

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information						
<b>1a</b> Name of plan COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 01/01/1989</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	001	<b>1c</b> Effective date of plan 01/01/1989			
<b>1b</b> Three-digit plan number (PN) ▶	001						
<b>1c</b> Effective date of plan 01/01/1989							
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY  1201 SOUTH PROCTOR STREET TACOMA, WA 98405-2047	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>2b</b> Employer Identification Number (EIN) 91-0854239</td> <td style="width: 20%;"></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number 253-396-5820</td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) 621112</td> <td></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) 91-0854239		<b>2c</b> Sponsor's telephone number 253-396-5820		<b>2d</b> Business code (see instructions) 621112	
<b>2b</b> Employer Identification Number (EIN) 91-0854239							
<b>2c</b> Sponsor's telephone number 253-396-5820							
<b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature. Signature of plan administrator	10/15/2013 Date	GHASEM NAHVIPOUR Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/15/2013 Date	GHASEM NAHVIPOUR Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		<b>3b</b> Administrator's EIN
		<b>3c</b> Administrator's telephone number
<b>4</b> 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:		<b>4b</b> EIN
<b>a</b> Sponsor's name		<b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b> 349
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....		<b>6a</b> 236
<b>b</b> Retired or separated participants receiving benefits.....		<b>6b</b> 25
<b>c</b> Other retired or separated participants entitled to future benefits.....		<b>6c</b> 109
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....		<b>6d</b> 370
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		<b>6e</b> 0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....		<b>6f</b> 370
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<b>6g</b> 263
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<b>6h</b> 0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....		<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2M		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)
<b>(1)</b> <input checked="" type="checkbox"/> Insurance	<b>(1)</b> <input checked="" type="checkbox"/> Insurance	
<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts	<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts	
<b>(3)</b> <input checked="" type="checkbox"/> Trust	<b>(3)</b> <input checked="" type="checkbox"/> Trust	
<b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>(4)</b> <input type="checkbox"/> General assets of the sponsor	
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
<b>a Pension Schedules</b>		<b>b General Schedules</b>
<b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	<b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	
<b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	<b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	
<b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>(3)</b> <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)	
	<b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)	
	<b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	
	<b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)	

<b>SCHEDULE A</b> <b>(Form 5500)</b> <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>	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>  ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <hr/> <b>2012</b>  <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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>01/01/2012</u>	<u>12/31/2012</u>

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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>10709</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	
<u>10709</u>	<u>0</u>		

**(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	2147498
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	2651996

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

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	1975496
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	327411	
(2) Dividends and credits .....	<b>7c(2)</b>	0	
(3) Interest credited during the year .....	<b>7c(3)</b>	79658	
(4) Transferred from separate account .....	<b>7c(4)</b>	109855	
(5) Other (specify below) .....	<b>7c(5)</b>	3789	

(6) Total additions .....	<b>7c(6)</b>	520713
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	2496209
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**e Deductions:**

(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	142803	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	2527	
(3) Transferred to separate account .....	<b>7e(3)</b>	194821	
(4) Other (specify below) .....	<b>7e(4)</b>	8560	

(5) Total deductions .....	<b>7e(5)</b>	348711
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	2147498
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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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	
<b>b</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, line 2 above, report amount.....	<b>10b</b>	

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. ▶

<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
<b>A</b> Name of plan COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY	<b>D</b> Employer Identification Number (EIN) 91-0854239	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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
91-0742147	68608	LP1022445	24	01/01/2012	12/31/2012

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
0	0

**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	
0			

(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	

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

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

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

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

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

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

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

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

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

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	1186187
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	52175

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

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	1478952
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	28012	
(2) Dividends and credits .....	<b>7c(2)</b>	0	
(3) Interest credited during the year .....	<b>7c(3)</b>	50775	
(4) Transferred from separate account .....	<b>7c(4)</b>	0	
(5) Other (specify below) .....	<b>7c(5)</b>	0	

(6) Total additions .....	<b>7c(6)</b>	78787
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	1557739
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**e Deductions:**

(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	324335	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	338	
(3) Transferred to separate account .....	<b>7e(3)</b>	46879	
(4) Other (specify below) .....	<b>7e(4)</b>	0	

(5) Total deductions .....	<b>7e(5)</b>	371552
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	1186187
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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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	
<b>b</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, line 2 above, report amount.....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Service Provider Information</b> This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2012</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

**Part I Service Provider Information (see instructions)**

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

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

**(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

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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

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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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**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 checked="" type="checkbox"/> No <input type="checkbox"/>	13915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ING LIFE INSURANCE AND ANNUITY COMP

71-0294708

(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?
60 64 65 66	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	13915	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"/>

**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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	

**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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2651996</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

<b>c</b> EIN-PN <u>91-0742147-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52175</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

