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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	2	and ending	05/31/20	012
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 r	months)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		_	_
Pa	Int II Basic Plan Information—enter all requested information	ation			
	Name of plan			1b	Three-digit
	CONESS CHILDRENS SERVICES FINAL				plan number
					(PN) ▶ 002
				1c	Effective date of plan 08/01/2000
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2h	Employer Identification Number
DEA	CONESS CHILDRENS SERVICES	inployon, ii	rer a emgre empreyer plany		(EIN) 91-0564963
				2c	Sponsor's telephone number
4708	DOGWOOD DRIVE				425-259-0339
EVE	RETT, WA 98203			2d	Business code (see instructions)
				01	624100
	Plan administrator's name and address (if same as plan sponsor, er			3b /	Administrator's EIN 91-0564963
	EVERETT, W			3c /	Administrator's telephone number
					425-259-0339
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	-			_	36
b	Total number of participants at the end of the plan year				(
C	Number of participants with account balances as of the end of the p			30	
	complete this item)			. 5c	(
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				Voc □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		· ·		X Yes No
Pa	rt III Financial Information	JIIII 5500-	SF and must mstead use Form 5	500.	
7	Plan Assets and Liabilities		(a) Paginning of Voor		(b) End of Voor
, a	Total plan assets	72	(a) Beginning of Year		(b) End of Year
a b	Total plan liabilities	7a 7b			
C	Net plan assets (subtract line 7b from line 7a)	7c	181361		0
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) Total
-	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	4952		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			4952
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	184663		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	1650		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			186313
i	Net income (loss) (subtract line 8h from line 8c)				-181361
j	Transfers to (from) the plan (see instructions)				

Form	5500-	SF	201

Part IV	Plan	Characteristics

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

During the plan year:		Yes	No		Δn	ount	
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		All	iount	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
on line 10a.)	10b	V					
Was the plan covered by a fidelity bond?	10c	X					10000
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	X					
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	10ii	X					
t VI Pension Funding Compliance							
In this and fine of boundit when a chief to uninimous founding was chief and O //f II//as II and instructions and as							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	•			•		T Vas	
5500))	·····					Yes	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	·····					Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	le or se	ction 3	 302 of	ERISA?	 ? [Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instru	le or se	ction 3	302 of	ERISA?	[of the I	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver.	le or se uctions,	ction 3	302 of	ERISA?	[of the I	Yes	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Mo You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.	de or se uctions, nth	ction 3	302 of enter th Day	ERISA?	[of the I	Yes	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	de or se uctions, nth b.	ction 3	302 of enter th Day 12b 12c 12d	ERISA?	? [Yes	ling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver	de or se uctions, nth it of a	and e	12b 12c 12d X Y	ERISA?	of the I	Yes	
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver	de or se uctions, nth it of a	and e	12b 12c 12d X Y	ERISA?	of the I	Yes etter ru ar	N/

