

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input checked="" type="checkbox"/> the first return/report;</div><div><input checked="" type="checkbox"/> the final return/report;</div><div><input checked="" type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan BUSH SCHOOL TDA	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 09/01/1968
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE BUSH SCHOOL 3400 EAST HARRISON STREET SEATTLE, WA 98112	2b Employer Identification Number (EIN) 91-0161095 2c Sponsor's telephone number 206-326-7771 2d Business code (see instructions) 611000
	3400 EAST HARRISON STREET SEATTLE, WA 98112	

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/18/2010	ROBIN E. BENTLEY
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE BUSH SCHOOL 3400 EAST HARRISON STREET SEATTLE, WA 98112	3b Administrator's EIN 91-0161095 3c Administrator's telephone number 206-326-7771
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	223
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2F 2G 2L 2M

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BUSH SCHOOL TDA	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. THE BUSH SCHOOL	D Employer Identification Number (EIN) 91-0161095	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	315929	184	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	2029354
c Additions: (1) Contributions deposited during the year	7c(1)	52094
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	73620
(4) Transferred from separate account	7c(4)	115066
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	240780
d Total of balance and additions (add b and c(6))	7d	2270134
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	177033
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	139793
(4) Other (specify below)	7e(4)	1953308
▶ TRANSFER TO EIN 91-0161095 PLAN 003		
(5) Total deductions	7e(5)	2270134
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BUSH SCHOOL TDA	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSH SCHOOL	D Employer Identification Number (EIN) 91-0161095	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA - TEACHERS INSURANCE AND	730 THIRD AVENUE NEW YORK, NY 10017-3206
13-1624203	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BUSH SCHOOL TDA	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE BUSH SCHOOL	D Employer Identification Number (EIN) 91-0161095	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	323977	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2324194	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2029354	0
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4677525	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4677525	0
-----------------------------------------------------------	-----------	---------	---

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	317358	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		317358

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	73620	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73620

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-90090
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		679192
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		980080

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	273234	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		273234
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		273234

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		706846
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		5384371

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BADER MARTIN, P.S.**

(2) EIN: **91-1501421**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

- 5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE BUSH SCHOOL 403(B) RETIREMENT PLAN	91-0161095	003

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>BUSH SCHOOL TDA</u>	B Three-digit plan number (PN) ▶ <u>002</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE BUSH SCHOOL</u>	D Employer Identification Number (EIN) <u>91-0161095</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	<u>0</u>
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3760073

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	<u>2</u>
----------	----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No

11

a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

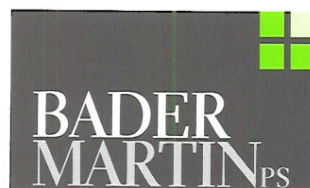
- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

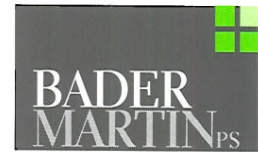
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BUSH SCHOOL TDA
2009
FINANCIAL STATEMENTS



Bader Martin, P. S. Certified Public Accountants + Business Advisors

EIN: 91-0161095
Plan number 002



Independent Auditors' Report

Board of Trustees
Bush School TDA
Seattle, Washington

We were engaged to audit the accompanying statements of net assets available for benefits of Bush School TDA (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Teachers Insurance and Annuity Association - College Retirement Equities Fund, and JP Morgan Chase Bank, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bader Martin, P.S.

October 6, 2010

Bader Martin, P.S. Certified Public Accountants + Business Advisors

1000 Second Avenue, 34th Floor, Seattle, Washington 98104-1022 | 206.621.1900 | FAX 206.682.1874 | www.badermartin.com

BUSH SCHOOL TDA

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
<hr/>		
Assets:		
Investments, at fair value:		
Registered investment company shares	\$ -	\$ 2,324,194
Fixed annuity contracts	-	2,029,354
Pooled separate accounts	-	323,977
	<hr/>	<hr/>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 4,677,525</u>

See notes to financial statements.

BUSH SCHOOL TDA

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

Investment income:	
Net appreciation (depreciation) in fair value:	
Registered investment company shares	\$ 679,192
Fixed annuity contracts	58,861
Pooled separate accounts	(90,090)
Dividends and interest	14,759
	<hr/>
	662,722
	<hr/>
Participants contributions	317,358
	<hr/>
Deductions:	
Benefits paid to participants	(273,234)
Transfer of plan assets to another qualified plan	(5,384,371)
	<hr/>
	(5,657,605)
	<hr/>
Net decrease	(4,677,525)
Net assets available for benefits, beginning of year	4,677,525
	<hr/>
Net assets available for benefits, end of year	<hr/> <hr/>
	\$ -

See notes to financial statements.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS

1. The Plan:

The following description of Bush School TDA (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General:

The Plan is a tax deferred annuity plan covering all eligible employees of The Bush School (the School). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). As described further in Note 10, the Plan merged into a new plan and the Plan assets were effectively transferred on December 31, 2009.

Eligibility:

All employees are eligible to participate in the Plan.

Contributions:

Each participant may elect to defer a portion of his or her eligible compensation up to the allowable limits under the Internal Revenue Code (the Code). The Plan allows for "catch-up" contributions for participants who are age 50 or older. The Plan does not provide for employer contributions.

Investment options:

Participants may direct the investment of their contributions into various investments offered by the Plan.

Participant accounts:

Individual accounts are maintained for each plan participant to reflect the participant's contributions and any income or losses accumulated thereon, net of administrative fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance.

Vesting:

Participants are 100% vested in their accounts at all times.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. The Plan (continued):

Retirement:

Normal retirement age is 59½.

Payment of benefits:

A participant or designated beneficiary is to receive payment of benefits in the form of a lump-sum, partial or installment distribution under any of the following events:

- Severance from employment;
- Death or disability;
- Attainment of age 59½ (normal retirement age);
- Participation in the Plan for at least 10 years and attainment of age 59½;
- Hardship withdrawals;
- Withdrawals of rollover contributions, provided the rollover contributions have been properly segregated; and,
- Qualified reservist distributions.

Employer contributions that are held in annuity contracts issued after 2008 will generally not be available for distribution if the participant is still employed unless he or she has participated in the Plan for the last five years.

Rollovers and transfers from other qualified plans:

Participants who have a balance in another qualified employee benefit plan (as described in Section 401(a) of the Code) or an eligible 457(b) plan may transfer or rollover the lump-sum values of their account directly into the Plan, provided such transfer meets the requirements of the Code.

Participant loans:

Participants may borrow from their account balance under certain conditions as provided in the Plan's loan policy.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies:

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts and related disclosures. Actual results could differ from those estimates.

Basis of accounting:

The financial statements of the Plan have been prepared on the accrual basis of accounting. Benefits are recorded when paid.

Investment valuation and income recognition:

The Plan's investments are stated at fair value, except for the fixed annuity contracts, which are stated at contract value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are included in net appreciation (depreciation) in fair value of registered investment company shares, fixed annuity contracts and pooled separate accounts.

Subsequent events:

The Plan has evaluated subsequent events through October 6, 2010, the date on which the financial statements were available to be issued.

3. Plan termination:

The School reserves the right to amend or terminate the Plan at any time, subject to the provisions of ERISA. However, no such amendment or termination shall deprive any participant of any vested interest in the Plan (see Note 10).

4. Tax status:

The Plan is a prototype plan through Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), but has not received a determination letter from the Internal Revenue Service. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Party-in-interest transactions:

The Plan invests in a variety of investments managed by Teachers Insurance and Annuity Association (TIAA), one of the Plan's custodians, and the TIAA-CREF Investment Management, LLC. Transactions in such investments qualify as exempt party-in-interest transactions.

6. Administrative expenses:

The School pays all administrative expenses of the Plan. Plan investment expenses are allocated to, and deducted from, individual participant accounts.

