Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Р	ension Benefit Guara	anty Corporation	► Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	Inspection
Pa	art I Annu	ual Report	Identification Information				•
For	calendar plan y	ear 2011 or fis	scal plan year beginning 01/01/201	2	and ending (5/31/2	012
Α	This return/repo	ort is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/repo	ort is:	the first return/report	the final r	eturn/report	-	_
			an amended return/report	a short pla	an year return/report (less than 12 m	onths)	
C	Check box if filir		Form 5558	-	extension	[DFVC program
C	Check box ii iiiii	ig under:	special extension (enter description	ļ	CATCHSION	L	_ Di vo program
	ut II Daai	- Diam Info	<u> </u>	,			
		c Plan Into	rmation—enter all requested inform	ation		46	There are all also
	Name of plan LIE & ASSOCIA	TES 401(K) E	DI ANI				Three-digit plan number
DAIL	LIL & ASSOCIA	(TEO 401(IX) T	EAN				(PN) ▶ 001
						1c	Effective date of plan
							01/01/2006
2a	Plan sponsor's	name and ad	dress; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number
BAIL	AILLIE & ASSOCIATES						(EIN) 91-1926152
						2c	Sponsor's telephone number
	WAGNER WAY					-	253-858-1499
GIG	HARBOR, WA 9	98335				2d	Business code (see instructions)
	Dian administra	-4	d address (if assess as also assesses	"C	. "	2 h	541330
	Pian administra LIE & ASSOCIA		nd address (if same as plan sponsor, e 6625 WAGNI			30	Administrator's EIN 91-1926152
			GIG HARBO	R, WA 983	35	3c	Administrator's telephone number
							253-858-1499
4			e plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's nam	•	mber from the last return/report.			4c	DN
	•		at the beginning of the plan year				
			, ,			5a	
b		•	at the end of the plan year			5b	
С		•	account balances as of the end of the	,	•	5c	
6a			s during the plan year invested in eligib				X Yes No
b		•	the annual examination and report of		,		
			? (See instructions on waiver eligibility		•		Yes No
-			ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa -		ncial Inforr	nation		Ι		
1	Plan Assets ar	nd Liabilities			(a) Beginning of Year		(b) End of Year
а							0
b	·				0		0
_ <u>c</u>			e 7b from line 7a)	. 7с	196098		
8			nsfers for this Plan Year		(a) Amount		(b) Total
а	Contributions (1) Employers		celvable from:	. 8a(1)	0		
					0		
	.,		rs)	8a(3)	0		
b	` `	ŭ			584		
_		` '), 8a(2), 8a(3), and 8b)		33.		584
c d			ot rollovers and insurance premiums	. <u> </u>			
u				. 8d	196482		
е	Certain deeme	ed and/or corre	ective distributions (see instructions)	. 8e	0		
f	Administrative	service provid	ders (salaries, fees, commissions)	. 8f	200		
g		·			0		
h	•		d, 8e, 8f, and 8g)				196682
i			ine 8h from line 8c)				-196098
j	•	, ,	(see instructions)		0		
			•	ı	<u> </u>		

Form	5500.	SF.	201

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Dart IV	Dlan	Chara	otorictics
Part IV	Plan	Cnara	cteristics