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/22/2012	FELICIA FREEMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information	01/01/-	010		25/24/2242			
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	012 and ending		05/31/2012			
Α	This return/report is for:	a multiple-	employer plan (not multiemployer)	r) a one-participant plan				
B	This return/report is:	the final re	turn/report					
	an amended return/report	a short pla	n year return/report (less than 12 mg	onths)				
C	Check box if filing under: Form 5558	extension		DFVC program				
	special extension (enter description	on)						
Pa	Irt II Basic Plan Information—enter all requested inform	nation						
	Name of plan			1b	Three-digit			
De	aconess Childrens Services Final				plan number			
				4.	(PN)			
				10	Effective date of plan			
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)		Employer Identification Number			
	aconess Childrens Services				(EIN) 91-0564963			
				2c	Sponsor's telephone number			
47	08 Dogwood Drive				425-259-0339			
T7					Business code (see instructions)			
	erett WA 98203	. "0	D.		624100			
De	Plan administrator's name and address (if same as plan sponsor, e aconess Childrens Services	inter "Same") ,	30	Administrator's EIN 91-0564963			
47	08 Dogwood Drive			3c	Administrator's telephone number			
Ev	erett WA 98203	-			425-259-0339			
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/re	eport filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	36			
b	Total number of participants at the end of the plan year			5b	0			
C	Number of participants with account balances as of the end of the	plan year (d	efined benefit plans do not					
С	Number of participants with account balances as of the end of the complete this item)			5c	0			
6a	complete this item)	ole assets?	See instructions.)					
	complete this item)	ole assets? (See instructions.)	PA)	X Yes No			
6a	Complete this item)	ole assets? (an independ	See instructions.)dent qualified public accountant (IQF	PA)	X Yes No			
6a b	complete this item)	ole assets? (an independ	See instructions.)dent qualified public accountant (IQF	PA)	X Yes No			
6a b	complete this item)	ole assets? (an independ	See instructions.)dent qualified public accountant (IQF	PA)	X Yes No			
6a b Pa	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information	ole assets? (an independent and condition of the conditi	See instructions.) dent qualified public accountant (IQF ons.) F and must instead use Form 550	PA)	X Yes No			
6a b Pa 7	complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities	ole assets? (an independent and condition of the conditi	See instructions.) dent qualified public accountant (IQF ons.) F and must instead use Form 550 (a) Beginning of Year	PA)	Yes No Yes No (b) End of Year			
6a b Pa 7 a b	complete this item) Were all of the plan's assets during the plan year invested in eligith Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets	ole assets? (an independent and condition of the conditio	See instructions.) dent qualified public accountant (IQF ons.) F and must instead use Form 550 (a) Beginning of Year	PA)	Yes No Yes No (b) End of Year			
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6a b 7 a b c 8	complete this item) Were all of the plan's assets during the plan year invested in eligith Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	ole assets? (an independent of the condition of the condi	See instructions.) dent qualified public accountant (IQF ons.) F and must instead use Form 550 (a) Beginning of Year 18136	PA)	X Yes No X Yes No (b) End of Year			
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Pa 7 a b c 8 a	complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	ole assets? (an independent of the condition of the condi	See instructions.) dent qualified public accountant (IQF ons.) F and must instead use Form 550 (a) Beginning of Year 18136	PA)	(b) End of Year (b) Total			
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Pa b c B a b c d d e	complete this item) Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ole assets? (an independent and condition of the conditio	See instructions.) See instructions.) dent qualified public accountant (IQF ons.) (a) Beginning of Year 18136 (a) Amount 495	1 1 2	(b) End of Year (b) Total			
Part Part Part Part Part Part Part Part	complete this item) Were all of the plan's assets during the plan year invested in eligith Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	ole assets? (an independent and condition of the conditio	See instructions.) See instructions.) dent qualified public accountant (IQF ons.) (a) Beginning of Year 18136 (a) Amount 495	1 1 2	(b) End of Year (b) Total			
Pa b c 8 a b c d e f g	Complete this item) Were all of the plan's assets during the plan year invested in eligith Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Other expenses	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	See instructions.) See instructions.) dent qualified public accountant (IQF ons.) (a) Beginning of Year 18136 (a) Amount 495	1 1 2	(b) End of Year (b) Total			

	Form 5500-SF 2011 Page 2 -							
D	IV Play Characteristics							
Par 9a	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions:	***************************************	
	2E 2G 2J 2F							
b	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cteristi	c Cod	es in t	ne instruct	ions:		
					Manager and the second			
Part			Van	No	I			
10	During the plan year:		Yes	No		Amou	ınt	
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			Х				
-	on line 10a.)	10b		Λ				
С	Was the plan covered by a fidelity bond?	10c	X				100	0000
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		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,							
	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				Anthonory depote the Contactors
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	Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	lule SE	3 (Form		Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	th	and e	enter th Day	ne date of	the lett Year	er rulir	ng ——
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	425	T			
b	Enter the minimum required contribution for this plan year		1	12b	-			
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 result (enter a minus sign to the left negative amount)	or a		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□ N	οΠ	N/A
_				Augustions	ATT			-
Part	Has a resolution to terminate the plan been adopted in any plan year?			X,	Yes 🗍	No	**************************************	description of the second seco
130	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a		Louise	<u> </u>		0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol				
a	of the PBGC?					X	Yes	No
С	which assets or liabilities were transferred. (See instructions.)	ne pia	11(3) 10					
	3c(1) Name of plan(s):		13	c(2) E	IN(s)	1	3c(3)	PN(s)
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	use is	estab	lished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Felieva Freeman	06/22/2012	Felicia Freeman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SION	*		
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor