## 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

٢	Complete all entries in accord	dance witl	n the instructions to the Form 5500	SF.	'		
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011		
	This return/report is for:    X   a single-employer plan	the final r	-employer plan (not multiemployer) eturn/report		a one-particip	ant plan	
С	an amended return/report  Check box if filing under:  Form 5558  special extension (enter description)	automatic	n year return/report (less than 12 mo	onths)	DFVC progra	m	
Pa	art II Basic Plan Information—enter all requested information	ation					
	Name of plan	ation		1h	Three-digit		
	ET SOUND BASKETBALL LEAGUES, INC. 401(K) PLAN				plan number (PN) ▶	001	
				1C	Effective date of 01/01/		
	Plan sponsor's name and address; include room or suite number (enert SOUND BASKETBALL LEAGUES, INC	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 20-038	ication Numbe	r
1550	W. ARMORY WAY			2c	Sponsor's teleph 206-632		
	TTLE, WA 98119-2744			2d	Business code (: 71121		s)
	Plan administrator's name and address (if same as plan sponsor, er ET SOUND BASKETBALL LEAGUES, INC 1550 W. ARM	ORY WAY	<b>(</b>	3b	Administrator's E		
	SEATTLE, W.	A 98119-2	744	3с	Administrator's t		oer
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a	1		
b			-				
	Total number of participants at the end of the plan year  Number of participants with account balances as of the end of the plan.			5b			
	complete this item)	• '	•	5c			4
	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a little of the plant of the pla	an indeper and conditi	ndent qualified public accountant (IQF ons.)	PA) 		X Yes [	No No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orm 5500-	SF and must instead use Form 550	<i>)</i> U.			
	·					434	
7	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End	of Year 23919	
a	Total plan assets	7a				20010	
C	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)		0			23919	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		6841				
	(1) Employers	8a(1)		_			
	(2) Participants	8a(2)	16500				
	(3) Others (including rollovers)	8a(3)	570				
b	Other income (loss)		578			00040	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				23919	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0	
i	Net income (loss) (subtract line 8h from line 8c)	8i				23919	
j	Transfers to (from) the plan (see instructions)	8j					

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Page 2	-	1	
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Part IV	Plan	Characteristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2F 2G 2J 2K 2T 2E

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

	V Compliance Questions								
art	p		V		Γ .				
0	During the plan year:		Yes	No	, , , , , , , , , , , , , , , , , , ,	Amou	ınt		
		10a		Χ					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ					
С	Was the plan covered by a fidelity bond?	10c		X					
d		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						7
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				l					
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	nloto	Schoo	lulo SE	/Form				
•	5500))						Yes	X 1	No
2	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 instruct 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.			,					
b	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 of		-	12d					
	negative amount)			124	<u> </u>				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	o X	( N/	A
art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	res X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co			П	Yes	1 🗓	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.)					ш		ш	
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	1:	3c(3)	PN(s	3)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.				
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return., it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	TIMOTHY A. KERNS
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

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	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	011 and er	nding		12/31/2011	_
Α	This return/report is for:	a multiple	-employer plan (not multi	iemployer)		a one-participant 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 mon	ths)		
_	Check box if filing under: X Form 5558		extension			DFVC program	
C	L L		CALCINSTON				
D	special extension (enter descripti				_		_
_	art II Basic Plan Information—enter all requested inform	nation			1 1-	T1 P 10	_
Та	Name of plan				aı	Three-digit plan number	
	Puget Sound Basketball Leagues, Inc. 401	r(k) bi	an			(PN) 001	
				Ţ-	1c	Effective date of plan	
						01/01/2011	
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer pla	an)	2b	Employer Identification Number	
	Puget Sound Basketball Leagues, Inc			_	_	(EIN) 20-0385074	_
				] :	2c	Sponsor's telephone number (206) 632-4667	
	1550 W. Armory Way				2 4	<del> </del>	_
	Sales of the street		T.ID 00110 (		2 <b>u</b>	Business code (see instructions) 711210	
3a	Seattle Plan administrator's name and address (if same as plan sponsor, e	nter "Same	WA 98119-2		3h	Administrator's EIN	_
- u	Same	intor ourne	' /	L		Administrator 5 Env	
				[;	3c	Administrator's telephone numbe	ŧΓ
4	Make a series and described of the latest and the l	1 ( . (			41.		_
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, e	enter the	4D	EIN	_
а	Sponsor's name				4c	PN	
5a	Total number of participants at the beginning of the plan year				 5а		4
b	Total number of participants at the end of the plan year				5b		4
С	Number of participants with account balances as of the end of the						
_	complete this item)				5c_		
_	Were all of the plan's assets during the plan year invested in eligit		,			Yes [ ]	Vo
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ident qualified public acci	ountant (IQPA	<b>(</b> )	X Yes 1	No
	If you answered "No" to either 6a or 6b, the plan cannot use F						
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	f Year		(b) End of Year	
а	Total plan assets	7a		0		23,9	19
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	. 7c		0		23,9	19
8	Income, Expenses, and Transfers for this Plan Year	#	(a) Amoun	t		(b) Total	_
а		0.5/4)		6,841	M.		
	(1) Employers			16,500			
	(2) Participants			10,000			
h	(3) Others (including rollovers)			578	N.		
	Other income (loss)		SUCH STREET, S		Inco	23,9	110
c d	THE COOTERN IN CASCASSING CONTRACTOR CONTRAC	8c			TO V		1
u	to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g			B		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					(
i	Net income (loss) (subtract line 8h from line 8c)	8i	Spall of a period			23,9	119
j	Transfers to (from) the plan (see instructions)	8j			10.		W

	Form 5500-SF 2011 Page <b>2</b> -								
Par	IV Plan Characteristics	_							
	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics  2A 2F 2G 2J 2K 2T 2E	cteris	tic Co	des in t	the instructio	ns:			
b	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	teristi	c Cod	es in th	e instruction	s:			
Part	V Compliance Questions								
10	During the plan year:		Yes	No	Aı	mount			
а	20 0,1,120,010 ,021 /000    1011	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		X					
d	or dionotory :	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			7			
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					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		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 comp5500))					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 :	302 of	ERISA?	Yes 🛚 No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	tions	and a	antar th	a data of the	lottor ruling			
	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	, and 6 	Day	Y	ear			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401					
b	Enter the minimum required contribution for this plan year			12b					
C	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 onegative amount)			12d					
U225 S. E. e.C. E.	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?			<u> </u>	res X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	13a						
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	3c(2) El	N(s)	13c(3) PN(s)			
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	use is	estab	lished.				
Und	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.	urn/re	port, i	ncludin	g, if applicab	le, a Schedule nowledge and			

belief, it is true, correct, and complete. X4 21 12 Timothy A. Kerns SIGN HERE Date Enter name of individual signing as plan administrator Signature of plan administrator SIGN HERE

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor