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).

0044

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		dentification Information					
For	calendar plan year 2011 or fisc	cal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011	
Α	This return/report is for:	x a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the first return/report	the final r	eturn/report		_	
_	······································		a short nla	an year return/report (less than 12 mo	onths)		
_	Oh a alah a a 'K' C'l' a masa da m	Form 5558		• •	3111110)	_	ım
C	Check box if filing under:	片		cextension		DFVC progra	IIII
_		special extension (enter descriptio	,				
Pa	art II Basic Plan Infor	mation—enter all requested information	ation				
	Name of plan				1b	Three-digit	
СНА	PEL HILL PRESBYTERIAN CH	HURCH 401(K) PLAN				plan number (PN) ▶	001
					10	Effective date of	
					10	01/01	•
2a	Plan sponsor's name and add	ress; include room or suite number (er	mplover if	for a single-employer plan)	2h	Employer Identif	
	PEL HILL PRESBYTERIAN CH		inployer, ii	Tot a single employer plany	25		27730
					2c	Sponsor's telep	hone number
РО	BOX 829					253-85	
	HARBOR, WA 98335				2d	Business code (see instructions)
						81300	00
3a	Plan administrator's name and	d address (if same as plan sponsor, er	nter "Same	e")	3b	Administrator's I	EIN
CHAI	PEL HILL PRESBYTERIAN CH	HURCH P.O. BOX 829 GIG HARBOF		35			27730
		GIGTIARDOR	1, WA 903	33	3с	Administrator's t	telephone number
4	If the name and/or EIN of the	nlan anancar has abanged since the l	oot roturn/	report filed for this plan, enter the	4b		1-1119
-		plan sponsor has changed since the labor from the last return/report.	asi returri/	report filed for this plan, enter the	40	EIN	
а	Sponsor's name				4c	PN	
5a	Total number of participants a	at the beginning of the plan year			5a		4
b	Total number of participants a	at the end of the plan year			5b		4
С	Number of participants with a	ccount balances as of the end of the p	olan vear (defined benefit plans do not	0.0		
			• •	•	5c		1
6a	Were all of the plan's assets	during the plan year invested in eligibl	le assets?	(See instructions.)			X Yes No
b		the annual examination and report of a					
		(See instructions on waiver eligibility a					X Yes No
De		her 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.		
	rt III Financial Inform	lation		I			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	
а	•		. 7a	434945			411377
b			7b	0			0
<u>C</u>	Net plan assets (subtract line	7b from line 7a)	7c	434945			411377
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or received		0-(4)	0			
	• • • •		8a(1)				
	` ,		8a(2)	36665			
_	• • • • • • • • • • • • • • • • • • • •	s)	8a(3)	0			
b	Other income (loss)		8b	-19569			
C	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	8c				17096
d	. `	rollovers and insurance premiums	6-1	40664			
_	•	ntive diatributions (see instructions)	8d	0			
e		ctive distributions (see instructions)	8e	0			
f	•	ers (salaries, fees, commissions)					
g	•		. 8g	0			45554
h	•	8e, 8f, and 8g)					40664
į	` , `	ne 8h from line 8c)					-23568
j	Transfers to (from) the plan (s	see instructions)	Rί	0			

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Part IV	Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

D	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cteristi	ic Cod	es in th	ne instructi	ons:		
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				1	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X					517
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	/I Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					\[\]	es .	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of I	ERISA?	Y	es	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
	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 on the amount)	of a	···	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art								
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	0		
	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 of the PBGC?	under	the co	ntrol			es :	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			_	_	_
1	Bc(1) Name of plan(s):		130	(2) EII	N(s)	13	c(3) F	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	establ	ished.			
Inde B o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/sit is true, correct, and complete.	ırn/rep	ort, in	cludin	g, if applica			

SIGN	Filed with authorized/valid electronic signature.	03/23/2012	DAWN DAVIS						
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						