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

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:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
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	X					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					115
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				
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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(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 instruction granting the waiver	th						
	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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	П	lo	N/A
art								
	Has a resolution to terminate the plan been adopted in any plan year?			XY	es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ontrol		X	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)		3c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu- Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	urn/rep	ort, in	cludin	g, if appli			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/28/2012	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 the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	/ Complete an entries in accord						
P	art I Annual Report Identification Information	1 /01 70	010	and anding		05/31/201	2
For	Salariae. p.e	1/01/2		and ending			
A	This return/report is for: 🔲 a single-employer plan			(not multiemployer)		a one-particip	ant plan
В	This return/report is: \square the first return/report \square		eturn/report				
	an amended return/report	a short pla	n year return/r	eport (less than 12 mo	onths)	_	
С	Check box if filing under: Form 5558	automatic	extension			DFVC progra	m ·
•	special extension (enter description)	n)					
		adon			1b	Three-digit	
ıa	Name of plan Baillie & Associates 401(k) Plan					plan number	
	Ballile & Associates 401(k) Fidir					(PN) ▶	001
					1c	Effective date of	
						01/01/2006	
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-en	nployer plan)	2b	Employer Identif	ication Number
	Baillie & Associates					(EIN) 91-192	
					2c	Sponsor's telep	
	coor re Many Online 255					(253) 858-	
	6625 Wagner Way, Suite 355				2a	Business code (541330	see instructions)
	Gig Harbor			98335	O.l.		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")		30	Administrator's l	ZIIN
	Same				3с	Administrator's t	elephone number
						(253) 858-	-1499
4	If the name and/or EIN of the plan sponsor has changed since the l	ast return/r	eport filed for t	his plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report.				4 -		
	Sponsor's name		··········		4c	PN PN	2
	Total number of participants at the beginning of the plan year			;	<u>5a</u>		
	Total number of participants at the end of the plan year				5b		.0
C	Number of participants with account balances as of the end of the p	olan year (d	lefined benefit	plans do not	5c		0
	complete this item)					*******	X Yes No
6a	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a	ie asseis <i>:</i> an indopon	dent qualified	nublic accountant (IO)	 Δ)		
a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)	public accountant (re-	· · · · · · · · · · · · · · · · · · ·		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must i	nstead use Form 55	00.		
Pa	ift(III) Financial Information			· · · · · · · · · · · · · · · · · · ·			
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year
а	Total plan assets	7a		196,09	8		0
b	Total plan liabilities	7b			0		C
C	Net plan assets (subtract line 7b from line 7a)			196,09	8		C
8	Income, Expenses, and Transfers for this Plan Year		fi	a) Amount		(b) 1	Total
_	Contributions received or receivable from:	COMMENSOR A PROCESSION			7,64		
u	(1) Employers	8a(1)			0		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			<u> </u>		
b		8b		58	4		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					584
d	Benefits paid (including direct rollovers and insurance premiums			106.46			
	to provide benefits)	8d		196,48	4		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			U		
f	Administrative service providers (salaries, fees, commissions)	. 8f		20	0		
g	Other expenses	. 8g			0		
h			Parameter Children		100 100		196,682
i	Net income (loss) (subtract line 8h from line 8c)						(196,098)
÷	Transfers to (from) the plan (see instructions)				0		

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TOILL	111111111111111111111111111111111111111	- 35	201	

Dart IV			
		cteristics	

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

art	V Compliance Questions			1		
10	During the plan year:		Yes	No	Ar	nount
	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		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			20,000
d	the standard by the standard fidelity band, that was caused by fraus	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			115
f	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	· ·	errana (Kristoria)
h	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		<u> </u>		
Part	VI Pension Funding Compliance					<u></u>
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or s	ection	302 of	ERIŜA?	Yes X No
	//f "Ves." 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 inst	ənın <u>—</u>	, and	enter th Day	ne date of the Y	letter ruling ear
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.			1	
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 le negative amount)	• • • • • • • • • • • • • • • • • • • •		12d	 	No ∏ N/A
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	NO N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	······	13a	<u> </u>		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	nt unde	r the c			X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	the pla	an(s) t	0		42-/2) DN/o)
	13c(1) Name of plan(s):	-	1.	3c(2) E	·IN(S)	13c(3) PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able ca	use i	s estab	lished.	
Unde SB c	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct and pompleted	eturn/re	eport.	includir	ng, if applicab	le, a Schedule nowledge and
20110	CHOPEREN A	BATT	LIE			
SIG	N Financial Control of the Control o			ianina s	as plan admin	istrator
HEF	Signature of plan administrator Date Enter name of			<u> </u>		
SIG		£ 1 1' '	ا اینامیداد		an amplayer a	r plan enonear
HEF	Signature of employer/plan sponsor Date Enter name of	T Individ	ual si	igning a	as employer c	r plan sponsor