**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  
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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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
<b>A</b> Name of plan <u>COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY 403 (B) RETIREMENT PLAN</u>		<b>B</b> Three-digit plan number (PN) <span style="float: right;"><u>001</u></span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE MENTAL HEALTH CENTER OF TACOMA-PIERCE COUNTY</u>		<b>D</b> Employer Identification Number (EIN)  <u>91-0854239</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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.				
	<b>Assets</b>			
<b>a</b>	Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b>	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions .....	<b>1b(1)</b>	55230	1030
	(2) Participant contributions .....	<b>1b(2)</b>	3668	0
	(3) Other.....	<b>1b(3)</b>		
<b>c</b>	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
	(2) U.S. Government securities.....	<b>1c(2)</b>		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred .....	<b>1c(3)(A)</b>		
	(B) All other.....	<b>1c(3)(B)</b>		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred .....	<b>1c(4)(A)</b>		
	(B) Common .....	<b>1c(4)(B)</b>		
	(5) Partnership/joint venture interests .....	<b>1c(5)</b>		
	(6) Real estate (other than employer real property) .....	<b>1c(6)</b>		
	(7) Loans (other than to participants) .....	<b>1c(7)</b>		
	(8) Participant loans .....	<b>1c(8)</b>	62289	62553
	(9) Value of interest in common/collective trusts.....	<b>1c(9)</b>		
	(10) Value of interest in pooled separate accounts.....	<b>1c(10)</b>	2334124	2704171
	(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
	(12) Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	2616464	2837520
	(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	3406994	3333686
	(15) Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	8478769	8938960

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	8478769	8938960
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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) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	492695	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	120704	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		613399
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	1720	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1720
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	63043	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		63043
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		509153
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		125924
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1313239

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	848208	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		848208
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	4840	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		4840
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		853048

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		460191
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: DWYER PEMBERTON & COULSON

(2) EIN: 91-1503183

**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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**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.) .....

**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.) .....

	Yes	No	Amount
<b>4a</b>		X	
<b>4b</b>		X	

	Yes	No	Amount
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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. ....			

**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)

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> 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): <u>71-0294708</u> <u>23-2640992</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (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)
----------------	--

<b>4</b> 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
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> 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
<b>8</b> 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

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> 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
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

- 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 lines (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 line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

FINANCIAL STATEMENTS

For the year ended December 31, 2012

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**DWYER PEMBERTON  
& COULSON, P.C.**  
Certified Public Accountants  
Established 1936

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1940 East D Street, Suite 200  
Tacoma, WA 98421  
253/572-9922  
800/488-4074  
FAX: 253/572-1447

## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees  
Comprehensive Mental Health Center of  
Tacoma-Pierce County 401(b) Retirement Plan  
Tacoma, Washington

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Comprehensive Mental Health Center of Tacoma-Pierce County 403(b) Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

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 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 4, which was certified by ING Life Insurance and Annuity Company, Vanguard Fiduciary Trust Company and Symetra Financial, the custodians of the Plan, except for comparing the information with the related information included in the 2012 financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the Plan administrator by the custodians is complete and accurate.

### Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2012 financial statements. Accordingly, we do not express an opinion on the 2012 financial statements.

### **Other Matter – Supplemental Schedule**

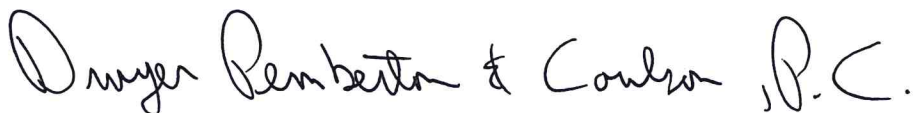
We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

### **Other Matter – 2011 Financial Statements**

The financial statements of the Plan as of December 31, 2011, were audited by predecessor auditors. 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 Security Act of 1974, the Plan administrator instructed the predecessor auditor not to perform, and they did not perform any auditing procedures with respect to the information certified by the custodians. Their report, dated October 15, 2012, indicated that (a) because of the significance the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

### **Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the 2012 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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.

A handwritten signature in black ink, reading "Dwight Pemberton & Coulson, P.C." in a cursive script.

Tacoma, Washington  
October 15, 2013

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2012 and 2011**

	<u>2012</u>	<u>2011</u>
<b>ASSETS</b>		
Investments, at fair value	<u>\$ 8,875,377</u>	<u>\$ 8,357,582</u>
Receivables:		
Employer profit sharing contribution	1,030	55,230
Participant salary deferrals	---	3,668
TOTAL RECEIVABLES	<u>1,030</u>	<u>58,898</u>
Notes receivable from participants	<u>62,553</u>	<u>62,289</u>
TOTAL ASSETS	<u>8,938,960</u>	<u>8,478,769</u>
<b>LIABILITIES</b>	<u>---</u>	<u>---</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,938,960</u></u>	<u><u>\$ 8,478,769</u></u>

See accompanying notes.