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art la Annual Report Identification Information	70170	011			10/01/001	2	
Foi	—)1/01/2		and ending		12/31/201	•	
Α	This return/report is for: X a single-employer plan	a multiple	-employer plan (no	ot multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report	a short pla	ın year return/repo	rt (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automatio	extension			DFVC progra	m	
	special extension (enter description	on)						
P	art II Basic Plan Information—enter all requested inform	ation						
1a	Name of plan				1b	Three-digit		
	Chapel Hill Presbyterian Church 401(k) P	lan		·		plan number	0.04	
					10	(PN) Effective date of	001	
	· ·				IC	01/01/1999		
2a	Plan sponsor's name and address; include room or suite number (e	mployer, it	for a single-emplo	yer plan)	2b	Employer Identif	ication Number	
	Chapel Hill Presbyterian Church					(EIN) 91-092		
					2c	Sponsor's telep	none number	
	P.O. Box 829			<u> </u>		(253) 851-		
					2d	Business code (see instructions)	
2-	Gig Harbor	"C	WA 983	35	26	813000 Administrator's i	-th1	
Jä	Plan administrator's name and address (if same as plan sponsor, et Same	nter Same	;)		JU	Administrators	EIIN	
					3c	Administrator's t	elephone number	
						·		
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/	eport 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	49	
b						5b		
С	Number of participants with account balances as of the end of the p					·		
	complete this item)		***************************************		5c		19	
	Were all of the plan's assets during the plan year invested in eligib						X Yes No	
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility						X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fe					***************************************	Ed	
Pέ	irt III Financial Information	•						
.7	Plan Assets and Liabilities		(a) Begin	ning of Year		(b) End	of Year	
а	Total plan assets	7a		434,94	5		411,377	
b	Total plan liabilities	7b			0		0	
С	Net plan assets (subtract line 7b from line 7a)	7c		434,94	5		411,377	
8	Income, Expenses, and Transfers for this Plan Year		(a) A	mount		(b) T	'otal	
а	Contributions received or receivable from:	0-14)		Í	٨			
	(1) Employers	8a(1)		36,66				
	(2) Participants	8a(2)		30,00	7			
L	(3) Others (including rollovers)			(19,569	7			
d o	• •	8b 8c		(19,309			17,096	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80	<u> aseme era propi ir ngester</u>		41 1057		17,090	
u	to provide benefits)	8d		40,66	4	Company the Company		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			<u>o</u> l			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					40,664	
i	Net income (loss) (subtract line 8h from line 8c)	8i			å		(23,568)	
j	Transfers to (from) the plan (see instructions)	8j			0			

	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature $2E\ 2F\ 2G\ 2J\ 2K\ 2T\ 3D$							
b	If the plan provides welfare benefits, enter the applicable welfare feature c	odes from the L	ist of Plan Characteri	stic Cod	es in t	he instruction	ns:	•
Part	V Compliance Questions							
10	During the plan year:			Yes	No		mount	
а		hin the time pe	riod described in	1.00			·	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co			a	X			
b	Were there any nonexempt transactions with any party-in-interest? (Do no on line 10a.)			,	Х			
С	Was the plan covered by a fidelity bond?		10	X			10	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?			Ė	Х			
е	Were any fees or commissions paid to any brokers, agents, or other persinsurance service or other organization that provides some or all of the beinstructions.)	nefits under the	e plan? (See	e X				517
f	Has the plan failed to provide any benefit when due under the plan?			f	Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of yea	r end.)	10	,	Х			
_	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)	tructions and 2	9 CFR		Х			
į	If 10h was answered "Yes," check the box if you either provided the requi exceptions to providing the notice applied under 29 CFR 2520.101-3	ed notice or or	e of the					
Part	VI Pension Funding Compliance			•				
	Is this a defined benefit plan subject to minimum funding requirements? (I 5500))						Yes	X No
.12:	Is this a defined contribution plan subject to the minimum funding require						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			•				
a	If a waiver of the minimum funding standard for a prior year is being amor	ized in this pla	n vear, see instruction	s. and e	nter th	ne date of the	e letter rul	ing
	granting the waiver		Month _	·	Day	\	ear	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F			г		1		
	Enter the minimum required contribution for this plan year				12b	1		
C	Enter the amount contributed by the employer to the plan for this plan year				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)				12d			-
e	Will the minimum funding amount reported on line 12d be met by the fund	ng 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 employe	this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?			er the co	ontrol 		Yes	⊠ No
. с	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	olan to another	plan(s), identify the p				,	
1	3c(1) Name of plan(s):			13	c(2) E	N(s)	13c(3)	PN(s)
	•							
	ion: A penalty for the late or incomplete filing of this return/report will							
SB o	er penalties of perjury and other penalties set forth in the instructions, I decl r Schedule MB completed and signed by an enrolled actuary, as well as the f, it is true, correct, and complete.	are that I have e e electronic ver	examined this return/reposition of this return/reposition	eport, ir ort, and	icludin to the	g, if applicat best of my ki	ile, a Sch nowledge	edule and
SIG	N MIM MA	4/12	Dawn No	Wis				
HER						s plan admin	istrator	
SIG								
	Signature of employer/plan sponsor Dat					s employer o		

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