	Department of the Treasury			eturn/Report of Small Employee Benefit Plan d under sections 104 and 4065 of the Employee			OMB Nos. 1210-0110 1210-0089		
							2011		
Department of Labor Retirement Income Security Act of T Employee Benefits Security Administration the Internal				1974 (ERISA), and sections 6057(b) and 6058(a) of I Revenue Code (the Code).			f This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							pection		
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information	4	and anding 1	0/04/0	2044			
-	Γ	al plan year beginning 01/01/201			2/31/2				
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-partici	bant plan		
В	This return/report is:	the first return/report		eturn/report					
-		an amended return/report		an year return/report (less than 12 mo	onths)	_			
C	Check box if filing under:	Form 5558		extension		DFVC progra	m		
		special extension (enter descriptio							
		nation—enter all requested inform	ation		46				
	Name of plan PROFESSIONAL PAYROLL P				10	Three-digit plan number			
Dal						(PN)	001		
					1c	Effective date o	f plan		
						01/01			
2a Plan sponsor's name and address; include room or suite number (er D & B PROFESSIONAL PAYROLL, INC.			mployer, if	for a single-employer plan)			59388		
5207	NE CHATEAU DRIVE				2c	Sponsor's telep 360-73			
VANCOUVER, WA 98661					2d	Business code (54121			
3a Plan administrator's name and address (if same as plan sponsor, en D & B PROFESSIONAL PAYROLL, INC. 5207 NE CHA' VANCOUVER				IVE	3b	Administrator's EIN 20-0059388			
				61	3c	C Administrator's telephone number 360-735-8429			
4 If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.			ast return/	report filed for this plan, enter the	4b	_			
а	Sponsor's name	er from the last return/report.			4c	PN			
	•	the beginning of the plan year			5a		6		
	Total number of participants at the end of the plan year				7				
c					••				
			• •		5c		6		
	Were all of the plan's assets during the plan year invested in eligible						X Yes 🗌 No		
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).					X Yes 🗌 No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	rt III Financial Informa	ation		I					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	98342		88196			
b	Total plan liabilities		. 7b	1526			1177		
	•	'b from line 7a)	. 7c	96816		87019			
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
а	Contributions received or recei (1) Employers	vable from:	. 8a(1)	11202					
			. 8a(2)	36953					
)		0					
b	Other income (loss)		. 8b	-1647					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				46508		
d		rollovers and insurance premiums	. 8d	56305					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	0					
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	0					
g	Other expenses		. 8g	0					
h		Be, 8f, and 8g)					56305		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-9797		
j	Transfers to (from) the plan (se	ee instructions)	8j						

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

Page 2 - 1

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 3D 2T

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

Part	V	Compliance Questions						
10	Durir	ng the plan year:		Yes	No	A	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		х			
С	Was	the plan covered by a fidelity bond?	10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		10e	X			654	
f	Has	Has the plan failed to provide any benefit when due under the plan? 10f			Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	Х			4375	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		х			
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part VI Pension Funding Compliance								
11							Yes X No	
12								
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	a 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 letter ruling granting the waiver							
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-		1		
b	Enter the minimum required contribution for this plan year				12b			
		the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)				12d			
е	• Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No N/A	
Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b							🗌 Yes X No	
С								
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN(s)			13c(3) PN(s)	
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/03/2012	DICK HOWE				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				