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

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended December 31, 2012**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

Investment income:

Net appreciation in fair value of investments	\$ 635,077
Interest and dividends	63,043
TOTAL INVESTMENT INCOME	<u>698,120</u>

Interest income from notes receivable from participants	<u>1,720</u>
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Contributions:

Employer profit sharing	492,695
Participant salary deferrals	120,704
TOTAL CONTRIBUTIONS	<u>613,399</u>
TOTAL ADDITIONS	<u>1,313,239</u>

**DEDUCTIONS FROM ASSETS ATTRIBUTED TO:**

Benefits paid to participants	848,208
Administrative expenses	4,840
TOTAL DEDUCTIONS	<u>853,048</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	460,191

<b>NET ASSETS AVAILABLE FOR BENEFITS, Beginning</b>	<u>8,478,769</u>
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<b>NET ASSETS AVAILABLE FOR BENEFITS, Ending</b>	<u><u>\$ 8,938,960</u></u>
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See accompanying notes.

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

**NOTES TO FINANCIAL STATEMENTS**  
For the year ended December 31, 2012

**NOTE 1. Description of the 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 agreement for a more complete description of the Plan's provisions. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

**General:**

The Plan is a contributory defined contribution plan funded by tax sheltered annuity contracts, mutual funds and general accounts and is intended to meet the requirements of Section 403(b)(1) of the Internal Revenue Code. The Plan covers all eligible employees of the Sponsor on the date of hire. Leased employees and non-resident aliens are not eligible to participate in the Plan.

**Contributions:**

Each year participants may make voluntary contributions as of the date of hire. These contributions are limited to 100 percent of their compensation up to the maximum amount allowed by the Internal Revenue code of their base pay as defined by the Plan.

The Sponsor will contribute a non-elective contribution for eligible employees. Employees are eligible after two years of service with at least 1,000 hours of service each year. The amount of contribution ranges from 5 percent to 15 percent depending on year of enrollment and length of service. Eligibility dates for this non-elective contribution are January 1 and July 1.

**Participant Accounts and Investment Options:**

Contributions to participant accounts are deposited into participant-directed funds at ING Life Insurance and Annuity Company, Vanguard Fiduciary Trust Company and Symetra Financial. Participants direct the investment of their contributions into various investment options offered by the Plan. The Sponsor periodically reviews the investment fund options available to participants and drops or adds investment funds as warranted.

Each participant's account is credited with the participant's contribution, the Sponsor's contribution and Plan earnings (and charged with an allocation of Plan expenses/maintenance fees). Allocations are based on participant compensation or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:**

Participants are 100 percent vested in all accounts

**Notes Receivable from Participants:**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at Moody's Corporate Bond Yield Average less Monthly Average Corporates as published by Moody's Investors Services, Inc. for the calendar month ending two months before the date on which the new loan interest rate is effective. Interest rates range from 4.03 percent to 7.98 percent at December 31, 2012. Principal and interest is paid quarterly. Loan terms range from one to five years, or more if for the purchase of a primary residence.

**NOTE 1. (Continued)**

**Payment of Benefits:**

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. The lump sum payout is only available for other terminations. Terminated participants with a vested account balance less than \$5,000 will be paid as defined in the Plan Document as soon as administratively feasible.

Additionally, the Plan allows for in-service withdrawals upon attainment of age 59½, for financial hardship, or amounts attributable to prior rollovers.

**NOTE 2. Summary of Significant Accounting Policies**

**Basis of Presentation:**

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and present the net assets available for Plan benefits and the changes in those net assets.

**Use of Estimates:**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions of net assets available for benefits during the reporting period. Actual results may differ from those estimates.

**Notes Receivable from Participants:**

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

**Investment Valuation and Income Recognition:**

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits:**

Benefits are recorded when paid.

**Date Through Which Subsequent Events Evaluated:**

The date to which events occurring after December 31, 2012, the date of the most recent statement of net assets available for benefits, have been evaluated for possible adjustment to the financial statements or disclosure is October 15, 2013, which is the date on which the financial statements were available to be issued.

**NOTE 3. Risk and Uncertainties**

The Plan is exposed to market and credit risk due to the various foreign and domestic investment securities that may be selected by the participant in any combination. Investment securities are exposed to various risks such as foreign currency exchange rate, 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 and the statement of changes in net assets available for benefits.

**NOTE 4. Unaudited Information**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements that was prepared by or derived from information prepared by ING Life Insurance and Annuity Company, Vanguard Fiduciary Trust Company and Symetra Financial, the custodians of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodians that the information is complete and accurate as of December 31, 2012 and 2011, and for the year ended December 31, 2012.

	<u>2012</u>	<u>2011</u>
Statements of net assets available for benefits:		
Investments, at fair value	\$ 8,875,377	\$ 8,357,582
Notes receivable from participants	\$ 62,553	\$ 62,289
Statement of changes in net assets available for benefits:		
Net appreciation in fair value investments	\$ 635,077	
Interest and dividends	\$ 63,043	
Benefits paid to participants	\$ 848,208	
Administrative expenses	\$ 4,840	
Interest income from notes receivable from participants	\$ 1,720	

Supplemental Schedule: Schedule of Assets (Held at End of Year) - Pages 13 through 16

**NOTE 5. Investments**

Investments that represent 5 percent or more of the fair value of the Plan's net assets at December 31 are as follows:

	<u>2012</u>	<u>2011</u>
ING Fixed Account	\$ 2,085,868	\$ 1,968,277
Symetra Life Insurance Company Qualified Pension Annuity Series III	\$ 992,255	\$ 1,214,655

During the year ended December 31, 2012, the Plan's investments appreciated in value as follows:

Mutual Funds	\$ 500,716
Annuity Contracts	55,734
General Account	<u>78,627</u>
<b>TOTAL APPRECIATION IN FAIR VALUE</b>	<b><u>\$ 635,077</u></b>

## NOTE 6. Fair Value Measurements

FASB 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 fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 techniques and inputs used at December 31, 2012 and 2011.

*Mutual Funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Pooled Separate Accounts:* The value of each pooled separate account is stated at net asset value as provided by ING Life Insurance and Annuity Company. Realized or unrealized gains and losses from assets in the pooled separate accounts are credited to or charged against the accounts without regard to the other income gains or losses of ING Life Insurance and Annuity Company.

*General Account:* Valued at estimated fair value as provided by ING Life Insurance and Annuity Company. The crediting interest rate at December 31, 2012, was as follows:

ING Fixed Account	1.7%
ING Fixed Plus Account	3.0%
ING Long Term GAA	3.0%

*Annuities:* Valued at the net asset value (NAV) of the individual plans at year end as provided by Symetra Financial.

**NOTE 6. (Continued)**

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 techniques and inputs are appropriate and consistent with other market participants, the use of different techniques and inputs 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, with the fair value hierarchy, the Plan's assets at fair value as December 31, 2012 and 2011:

<b>Assets at Fair Value as of December 31, 2012</b>				
	<i>Quoted Prices in Active Markets for Identical Assets (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Total</i>
Mutual Funds (Level 1) and Pooled Separate Accounts (Level 2):				
Aggressive Allocation	\$ 109,402	\$ 77,001	---	\$ 186,403
Conservative Allocation	206,298	55,070	---	261,368
Diversified Emerging Markets	50,680	---	---	50,680
Equity Precious Metals	127,996	---	---	127,996
Foreign Large Blend	88,225	---	---	88,225
Foreign Large Value	---	42,824	---	42,824
Health	136,792	---	---	136,792
Inflation-Protected Bond	---	124,132	---	124,132
Intermediate-Term Bond	126,452	356,041	---	482,493
Large Blend	466,291	693,404	---	1,159,695
Large Growth	57,297	421,118	---	478,415
Large Value	121,937	147,679	---	269,616
Mid-Cap Blend	33,832	42,033	---	75,865
Mid-Cap Growth	---	124,287	---	124,287
Moderate Allocation	373,635	129,729	---	503,364
Money Market	285,674	30,195	---	315,869
Natural Resources	---	51,775	---	51,775
Other	48,977	89,029	---	138,006
Real Estate	140,420	---	---	140,420
Small Blend	169,288	62,516	---	231,804
Target Date	212,848	42,761	---	255,609
World Bond	---	42,556	---	42,556
World Stock	81,478	119,844	---	201,322
<b>TOTAL MUTUAL FUNDS AND POOLED SEPARATE ACCOUNTS</b>	<u>2,837,522</u>	<u>2,651,994</u>	<u>---</u>	<u>5,489,516</u>
General Account	---	---	2,147,499	2,147,499
Annuities	---	---	1,238,362	1,238,362
<b>TOTAL ASSETS AT FAIR VALUE</b>	<u>\$ 2,837,522</u>	<u>\$ 2,651,994</u>	<u>\$ 3,385,861</u>	<u>\$ 8,875,377</u>

NOTE 6 (Continued)