7. Investments:

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31, 2008:

TIAA Traditional	\$ 1,955,807
College Retirement Equities Fund Stock	1,039,633
College Retirement Equities Fund Global Equities	273,019
College Retirement Equities Fund Equity Index	238,152
TIAA Real Estate	323,977
Five percent of net assets available for benefits	\$ 233,876

The Plan's investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Fair value measurements:

To increase consistency and comparability in fair value measurements, the inputs to valuation techniques are classified into three broad levels. This hierarchy is summarized below in descending order of priority.

- **Level 1** – Inputs are based on quoted market prices within active markets for identical assets or liabilities.
- **Level 2** – Inputs are directly or indirectly observable for the asset or liability, excluding quoted prices used in Level 1. Examples include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets or liabilities in inactive markets, interest rates, volatilities, prepayments and credit risks.
- **Level 3** – There are significant unobservable inputs in this level. Investments are primarily valued using the reporting entity's own assumptions about what market participants would utilize in pricing the asset or liability.

The fair values of the pooled separate accounts are generally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued using external appraisals (level 2 measurements in the fair value hierarchy).

The fair values of the registered investment company shares are determined based on the market quotations of the underlying investments or prices obtained from independent pricing sources (level 2 measurements in the fair value hierarchy).

The fixed annuity contracts are fixed-dollar annuity investment products issued by TIAA. The contracts guarantee a participant's principal plus a specified rate of interest, subject to TIAA's claims-paying ability. The investments are stated at contract value, which is equal to the accumulated cash distributions and interest credited to the Plan's contracts, less any withdrawals, administrative expenses and an amount set aside for contingency reserves. The contract value of the fixed annuity contracts approximate fair market value.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Fair value measurements (continued):

The fixed annuity contracts included in the Plan's assets consist of Group Retirement Annuity, Retirement Annuity, Group Supplemental Annuity (GSRA) and Supplemental Retirement Annuity (SRA). These contracts provide guaranteed interest rates of 3% in the accumulation stage and 2.5% in the annuity settlement phase based on a fixed mortality table. These contracts also offer the opportunity for grouped deposits received over discrete time periods to receive additional interest in excess of the guaranteed rate during the accumulation and annuity settlement phases. The additional interest is declared by the TIAA Board of Trustees and remains in effect for the declaration year that begins each March 1st. Fair value of these investments is determined using unobservable inputs that cannot be corroborated by current market data (level 3 measurements in the fair value hierarchy).

The GSRA and SRA contracts qualify as fully benefit-responsive investment contracts. These contracts have a total contract value of approximately \$1,117,000 as of December 31, 2008. The interest rates credited to the GSRA and SRA contracts were 3.00% in 2009 and 3.00% - 4.25% in 2008. The interest earnings associated with these contracts, net of administrative expenses and contingency reserves, were approximately \$4,400 and \$17,100 in 2009 and 2008, respectively.

The fair values of the Plan's assets at December 31, 2008, by level within the fair value hierarchy, were as follows:

	Level 2	Level 3	Total
Registered investment company shares	\$ 2,324,194		\$ 2,324,194
Fixed annuity contracts		\$ 2,029,354	2,029,354
Pooled separate accounts	323,977		323,977
	<u>\$ 2,648,171</u>	<u>\$ 2,029,354</u>	<u>\$ 4,677,525</u>

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Fair value measurements (continued):

Presented below is a reconciliation of the balances of the fixed annuity contracts for the year ended December 31, 2009:

Fixed annuity contracts, beginning of year	\$ 2,029,354
Plus:	
Net appreciation in value of investments	58,861
Interest and dividends	14,759
Participant contributions	52,094
Less:	
Benefits paid to participants	177,033
Net interfund transfer in	24,726
Transfer to another qualified plan	<u>1,953,309</u>
Fixed annuity contracts, end of year	<u><u>\$ -</u></u>

9. Information certified by custodians:

The following information included in the financial statements was provided and certified by the custodians as complete and accurate:

- Investments, at fair value
- Investment income

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

10. Plan merger and consolidation:

Effective January 1, 2010, the School merged and consolidated the Plan and the Bush School DC Retirement Plan (the DC Plan), in order to establish a single plan referred to as The Bush School 403(b) Retirement Plan (the 403(b) Plan). Accordingly, the net assets of the Plan, summarized below, were effectively transferred to the 403(b) Plan on December 31, 2009.

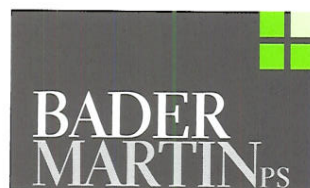
Investments, at fair value on December 31, 2009:

Registered investment company shares	\$ 3,193,938
Fixed annuity contracts	1,953,309
Pooled separate accounts	<u>237,124</u>
	<u><u>\$ 5,384,371</u></u>

The general terms of the 403(b) Plan with respect to eligibility, contributions, participant account maintenance, vesting, payment of benefits and rollovers are substantially the same as those of the Plan and the DC Plan. Other significant provisions included in the 403(b) Plan are as follows:

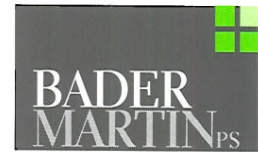
- Change in the plan year from calendar year ending December 31 to fiscal year ending June 30;
- Appointment of an Advisory Committee to assist in the administration of the plan;
- Inclusion of Charles Schwab Trust Company (CSTC) as a custodian and Kibble & Prentice as a record keeper;
- Inclusion of other funds in the investment portfolio; and,
- Participant accounts maintained by TIAA-CREF must be transferred to CSTC custodial accounts no later than December 31, 2019.

BUSH SCHOOL TDA
2009
FINANCIAL STATEMENTS



Bader Martin, P. S. Certified Public Accountants + Business Advisors

EIN: 91-0161095
Plan number 002



Independent Auditors' Report

Board of Trustees
Bush School TDA
Seattle, Washington

We were engaged to audit the accompanying statements of net assets available for benefits of Bush School TDA (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Teachers Insurance and Annuity Association - College Retirement Equities Fund, and JP Morgan Chase Bank, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bader Martin, P.S.

October 6, 2010

Bader Martin, P.S. Certified Public Accountants + Business Advisors

1000 Second Avenue, 34th Floor, Seattle, Washington 98104-1022 | 206.621.1900 | FAX 206.682.1874 | www.badermartin.com

BUSH SCHOOL TDA

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
<hr/>		
Assets:		
Investments, at fair value:		
Registered investment company shares	\$ -	\$ 2,324,194
Fixed annuity contracts	-	2,029,354
Pooled separate accounts	-	323,977
	<hr/>	<hr/>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 4,677,525</u>

See notes to financial statements.

BUSH SCHOOL TDA

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

Investment income:	
Net appreciation (depreciation) in fair value:	
Registered investment company shares	\$ 679,192
Fixed annuity contracts	58,861
Pooled separate accounts	(90,090)
Dividends and interest	14,759
	<hr/>
	662,722
	<hr/>
Participants contributions	317,358
	<hr/>
Deductions:	
Benefits paid to participants	(273,234)
Transfer of plan assets to another qualified plan	(5,384,371)
	<hr/>
	(5,657,605)
	<hr/>
Net decrease	(4,677,525)
Net assets available for benefits, beginning of year	4,677,525
	<hr/>
Net assets available for benefits, end of year	<u><u>\$ -</u></u>

See notes to financial statements.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS

1. The Plan:

The following description of Bush School TDA (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General:

The Plan is a tax deferred annuity plan covering all eligible employees of The Bush School (the School). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). As described further in Note 10, the Plan merged into a new plan and the Plan assets were effectively transferred on December 31, 2009.

Eligibility:

All employees are eligible to participate in the Plan.

Contributions:

Each participant may elect to defer a portion of his or her eligible compensation up to the allowable limits under the Internal Revenue Code (the Code). The Plan allows for "catch-up" contributions for participants who are age 50 or older. The Plan does not provide for employer contributions.

Investment options:

Participants may direct the investment of their contributions into various investments offered by the Plan.

