor Shares	Mutual Fund	N/A	18,664.80
*	Vanguard International Growth Fund Investor Shares	Mutual Fund	N/A	56,781.98
*	Vanguard Long-Term Treasury Fund Investor Shares	Mutual Fund	N/A	4,301.92
*	Vanguard Bond Market Index Fund Investor Shares	Mutual Fund	N/A	8,397.13
*	Vanguard Stock Market Index Fund Investor Shares	Mutual Fund	N/A	31,821.50
*	Vanguard Growth and Income Fund Investor Shares	Mutual Fund	N/A	1,247.48
*	Vanguard Ext Market Indx Fund Investor	Mutual Fund	N/A	318.97
*	Vanguard International Stock Index Fund	Mutual Fund	N/A	10,139.65
*	Vanguard Inflation - Protected Securities Investor Shares	Mutual Fund	N/A	24,126.04
*	Vanguard LifeStrategy Growth Fund	Mutual Fund	N/A	156,477.20
*	Vanguard REIT Index Fund Investor Shares	Mutual Fund	N/A	116,591.81
*	Vanguard Global Equity Fund	Mutual Fund	N/A	64,191.06
*	Vanguard Social Index Fund	Mutual Fund	N/A	4,494.90
*	Vanguard Target Retirement 2015 Fund	Mutual Fund	N/A	59,025.27
*	Vanguard Target Retirement 2025 Fund	Mutual Fund	N/A	39,229.62
*	Vanguard Target Retirement 2035 Fund	Mutual Fund	N/A	16,293.07
*	Vanguard Target Retirement 2045 Fund	Mutual Fund	N/A	15,026.08
*	Vanguard Intermediate-Term Bond Index Fund Investor Share	Mutual Fund	N/A	88,684.27
*	Vanguard Capital Value Fund	Mutual Fund	N/A	18,156.27
*	Vanguard Emerging Markets Stock Index Fund Investor Share	Mutual Fund	N/A	39,832.27
*	Vanguard Diversified Equity Fund	Mutual Fund	N/A	5,271.04
*	Vanguard Target Retirement 2020 Fund	Mutual Fund	N/A	2,239.58
*	Vanguard Target Retirement 2030 Fund	Mutual Fund	N/A	2,534.14
*	Vanguard Target Retirement 2040 Fund	Mutual Fund	N/A	1,959.97
*	Vanguard Target Retirement 2050 Fund	Mutual Fund	N/A	3,129.44
*	Vanguard LifeStrategy Income Fund	Mutual Fund	N/A	955.26
*	Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund	N/A	32,230.32
*	Vanguard FTSE AllWorld ex-US Index Fund	Mutual Fund	N/A	253.39
*	Vanguard Mid-Cap Index Fund Investor Shares	Mutual Fund	N/A	24,421.22
*	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund	N/A	100,690.50
		Mature through 2024, with interest at 4.25% - 9.25%	N/A	62,288.63
	Participant Loans			
	Total Investments including Participant Loans			8,419,869.70
	Total Investment excluding Participant Loans			8,357,581.07