Assets at Fair Value as of December 31, 2011

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds (Level 1) and Pooled Separate Accounts (Level 2):				
Aggressive Allocation	\$ 156,477	\$ 60,480	---	\$ 216,957
Conservative Allocation	160,911	49,078	---	209,989
Diversified Emerging Markets	39,832	---	---	39,832
Equity Energy	44,111	---	---	44,111
Equity Precious Metals	127,944	---	---	127,944
Foreign Large Blend	67,175	---	---	67,175
Foreign Large Value	---	54,577	---	54,577
Health	113,736	---	---	113,736
Inflation-Protected Bond	---	113,465	---	113,465
Intermediate Government	81,332	---	---	81,332
Intermediate-Term Bond	193,551	313,580	---	507,131
Large Blend	373,539	576,282	---	949,821
Large Growth	45,821	352,366	---	398,187
Large Value	99,966	118,323	---	218,289
Mid-Cap Blend	24,740	36,646	---	61,386
Mid-Cap Growth	---	106,533	---	106,533
Moderate Allocation	378,787	106,270	---	485,057
Money Market	222,095	31,810	---	253,905
Natural Resources	---	67,136	---	67,136
Other	33,318	112,158	---	145,476
Real Estate	116,592	---	---	116,592
Small Blend	132,909	53,412	---	186,321
Target Date	139,437	---	---	139,437
World Bond	---	35,974	---	35,974
World Stock	64,191	98,582	---	162,773
TOTAL MUTUAL FUNDS AND POOLED SEPARATE ACCOUNTS	<u>2,616,464</u>	<u>2,286,672</u>	<u>---</u>	<u>4,903,136</u>
General Account	<u>---</u>	<u>---</u>	<u>1,975,495</u>	<u>1,975,495</u>
Annuities	<u>---</u>	<u>---</u>	<u>1,478,951</u>	<u>1,478,951</u>
TOTAL ASSETS AT FAIR VALUE	<u>\$ 2,616,464</u>	<u>\$ 2,286,672</u>	<u>\$ 3,454,446</u>	<u>\$ 8,357,582</u>

**NOTE 6. (Continued)**

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2012 and 2011:

	<b>Level 3 Assets</b>	
	<b>Year Ended December 31, 2012</b>	
	<u>Guaranteed Interest Accounts</u>	<u>Pooled Separate Account</u>
BALANCE, Beginning of Year	\$ 1,975,495	\$ 1,478,951
Unrealized and realized gains and losses	79,658	55,734
Purchases	331,200	28,012
Fees	(2,527)	---
Transfers	(84,963)	---
Issuances, settlements and withdrawals	<u>(151,364)</u>	<u>(324,335)</u>
BALANCE, Ending of Year	<u>\$ 2,147,499</u>	<u>\$ 1,238,362</u>

Unrealized gains and losses on Level 3 assets are included in net appreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits.

*Investments at Net Asset Value (NAV) per share:*

The following sets forth additional disclosures for the investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2012 and 2011:

	<u>At December 31, 2012</u>		<u>At December 31, 2011</u>		
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Notes</u>
Aggressive Allocation	\$ 77,001	\$ ---	\$ 60,480	\$ ---	a, c
Conservative Allocation	55,070	---	49,078	---	c
Foreign Large Value	42,824	---	54,577	---	a
Inflation-Protected Bond	124,132	---	113,465	---	a, c
Intermediate-Term Bond	356,041	---	313,580	---	c
Large Blend	693,404	---	576,282	---	a, b, c, d
Large Growth	421,118	---	352,366	---	a, b, c
Large Value	147,679	---	118,323	---	a, b, c, e
Mid-Cap Blend	42,033	---	36,646	---	b
Mid-Cap Growth	124,287	---	106,533	---	a
Moderate Allocation	129,729	---	106,270	---	b
Money Market	30,195	---	31,810	---	e
Natural Resources	51,775	---	67,136	---	a
Other	89,029	---	112,158	---	a, b, c
Small Blend	62,516	---	53,412	---	a, d
Target Date	42,761	---	---	---	c
World Bond	42,556	---	35,974	---	a, b
World Stock	119,844	---	98,582	---	a

Notes:

- a This class seeks long-term capital appreciation growth.
- b This class seeks current income and long-term capital appreciation.
- c This class seeks maximum total return with preservation of capital.
- d This class seeks to parallel or outperform the corresponding index.
- e This class seeks to provide high current income.

**NOTE 7. Party-in-Interest Transactions and Administration of Plan Assets**

A party-in-interest is defined as a fiduciary or employee of the plan, any person who provides service to the plan, an employer whose employees are covered by the plan, an employee organization whose members are covered by the plan, a person who owns 50 percent or more of such an employer or employee organization, or a relative of such persons mentioned.

Trustee and Plan Administration:

The Plan's investment options are held in participant directed accounts at ING Life Insurance and Annuity Company, Vanguard Fiduciary Trust Company and Symetra Financial, the custodians of the Plan; therefore, any transaction executed with ING Life Insurance and Annuity Company, Vanguard Fiduciary Trust Company and Symetra Financial qualify as party-in-interest transactions. Certain costs are incurred as transactions occur. These costs are included in the price of investments bought and/or sold and are not separately quantifiable.

