For	Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Э	2	012						
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal	58(a) of This Form is Ope							
Pension Be	nefit Guaranty Corporation	113	pection							
Part I		entification Information			0/04/					
For calenda	ar plan year 2012 or fisca			v	2/31/2					
A This ret	urn/report is for:									
B This ret	urn/report is:	the first return/report	he final return/report							
		onths)							
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m			
	[special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested informat	ion							
1a Name WOODLAND		ERAPY, LLC 401(K) PLAN			1b	Three-digit plan number (PN) ►	001			
					1c	Effective date or 07/27	•			
	oonsor's name and addre	ess; include room or suite number (em IERAPY, LLC	ployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-20				
5205 CORP	ORATE CTR. CT. SE, S	TE. C			2c	Sponsor's telep 360-412				
LACEY, WA	98503				2d	Business code (62134	,			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN				
	•	lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN				
a Sponso					4c	PN				
5a Total r	number of participants at	the beginning of the plan year			5a		3			
b Total r	number of participants at	the end of the plan year			5b		3			
		count balances as of the end of the pla			5c		3			
b Are you under	complete this item)									
		incomplete filing of this return/repo								
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.								
SIGN	Filed with authorized/va	lid electronic signature.	10/01/2013	SCOTT ENSIGN						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator			
SIGN HERE	Filed with authorized/va	lid electronic signature.	10/01/2013	KRISTI ENSIGN						
	Signature of employe		Date	Enter name of individu						
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)			

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a Total plan assets	7a	22160)1			269028		
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	22160)1			269028		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:								
(1) Employers	8a(1)	695		_				
(2) Participants	8a(2)	1147	5	_				
(3) Others (including rollovers)	8a(3)			_				
b Other income (loss)	8b	2899	9	_				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		47427		
to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0		
i Net income (loss) (subtract line 8h from line 8c)	8i					47427		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare for a second second								
Part V Compliance Questions				1				
10 During the plan year:				Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	tion Program)	10a	X		10585		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	-	10b		X			
C Was the plan covered by a fidelity bond?			10c	X		15000		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	ner persons b of the benefit	by an insurance carrier, s under the plan? (See	10e	x		1028		
${f f}$ Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	10q		Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	·		10h		x			
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required n	otice or one of the	10i		х			
Part VI Pension Funding Compliance								
	ents? (If "Ye							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)		<u></u>						
					11a			
5500) and line 11a below) 11a Enter the amount from Schedule SB line 39						ERISA? Yes 🗙 No		
5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code				ERISA? Yes 🗙 No		
5500) and line 11a below) 11a Enter the amount from Schedule SB line 39	requirement , as applicabl	s of section 412 of the Code le.) in this plan year, see instruc	e or se	ection	302 of			
 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is being the minimum fu	requirement , as applicabl ng amortized	s of section 412 of the Code le.) in this plan year, see instrucMon	e or se	ection	302 of enter th	e date of the letter ruling		
 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is beingranting the waiver. 	requirement , as applicabl ng amortized e MB (Form	s of section 412 of the Code le.) in this plan year, see instruc 	e or se ctions th	, and e	302 of enter th	he date of the letter ruling		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	,,	Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	C 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.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) Pl	N(s)		
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF		Short Form Annual Ret Be	/ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		This form is required to be filed u	9	2	012		
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058			open to Public
	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500	-SF.	115	pection
For calenda	Annual Report Id ar plan year 2012 or fisca	entification Information	/01/2012	and ending		12/31/201	2
	urn/report is for:	7		an (not multiemployer)	[a one-particip	
	urn/report is:		e final return/report	,	L		
	. [an amended return/report	short plan year returr	n/report (less than 12 mo	onths)		
C Check b	box if filing under:] Form 5558	utomatic extension		[DFVC progra	m
		special extension (enter description)					
Part II		nation-enter all requested information	on		4		
1a Name	-		-)			Three-digit plan number	
wood. Plan	Land Creek Phys	sical Therapy, LLC 401(k	٢)			(PN) 🕨	001
						Effective date of 07/27/2004	
•	oonsor's name and addre Land Creek Phys	ess; include room or suite number (emp sical Therapy,	bloyer, if for a single-	employer plan)		Employer Identif (EIN) 91-202	
LLC				-	2c 3	Sponsor's telepl (360) 412-	none number
5205	Corporate Ctr.	Ct. SE, Ste. C		-	2d	Business code (see instructions)
Lace				98503		521340	- 15 1
Ja Plan ad	iministrator's name and	address XSame as Plan Sponsor Nan	ne USame as Plar	Sponsor Address	30 /	Administrator's E	:IN
	EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	or this plan, enter the	4b 4c		
		the beginning of the plan year					3
b Total r	number of participants at	the end of the plan year			5b		3
		count balances as of the end of the pla			5c		3
6a Were	all of the plan's assets d	uring the plan year invested in eligible a	assets? (See instruc	tions.)			X Yes No
b Are yo	u claiming a waiver of th	ne annual examination and report of an	independent qualifie	d public accountant (IQF	PA)		
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot					X Yes No
		incomplete filing of this return/repor					<u>.</u>
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.					
SIGN			9/30/2013	Scott Ensign			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ıal sigr	ning as plan adm	ninistrator
SIGN	Bun	5 findings	9/30/13	Kristi Ensign			
HERE Preparer's	Signature of employe	r /plan sponsor ne, ^l if applicable) and address; include r	Date	Enter name of individu			or plan sponsor number (optional)
•		and OMB Control Numbers, see the instru					Form 5500-SF (2012)
i si i aperwi							v. 120126

