Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

		ruance wit	ii the instructions to the Form 5500	-ог.			
	art I Annual Report Identification Information						
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/20	<u>11 </u>	and ending 12	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)	_		
С	Check box if filing under: Form 5558		DFVC program				
	special extension (enter descript	ion)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
	Name of plan				Three-digit		
BAIL	LIE & ASSOCIATES 401(K) PLAN				plan number		
			-	10	(PN) 001		
				16	Effective date of plan 01/01/2006		
	Plan sponsor's name and address; include room or suite number (employer, it	for a single-employer plan)	2b	Employer Identification Number		
BAIL	LLIE & ASSOCIATES				(EIN) 91-1926152		
				2c	Sponsor's telephone number		
	5 WAGNER WAY, SUITE 355		-	0-1	253-858-1499		
GIG	HARBOR, WA 98335			∠a	Business code (see instructions) 541330		
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	2")	3h	Administrator's EIN		
	LIE & ASSOCIATES 6625 WAGN	IER WAY, S	SUITE 355		91-1926152		
	GIO HARBO	JK, WA 903	33	3с	Administrator's telephone number 253-858-1499		
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b			
_	name, EIN, and the plan number from the last return/report.			40	DN		
	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year		 	5a			
b			⊢	5b			
С	Number of participants with account balances as of the end of the complete this item)			5с			
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No		
b	· / · · · · · · · · · · · · · · · · · ·						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
Do	If you answered "No" to either 6a or 6b, the plan cannot use lart III Financial Information	-orm 5500-	SF and must instead use Form 550	0.			
					#N= 1.4V		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year 196098		
a	·		0		0		
b			279227		196098		
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с					
а			(a) Amount		(b) Total		
_	(1) Employers	8a(1)	0				
	(2) Participants	8a(2)	0				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-22900				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-22900		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	60144				
е			0				
f	Administrative service providers (salaries, fees, commissions)	8f	85				
g	Other expenses	8g	0				
h					60229		
i	Net income (loss) (subtract line 8h from line 8c)				-83129		
j	Transfers to (from) the plan (see instructions)		0				

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Form	ちち()()	->-	ンロコ	1

Part IV	Plan	Characte	aristics
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- 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 2G 2J 3D 2K 2T
 - 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	During the plan year:		Yes	No	Α	mount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
С	Was the plan covered by a fidelity bond?	10c	Χ			20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
е	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			268
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X			6947
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
Part		101				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nplete	Sched	lule SB	(Form	
	5500))					Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			- 7 .		
b	Enter the minimum required contribution for this plan year			12b		
С	Enter 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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					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?			Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN(s)
Caut	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.	06/11/2012	GEOFFREY BAILLIE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public the Internal Revenue Code (the Code). Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

P	Annual Report Identification Information				10 /01 /001			
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2			12/31/201			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is:	the final re	eturn/report					
		a short pla	n year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m		
•	special extension (enter descriptio	n)						
D.	Basic Plan Information—enter all requested information							
*********	Name of plan			1b	Three-digit			
•	Baillie & Associates 401(k) Plan				plan number	001		
	Dulling a ribbootator tourist, a land				(PN) ▶			
				16	01/01/2006	•		
22	Plan sponsor's name and address; include room or suite number (er	mplover, if	for a single-employer plan)	2b	Employer Identif			
L a	Baillie & Associates				(EIN) 91-192			
				2¢	Sponsor's telepl			
					(253) 858-			
	6625 Wagner Way, Suite 355		·	2d	Business code (see instructions)		
	Gig Harbor		WA 98335	2 h	541330	71NI		
3a	Plan administrator's name and address (if same as plan sponsor, er Same	nter "Same	")	30	Administrator's E	EIIN		
	Same			3c	Administrator's t	elephone number		
					(253) 858-	-1499		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			4c	PN			
	Sponsor's name Total number of participants at the beginning of the plan year			5a		3		
	Total number of participants at the end of the plan year			5b		2		
	Number of participants with account balances as of the end of the p			00	_			
C	complete this item)	man year (c	memed bettetit plans do not	5c		2		
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No		
b	h 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 conditi	ONS.)56	 10		М 163 П 110		
D.	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
•	Total plan assets	7a	279,22	7		196,098		
a h	Total plan liabilities		· · · · · · · · · · · · · · · · · · ·	Ö		0		
~		7c	279,22	7		196,098		
<u> </u>	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1			
a	The second second second	es en						
_	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		니 의				
	(3) Others (including rollovers)	8a(3)		믜				
b	, ,	8b	(22,900			/00 000		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(22,90 <u>0)</u>		
d	Benefits paid (including direct rollovers and insurance premiums	8d	60,14	4				
_	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		0				
ŧ.	Administrative service providers (salaries, fees, commissions)	8f	8	5				
1		8g		ol.				
g	Other expenses (add lines 2d, 20, 2f, and 8g)			70000	America's Europe of Principles and April 20 Trans. View 41497, 1990.	60,229		
h :	•		Programme and the second secon			(83,129)		
!	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)		PROPERTY OF A PROPERTY OF THE	0				
J F^-	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for		F	- 1386		Form 5500-SF (2011)		
. 01	t when went (remember) the comment with Arrive Annual Arrives to a comment the comment of the co					V M17611		

	Form 5500-SF 2011 Page 2 -				
Pari	IV Plan Characteristics				
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2G 2J 3D 2K 2T If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara				
Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	<u></u>	Х	
С	Was the plan covered by a fidelity bond?	10c	Х		20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	Х		268
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х		6,947
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	nplete	Sched	lule SE	
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	ctions	, and e	enter th	ne date of the letter ruling
	Enter the minimum required contribution for this plan year		[12b	
	Enter 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)	ofa		12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A
Part				-	
	Has a resolution to terminate the plan been adopted in any plan year?	<u></u> .			Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	unde	r the c	ontrol	Yes X No

13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s):

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of the PBGC?.... 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.)

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	Mixaille	5.20.12	GEOFFREY BAILLIE					
SIGN 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					