Knobel Moran is the third-party administrator (TPA), and maintains the records of the Plan; therefore, any transaction executed with the TPA qualifies as a party-in-interest transaction. TPA and audit fees of \$14,400 were paid by the Plan Sponsor during the year ended December 31, 2012.

The Plan sponsor, Comprehensive Mental Health Center of Tacoma-Pierce County, is a party-in-interest. Certain administrative functions are performed by employees of the Sponsor. No such employee receives compensation from the Plan. In addition, some administrative expenses of the Plan may be paid by the Sponsor and are not intended to be reimbursed by the Plan.

The Sponsor has the discretion to appoint or remove any trustees or agent of the Plan. The Trustees have the full power to administer the Plan and apply all of its provisions on behalf of the Company.

**NOTE 8. Tax Status**

The Plan has been drafted to qualify for Section 403(b) of the Internal Revenue Code. The terms of the Plan have been prepared to conform to the sample language provided by the IRS in Revenue Procedure 2007-71.

Management evaluated the Plan's tax positions and concluded that the Plan has maintained its tax-exempt status and has taken no material uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. Additionally, the Plan is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2009.

**NOTE 9. Plan Termination**

Although it has not expressed any intent to do so, the Sponsor has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

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

**SUPPLEMENTAL SCHEDULE**

EIN: 91-0854239  
PLAN #: 001  
PLAN YEAR: 2012

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Vanguard Fiduciary Trust Company	Mutual Funds - No set maturity date, rate of interest, collateral, par or maturity value:		
		Vanguard 500 Index Fund Investor Shares	**	\$ 378,605
		Vanguard Prime Money Market Fund	**	259,939
		Vanguard Wellington Fund Investor Shares	**	215,748
		Vanguard Small-Cap Index Fund Investor Shares	**	169,288
		Vanguard Wellesley Income Fund Investor Shares	**	166,327
		Vanguard REIT Index Fund Investor Shares	**	140,420
		Vanguard Health Care Fund Investor Shares	**	136,792
		Vanguard Precious Metals and Mining Fund	**	127,996
		Vanguard Target Retirement 2015 Fund	**	113,580
		Vanguard Intermediate-Term Investment Grade	**	111,835
		Vanguard Life Strategy Growth Fund	**	109,402
		Vanguard STAR Fund	**	108,742
		Vanguard Global Equity Fund	**	81,476
		Vanguard Equity Income Fund Investor Shares	**	78,052
		Vanguard International Growth Fund	**	72,859
		Vanguard Emerging Markets Stock Index Fund	**	50,680
		Vanguard PRIMECAP Core Fund	**	50,057
		Vanguard Total Stock Market Index Fund	**	44,477
		Vanguard Target Retirement 2025 Fund	**	42,054
		Vanguard Life Strategy Conservative Growth Fund	**	36,617
		Vanguard Life Strategy Moderate Growth Fund	**	36,425
		Vanguard Mid Cap Index Fund Investor Shares	**	32,836
		Vanguard Inflation-Protected Securities Fund	**	27,913
		Vanguard Capital Value Fund	**	27,904
		Vanguard Admiral Treasury Money Market Fund	**	25,735
		Vanguard Windsor II Fund Investor Shares	**	24,889
		Vanguard Target Retirement 2035 Fund	**	22,060
		Vanguard Value Index Fund Investor Shares	**	18,997
		Vanguard Target Retirement 2045 Fund	**	16,616
		Vanguard Total International Stock Index Fund	**	14,530
		Vanguard Dividend Growth Fund	**	13,659
		Vanguard Balanced Index Fund Investor Shares	**	12,721
		Vanguard Total Bond Market Index Fund	**	9,970
		Vanguard Energy Fund Investor Shares	**	7,552
		Vanguard Short-Term Investment-Grade Fund	**	6,977
		Vanguard FTSE Social Index Fund	**	6,620

See Independent Auditor's Report.

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

**SUPPLEMENTAL SCHEDULE (CONTINUED)**

EIN: 91-0854239  
PLAN #: 001  
PLAN YEAR: 2012

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Vanguard Fiduciary Trust Company	Mutual Funds - No set maturity date, rate of interest, collateral, par or maturity value:		
		Vanguard Target Retirement 2020 Fund	**	6,383
		Vanguard Target Retirement 2050 Fund	**	5,478
		Vanguard Intermediate-Term Bond Index Fund	**	4,647
		Vanguard Long-Term Treasury Fund	**	4,436
		Vanguard Target Retirement 2030 Fund	**	4,419
		Vanguard Life Strategy Income Fund	**	3,354
		Vanguard Target Retirement 2040 Fund	**	2,258
		Vanguard Growth and Income Fund	**	1,375
		Vanguard Extended Market Index Fund	**	996
		Vanguard Mid Cap Growth Fund	**	964
		Vanguard FTSE All-World Ex-US Index Fund	**	836
		Vanguard Intermediate-Term Treasury Fund	**	592
		Vanguard U.S. Growth Fund Investor Shares	**	552
		Vanguard High-Yield Tax-Exempt Fund	**	543
		Vanguard Diversified Equity Fund	**	271
		Vanguard Growth Index Fund Investor Shares	**	68
		TOTAL MUTUAL FUNDS		<u>2,837,522</u>
*	ING Life Insurance and Annuity Company	Pooled Separate Accounts - No set maturity date, rate of interest, collateral, par or maturity value:		
		ING Growth and Income Portfolio I	**	339,879
		ING Intermediate Bond Portfolio I	**	250,631
		ING UBS US Large Cap Equity Portfolio I	**	188,333
		ING Large Cap Growth Portfolio I	**	165,856
		ING Balanced Portfolio I	**	129,729
		ING Oppenheimer Global Portfolio I	**	119,846
		ING T Rowe Price Diversified Mid Cap Growth	**	111,005
		ING PIMCO Total Return Portfolio Srv	**	105,410
		ING Black Rock Large Cap Growth Portfolio	**	91,522
		American Century Inflation-Adjust Bond Fund Inv	**	88,355
		ING Invesco Equity and Income Portfolio	**	73,947
		Fidelity VIP Contra fund Portfolio I	**	73,260
		ING Index Plus Large Cap Portfolio I	**	66,328
		ING Strategic Allocation Conservative Portfolio I	**	55,070
		ING Global Resources Portfolio Srv	**	51,775
		Fidelity VIP Growth Portfolio I	**	51,069

See Independent Auditor's Report.

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

**SUPPLEMENTAL SCHEDULE (CONTINUED)**

EIN: 91-0854239  
PLAN #: 001  
PLAN YEAR: 2012

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	ING Life Insurance and Annuity Company	Pooled Separate Accounts - No set maturity date, rate of interest, collateral, par or maturity value:		
		Pax World Balanced Fund Ind Inv	**	42,570
		ING Index Plus Mid Cap Portfolio	**	42,033
		ING T Rowe Price Growth Equity Fund	**	40,443
		ING Index Plus Small Cap Portfolio	**	40,294
		Fidelity VIP Equity Income Portfolio I	**	39,885
		PIMCO VIT Real Return Portfolio Adm	**	35,777
		ING Strategic Allocation Growth Portfolio I	**	34,431
		ING Money Market Portfolio I	**	30,193
		ING Large Cap Value Portfolio I	**	25,752
		ING Solution 2045 Portfolio Srv	**	25,079
		ING International Value Portfolio I	**	24,121
		Templeton Global Bond Fund A	**	22,505
		ING JPMorgan Emerging Markets Equity	**	21,017
		ING Global Bond Portfolio	**	20,051
		ING Small Company Portfolio I	**	20,044
		American Funds Euro Pacific Growth Fund R4	**	19,681
		ING Templeton Foreign Equity Portfolio I	**	18,703
		Pioneer High Yield VCT Portfolio I	**	17,749
		Lord Abbott Ser Fd Mid Cap	**	17,509
		Oppenheimer Developing Markets Fund A	**	16,196
		Calvert VP SRI Balanced Portfolio	**	15,371
		Wanger Select	**	13,282
		American Funds New Perspective R4	**	9,749
		American Funds Washington Mutual R4	**	9,341
		ING Russell Large Cap Index Portfolio I	**	9,173
		ING Solution 2025 Portfolio Srv	**	8,880
		ING Solution 2015 Portfolio Srv	**	8,802
		ING Growth and Income Core Portfolio I	**	8,692
		Franklin Small Cap Value Fund 2	**	7,569
		Invesco VI Core Equity Fund SI	**	7,041
		ING MFS Utilities Portfolio Srv	**	6,773
		ING Pioneer Mid Cap Value Port Inst	**	6,561
		ING PIMCO High Yield Portfolio Srv	**	5,603
		Wanger International	**	4,726
		ING Black Rock Science & Tech Op Portfolio I	**	4,305
		American Funds Growth Fund of America R4	**	3,414
		Wells Fargo Advantage Small Cap Value	**	2,178

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## SUPPLEMENTAL SCHEDULE (CONTINUED)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

\* Indicates a party-in-interest to the Plan  
\*\* Not required on participant directed accounts.