Participant accounts:

Individual accounts are maintained for each plan participant to reflect the participant's contributions and any income or losses accumulated thereon, net of administrative fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance.

Vesting:

Participants are 100% vested in their accounts at all times.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. The Plan (continued):

Retirement:

Normal retirement age is 59½.

Payment of benefits:

A participant or designated beneficiary is to receive payment of benefits in the form of a lump-sum, partial or installment distribution under any of the following events:

- Severance from employment;
- Death or disability;
- Attainment of age 59½ (normal retirement age);
- Participation in the Plan for at least 10 years and attainment of age 59½;
- Hardship withdrawals;
- Withdrawals of rollover contributions, provided the rollover contributions have been properly segregated; and,
- Qualified reservist distributions.

Employer contributions that are held in annuity contracts issued after 2008 will generally not be available for distribution if the participant is still employed unless he or she has participated in the Plan for the last five years.

Rollovers and transfers from other qualified plans:

Participants who have a balance in another qualified employee benefit plan (as described in Section 401(a) of the Code) or an eligible 457(b) plan may transfer or rollover the lump-sum values of their account directly into the Plan, provided such transfer meets the requirements of the Code.

Participant loans:

Participants may borrow from their account balance under certain conditions as provided in the Plan's loan policy.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies:

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts and related disclosures. Actual results could differ from those estimates.

Basis of accounting:

The financial statements of the Plan have been prepared on the accrual basis of accounting. Benefits are recorded when paid.

Investment valuation and income recognition:

The Plan's investments are stated at fair value, except for the fixed annuity contracts, which are stated at contract value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are included in net appreciation (depreciation) in fair value of registered investment company shares, fixed annuity contracts and pooled separate accounts.

Subsequent events:

The Plan has evaluated subsequent events through October 6, 2010, the date on which the financial statements were available to be issued.

3. Plan termination:

The School reserves the right to amend or terminate the Plan at any time, subject to the provisions of ERISA. However, no such amendment or termination shall deprive any participant of any vested interest in the Plan (see Note 10).

4. Tax status:

The Plan is a prototype plan through Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), but has not received a determination letter from the Internal Revenue Service. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Party-in-interest transactions:

The Plan invests in a variety of investments managed by Teachers Insurance and Annuity Association (TIAA), one of the Plan's custodians, and the TIAA-CREF Investment Management, LLC. Transactions in such investments qualify as exempt party-in-interest transactions.

6. Administrative expenses:

The School pays all administrative expenses of the Plan. Plan investment expenses are allocated to, and deducted from, individual participant accounts.

7. Investments:

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31, 2008:

TIAA Traditional	\$ 1,955,807
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BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Fair value measurements:

To increase consistency and comparability in fair value measurements, the inputs to valuation techniques are classified into three broad levels. This hierarchy is summarized below in descending order of priority.

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The fair values of the pooled separate accounts are generally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued using external appraisals (level 2 measurements in the fair value hierarchy).

The fair values of the registered investment company shares are determined based on the market quotations of the underlying investments or prices obtained from independent pricing sources (level 2 measurements in the fair value hierarchy).

The fixed annuity contracts are fixed-dollar annuity investment products issued by TIAA. The contracts guarantee a participant's principal plus a specified rate of interest, subject to TIAA's claims-paying ability. The investments are stated at contract value, which is equal to the accumulated cash distributions and interest credited to the Plan's contracts, less any withdrawals, administrative expenses and an amount set aside for contingency reserves. The contract value of the fixed annuity contracts approximate fair market value.

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Fair value measurements (continued):

The fixed annuity contracts included in the Plan's assets consist of Group Retirement Annuity, Retirement Annuity, Group Supplemental Annuity (GSRA) and Supplemental Retirement Annuity (SRA). These contracts provide guaranteed interest rates of 3% in the accumulation stage and 2.5% in the annuity settlement phase based on a fixed mortality table. These contracts also offer the opportunity for grouped deposits received over discrete time periods to receive additional interest in excess of the guaranteed rate during the accumulation and annuity settlement phases. The additional interest is declared by the TIAA Board of Trustees and remains in effect for the declaration year that begins each March 1st. Fair value of these investments is determined using unobservable inputs that cannot be corroborated by current market data (level 3 measurements in the fair value hierarchy).