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Page 2

<u>r</u>	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Y	'ear
a	Total plan assets	7a	221	L,6C	1			269,0
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	221	L,6C	1			269,0
}	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	
a	Contributions received or receivable from:			- 0E	2			
	(1) Employers	8a(1)		5,95 L,47				
_	(2) Participants	8a(2)	د ــــــــــــــــــــــــــــــــــــ	-,4/	4			
1.	(3) Others (including rollovers)	8a(3)	20	3,99				· .
	Other income (loss)	8b	20	5,93				47 4
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						47,4
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
a	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i						47,4
i	Transfers to (from) the plan (see instructions)	8j			+			
b	If the plan provides welfare benefits, enter the applicable welfare for	calure coues				63 III UIC	; 11130 0000113	
-	t V. Compliance Questions							
-	t V Compliance Questions							
0	During the plan year:	tions within			Yes	No		ount
0 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	the time period described in ction Program)	10a				
0 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	uciary Corre	the time period described in ction Program) clude transactions reported		Yes			ount
0 a b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Correct ? (Do not in	the time period described in ction Program) clude transactions reported	10a	Yes	No		ount
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0 a b c	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other the plan to the plan	iciary Correct (Co not in fidelity bonc ner persons	the time period described in ction Program) clude transactions reported I, that was caused by fraud by an insurance carrier,	10a 10b 10c	Yes	No X		10,5
0 a b c	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan the plan of the plan that provides some or all of the plan the pla	iciary Correct (Co not in fidelity bonc ner persons of the benefi	the time period described in ction Program) clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No X		10,5
0 a b c d	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) 	iciary Corre (? (Do not in fidelity bond ner persons of the benefi	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d	Yes X X	No Х Х		10,5
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0 a b c d f g	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 	iciary Corre (Do not in fidelity bond ner persons of the benefi n? as of year en	the time period described in ction Program) clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See d.)	10a 10b 10c 10d	Yes X X	No Х Х		10,5
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0 a b c d e f g h i art	 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 	Iciary Corrections (Do not in fidelity bond) fidelity bond in fidelity bond in fidelity bond in fidelity bond in figure (figure figure	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Schec	No X	Am	10,5
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0 a b c d e f g h i 1a	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 tVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	Iciary Correct (Do not in fidelity bonc fidelity bonc ner persons of the benefi n? (See instruct he required r 1-3 nents? (If "Ye	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10f 10g 10h 10i plete	Yes X X X Schec	No X	Form	10, 5 15, (1, (
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0 a b c d e f g h i 1a 2 a	 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 	iciary Correct (Do not in fidelity bond ner persons of the benefi n? is of year en (See instruct he required r 1-3 ments? (If "Year requiremen , as applicat ng amortized	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10i 10i 0r se	Yes X X X Schec	No X	Am	10, 5 15, (1, (1, (Yes X Yes X

Form 5500-SF 2012

С	Enter the amount contributed by the employer to the plan for this plan year	12c	1			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		999799886699999999999999999999999999999		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 🖾 N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		res X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🕅 No		
C 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.)						
1	3c(1) Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Ti	rust's EIN			