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

**SUPPLEMENTAL SCHEDULE**

EIN: 91-0854239  
PLAN #: 001  
PLAN YEAR: 2012

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Vanguard Fiduciary Trust Company	Mutual Funds - No set maturity date, rate of interest, collateral, par or maturity value:		
		Vanguard 500 Index Fund Investor Shares	**	\$ 378,605
		Vanguard Prime Money Market Fund	**	259,939
		Vanguard Wellington Fund Investor Shares	**	215,748
		Vanguard Small-Cap Index Fund Investor Shares	**	169,288
		Vanguard Wellesley Income Fund Investor Shares	**	166,327
		Vanguard REIT Index Fund Investor Shares	**	140,420
		Vanguard Health Care Fund Investor Shares	**	136,792
		Vanguard Precious Metals and Mining Fund	**	127,996
		Vanguard Target Retirement 2015 Fund	**	113,580
		Vanguard Intermediate-Term Investment Grade	**	111,835
		Vanguard Life Strategy Growth Fund	**	109,402
		Vanguard STAR Fund	**	108,742
		Vanguard Global Equity Fund	**	81,476
		Vanguard Equity Income Fund Investor Shares	**	78,052
		Vanguard International Growth Fund	**	72,859
		Vanguard Emerging Markets Stock Index Fund	**	50,680
		Vanguard PRIMECAP Core Fund	**	50,057
		Vanguard Total Stock Market Index Fund	**	44,477
		Vanguard Target Retirement 2025 Fund	**	42,054
		Vanguard Life Strategy Conservative Growth Fund	**	36,617
		Vanguard Life Strategy Moderate Growth Fund	**	36,425
		Vanguard Mid Cap Index Fund Investor Shares	**	32,836
		Vanguard Inflation-Protected Securities Fund	**	27,913
		Vanguard Capital Value Fund	**	27,904
		Vanguard Admiral Treasury Money Market Fund	**	25,735
		Vanguard Windsor II Fund Investor Shares	**	24,889
		Vanguard Target Retirement 2035 Fund	**	22,060
		Vanguard Value Index Fund Investor Shares	**	18,997
		Vanguard Target Retirement 2045 Fund	**	16,616
		Vanguard Total International Stock Index Fund	**	14,530
		Vanguard Dividend Growth Fund	**	13,659
		Vanguard Balanced Index Fund Investor Shares	**	12,721
		Vanguard Total Bond Market Index Fund	**	9,970
		Vanguard Energy Fund Investor Shares	**	7,552
		Vanguard Short-Term Investment-Grade Fund	**	6,977
		Vanguard FTSE Social Index Fund	**	6,620

See Independent Auditor's Report.

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

**SUPPLEMENTAL SCHEDULE (CONTINUED)**

EIN: 91-0854239  
PLAN #: 001  
PLAN YEAR: 2012

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Vanguard Fiduciary Trust Company	Mutual Funds - No set maturity date, rate of interest, collateral, par or maturity value:		
		Vanguard Target Retirement 2020 Fund	**	6,383
		Vanguard Target Retirement 2050 Fund	**	5,478
		Vanguard Intermediate-Term Bond Index Fund	**	4,647
		Vanguard Long-Term Treasury Fund	**	4,436
		Vanguard Target Retirement 2030 Fund	**	4,419
		Vanguard Life Strategy Income Fund	**	3,354
		Vanguard Target Retirement 2040 Fund	**	2,258
		Vanguard Growth and Income Fund	**	1,375
		Vanguard Extended Market Index Fund	**	996
		Vanguard Mid Cap Growth Fund	**	964
		Vanguard FTSE All-World Ex-US Index Fund	**	836
		Vanguard Intermediate-Term Treasury Fund	**	592
		Vanguard U.S. Growth Fund Investor Shares	**	552
		Vanguard High-Yield Tax-Exempt Fund	**	543
		Vanguard Diversified Equity Fund	**	271
		Vanguard Growth Index Fund Investor Shares	**	68
		TOTAL MUTUAL FUNDS		<u>2,837,522</u>
*	ING Life Insurance and Annuity Company	Pooled Separate Accounts - No set maturity date, rate of interest, collateral, par or maturity value:		
		ING Growth and Income Portfolio I	**	339,879
		ING Intermediate Bond Portfolio I	**	250,631
		ING UBS US Large Cap Equity Portfolio I	**	188,333
		ING Large Cap Growth Portfolio I	**	165,856
		ING Balanced Portfolio I	**	129,729
		ING Oppenheimer Global Portfolio I	**	119,846
		ING T Rowe Price Diversified Mid Cap Growth	**	111,005
		ING PIMCO Total Return Portfolio Srv	**	105,410
		ING Black Rock Large Cap Growth Portfolio	**	91,522
		American Century Inflation-Adjust Bond Fund Inv	**	88,355
		ING Invesco Equity and Income Portfolio	**	73,947
		Fidelity VIP Contra fund Portfolio I	**	73,260
		ING Index Plus Large Cap Portfolio I	**	66,328
		ING Strategic Allocation Conservative Portfolio I	**	55,070
		ING Global Resources Portfolio Srv	**	51,775
		Fidelity VIP Growth Portfolio I	**	51,069

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## SUPPLEMENTAL SCHEDULE (CONTINUED)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

See Independent Auditor's Report.

## SUPPLEMENTAL SCHEDULE (CONTINUED)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

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