The GSRA and SRA contracts qualify as fully benefit-responsive investment contracts. These contracts have a total contract value of approximately \$1,117,000 as of December 31, 2008. The interest rates credited to the GSRA and SRA contracts were 3.00% in 2009 and 3.00% - 4.25% in 2008. The interest earnings associated with these contracts, net of administrative expenses and contingency reserves, were approximately \$4,400 and \$17,100 in 2009 and 2008, respectively.

The fair values of the Plan's assets at December 31, 2008, by level within the fair value hierarchy, were as follows:

	Level 2	Level 3	Total
Registered investment company shares	\$ 2,324,194		\$ 2,324,194
Fixed annuity contracts		\$ 2,029,354	2,029,354
Pooled separate accounts	323,977		323,977
	<u>\$ 2,648,171</u>	<u>\$ 2,029,354</u>	<u>\$ 4,677,525</u>

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Fair value measurements (continued):

Presented below is a reconciliation of the balances of the fixed annuity contracts for the year ended December 31, 2009:

Fixed annuity contracts, beginning of year	\$ 2,029,354
Plus:	
Net appreciation in value of investments	58,861
Interest and dividends	14,759
Participant contributions	52,094
Less:	
Benefits paid to participants	177,033
Net interfund transfer in	24,726
Transfer to another qualified plan	<u>1,953,309</u>
Fixed annuity contracts, end of year	<u><u>\$ -</u></u>

9. Information certified by custodians:

The following information included in the financial statements was provided and certified by the custodians as complete and accurate:

- Investments, at fair value
- Investment income

BUSH SCHOOL TDA

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

10. Plan merger and consolidation:

Effective January 1, 2010, the School merged and consolidated the Plan and the Bush School DC Retirement Plan (the DC Plan), in order to establish a single plan referred to as The Bush School 403(b) Retirement Plan (the 403(b) Plan). Accordingly, the net assets of the Plan, summarized below, were effectively transferred to the 403(b) Plan on December 31, 2009.

Investments, at fair value on December 31, 2009:

Registered investment company shares	\$ 3,193,938
Fixed annuity contracts	1,953,309
Pooled separate accounts	<u>237,124</u>
	<u><u>\$ 5,384,371</u></u>

The general terms of the 403(b) Plan with respect to eligibility, contributions, participant account maintenance, vesting, payment of benefits and rollovers are substantially the same as those of the Plan and the DC Plan. Other significant provisions included in the 403(b) Plan are as follows:

- Change in the plan year from calendar year ending December 31 to fiscal year ending June 30;
- Appointment of an Advisory Committee to assist in the administration of the plan;
- Inclusion of Charles Schwab Trust Company (CSTC) as a custodian and Kibble & Prentice as a record keeper;
- Inclusion of other funds in the investment portfolio; and,
- Participant accounts maintained by TIAA-CREF must be transferred to CSTC custodial accounts no later than December 31, 2019.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2009****This Form is Open to Public Inspection****Annual Report Identification Information**

For calendar plan year 2009 or fiscal plan year beginning and ending

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☒ the first return/report; ☒ the final return/report;
☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Basic Plan Information -enter all requested information

1a Name of plan BUSH SCHOOL TDA	1b Three-digit plan number (PN) ► 002
	1c Effective date of plan 09/01/1968
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE BUSH SCHOOL 3400 EAST HARRISON STREET SEATTLE WA 98112	2b Employer Identification Number (EIN) 91-0161095
	2c Sponsor's telephone number 206-326-7771
	2d Business code (see instructions) 611000

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 accompanying schedules, statements and attachments, 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 HERE	<i>Robin E Bentley</i>	10/13/10	ROBIN E. BENTLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Robin E Bentley</i>	10/13/10	ROBIN E. BENTLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
-------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	223
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a, 6b, and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

- 8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2F 2G 2L 2M
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single - Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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