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

2011

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number ROSE H BAILEY, D.D.S. 401 (K) PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ROSE H. BAILEY, D.D.S. 91-1730945 (EIN) 2c Sponsor's telephone number 360-352-9391 911 5TH AVE SE SUITE 101 OLYMPIA, WA 98501-1505 2d Business code (see instructions) 621210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 911 5TH AVE SE SUITE 101 91-1730945 ROSE H. BAILEY, D.D.S. OLYMPIA, WA 98501-1505 Administrator's telephone number 360-352-9391 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 12 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 569633 597538 Total plan assets..... 7a 0 0 7b Total plan liabilities..... 569633 597538 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 11860 (1) Employers 8a(1) 46173 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 6484 **b** Other income (loss)..... 8b 64517 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 36612 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 36612 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 27905 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500.	-SE	2011

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Dart IV	Plan Characteristics	
Part IV	Pian Unaracteristics	

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 3D 2A 2F 2G 3B
- 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	X				50000	
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				
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				6355	
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	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					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.)					_		
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 :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	-				
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				
<u>e</u>	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?			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?							
С								
13c(1) Name of plan(s):				c(2) EI	N(s)	13c(3)	PN(s)	
				-(-)	(-)	100(0)	(-)	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Unde SB o	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.	07/26/2012	ROSE H. BAILEY
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

the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Ρ	ension Benefit Guaranty Corporation Complete all entries in accord	dance with	n the instructions to the Form 5500)-SF.			
	art I Annual Report Identification Information				//		
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2	011 and ending		12/31/201	.1	
A	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	the final r	eturn/report				
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter description	on)		•			
P:	Int II Basic Plan Information—enter all requested informa						
	Name of plan			1b	Three-digit		
	Rose H Bailey, D.D.S.		•		plan number	001	
	401 (k) Profit Sharing Plan			10	(PN)		
	102 (11) 110110 1111111111			3.0	Effective date of 01/01/1998		
	Plan sponsor's name and address, include room or suite number (er	mplover, if	for a single-employer plan)	2b	Employer Identif	ication Number	
	Rose H. Bailey, D.D.S.				(EIN) 91-173		
				2c	Sponsor's telep		
	ord C. J. Turn CT Chicken 101				(360) 352-		
	911 5th Ave SE Suite 101			2d	Business code (621210	see instructions)	
	Olympia	ntor "Como	WA 98501-1505	3h	Administrator's I		
	Plan administrator's name and address (if same as plan sponsor, er Same	ilei Saine	•)		7 torrill not a tor o		
				3с	Administrator's t	elephone number	
	the state of the s	aat saturali	report filed for this plan, enter the	4b	EIN		
4	If the name and/or EIN of the plan sponsor has changed since the langer, EIN, and the plan number from the last return/report.	ast return/	report filed for this plant, enter the	40	EIN		
а	Sponsor's name			4c	PN		
5a Total number of participants at the beginning of the plan year					1		
b Total number of participants at the end of the plan year							
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No	
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQI	PA)		X Yes ∏ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)	 nn		М 162 ∏ 140	
De	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	, ,			
<u> </u>		000000000000000000000000000000000000000	(a) Beginning of Year		(b) End	of Year	
′_	Plan Assets and Liabilities	7a	569,63	3	(0) 2.114	597,538	
a b	Total plan assets			0		· · · · · · · · · · · · · · · · · · ·	
C	Net plan assets (subtract line 7b from line 7a)	7c	569,63	3	3 597		
8	Income, Expenses, and Transfers for this Plan Year	15.18.28.3	(a) Amount	(b) Total		otal	
а	Contributions received or receivable from:	guite in a rock kar of foliati		189	46 C 17 MAY (NO 6 14 CO.)		
-	(1) Employers	8a(1)	11,86	- 350			
	(2) Participants	8a(2)	46,17	′ 3	s og edens være.		
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	8b	6,48	4		CA 515	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Const. Hit wall taken it in	64,517	
ď	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	36,61	.2			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	8g	Egyptille 18, 19, 19, 19, 20, 20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		ang ang		36,612	
i	Net income (loss) (subtract line 8h from line 8c)			ONE OVER-10	ON ASSETTING DELEGATION ASSETS	27,905	
i	Transfers to (from) the plan (see instructions)	8j	·	1353	y National and the second	Form 5500-SE (2011)	

	t IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D 2A 2F 2G 3B								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the L	ist of Plan Charac	cterist	ic Cod	es in th	ne instructio	ns:	
Parl	V Compliance Questions								
10	During the plan year:	•			Yes	No	F	Mount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progra	am)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?	,,,,,		10c	Х			5	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	he benefits under the	e plan? (See	10e		х			
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 o	f year end.)		10g	Х				6,355
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	9 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	10i					
Part	VI Pension Funding Compliance						·		
	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding rec							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)							
· ˈa	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this plar	n year, see instruc	ctions,	and e	enter th	e date of the	e letter rul Vaar	ling
: If	you completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day			
	Enter the minimum required contribution for this plan year				[12b			
	Enter the amount contributed by the employer to the plan for this plan					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mini	us sign to the left	of a		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?						′es X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, tra				the co	ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	l			
1	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) P				PN(s)	
				<u> </u>		4_1	المحاجة		
	ion: A penalty for the late or incomplete filing of this return/report							ula a Sah	adula
SB o	r penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well a , it is true, correct, and complete.	as the electronic vers	sion of this return/	report	and	to the l	g, it applications of my k	nowledge	and
1, 27, 17	17-25-12 Rose H. Bailey								
SIG HER		Date				ning as	s nlan admir	istrator	
SIG	編稿 】					nine e	ompleus-	r plea s=	0000
nek	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								

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