Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

		• •	Complete all entries in a	iccordance with the instru	ictions to the Form 550	10-SF.		
	art I		Identification Information	າ				
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/0	1/2012	and ending	12/31/2	2012	
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_	
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
			special extension (enter des	cription)				
Pá	art II	Basic Plan Info	rmation—enter all requested in	nformation				
	Name of	•				1b	Three-digit	
CHAI	PEL HIL	L PRESBYTERIAN C	HURCH 401(K) PLAN				plan number	004
						4 -	(PN) •	001
						10	Effective date of 01/01/	•
2a	Plan sp	onsor's name and ad	dress; include room or suite num	per (employer, if for a single	e-employer plan)	2b	Employer Identif	
CHA	PEL HIL	L PRESBYTERIAN C	CHURCH	(1) /	, , , ,		(EIN) 91-092	
						2c	Sponsor's telep	hone number
	BOX 82	9 R, WA 98335					253-851	
GIG	HARBU	K, WA 96333				2d	Business code (
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spor	nsor Name Same as Pla	ın Sponsor Address	3b	Administrator's E	
-			Mada a rian opo.		оролоол лаалооо			
						3с	Administrator's t	elephone number
4	If the n	ama and/or FINI of the	a plan apanear has shanged sines	the last return/report filed	for this plan, aptor the	46	FINI	
_			e plan sponsor has changed since mber from the last return/report.	e the last return/report med i	ioi tilis piari, eriter tile	40	EIN	
а		or's name	· 			4c	PN	
5a	Total n	number of participants	at the beginning of the plan year			5a		47
b	Total n	number of participants	at the end of the plan year			5b		51
С			account balances as of the end o		•	5c		19
6a			s during the plan year invested in					X Yes No
b		•	the annual examination and repo	•	•			
	under	29 CFR 2520.104-463	? (See instructions on waiver eligi	bility and conditions.)				X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.	
Cau	ution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is	established.	
			her penalties set forth in the instru					
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	t, and i	to the best of my	knowledge and
	0.,			1	T			
SIG		Filed with authorized/	valid electronic signature.	03/06/2013	BETSY HUNT			
HEI	KE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIG								
HEI		Signature of emplo	* : :	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
Pre	parer's i	name (including firm n	ame, if applicable) and address;	include room or suite number	er (optional)	Prep	arer's telephone	number (optional)

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear		
a	Total plan assets	7a	41137				(2) 2		509559	9	
	Total plan liabilities	7b		0			0				
	Net plan assets (subtract line 7b from line 7a)	7c	41137					ļ	509559	9	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(6)	Total			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	3631	18							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	6186	64							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							98182	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
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							-)	
	Net income (loss) (subtract line 8h from line 8c)	8i							9818	2	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:			
Par	•					T	ı				
10	During the plan year:				Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					100	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See		X						
	instructions.)			10e	^						542
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11											
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and	enter th Day	ne date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo										
b	Enter the minimum required contribution for this plan year					12b					

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	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 of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Repo	rt Identification Information				
For calend	dar plan year 2012 o	r fiscal plan year beginning	01/01/2012	and ending	12/31/2	2012
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-p	articipant plan
B This re	eturn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descri	ription)			
Part II	Basic Plan In	formation—enter all requested inf	formation			
1a Name					1b Three-digit	
		TERIAN CHURCH 401(K)	PLAN		plan numb	er 001
					1c Effective d	
					01/01/1	
2a Plans	sponsor's name and	address; include room or suite numbe	er (employer, if for a single-e	employer plan)	2b Employer I	dentification Number
CHAPEL	HILL PRESBY	TERIAN CHURCH			(EIN) 91-	0927730
D 0 F	007 000					telephone number
P.O. E	3OX 829				253-851	ode (see instructions)
GIG HA	ARBOR	WA 98335			813000	ode (see instructions)
		and address XSame as Plan Spons	sor Name XSame as Plan	Sponsor Address	3b Administrat	tor's EIN
					3C Administrat	tor's telephone number
		the plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b EIN	
	e, EIN, and the plan i sor's name	number from the last return/report.			4c PN	
		nts at the beginning of the plan year			5a	47
b Total	number of participar	nts at the end of the plan year			5b	51
c Numl	ber of participants wi	th account balances as of the end of	the plan year (defined benef	it plans do not		
	in the second of the second second second				5c	19
		ets during the plan year invested in e				X Yes No
		r of the annual examination and repor 46? (See instructions on waiver eligib				X Yes No
		either line 6a or line 6b, the plan o				
Caution:	A penalty for the la	te or incomplete filing of this return	n/report will be assessed u	inless reasonable cau	use is establishe	d.
Under per	nalties of periury and	other penalties set forth in the instruc	ctions, I declare that I have e	xamined this return/re	port, including, if a	applicable, a Schedule
	edule MB completed true, correct, and co	and signed by an enrolled actuary, a	as well as the electronic vers	ion of this return/report	t, and to the best of	of my knowledge and
	1 47 4-	11/1	1.01/1-	2016	1620h	
SIGN HERE	X Party	18ne	12/6/13	136134 B	70111	
HEKE	Signature of plan	n administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE	Signature of emp	oloyer/plan sponsor	Date			ployer or plan sponsor
Preparer's	name (including firr	n name, if applicable) and address; in	nclude room or suite number	(optional)	Preparer's telep	hone number (optional)

Pa	t III Financial Information						**	
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	7a	4.	1137	7		509559	
b	Total plan liabilities	7b			0		0	
С	Net plan assets (subtract line 7b from line 7a)	7c	41	1137	7		509559	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
-	(2) Participants	8a(2)	3	3631	8		*	
	(3) Others (including rollovers).	8a(3)			0			
b	Other income (loss)	8b		5186	4			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					98182	
	Benefits paid (including direct rollovers and insurance premiums							
-	to provide benefits)	8d			0			
	Certain deemed and/or corrective distributions (see instructions)	8e			0			
,	Administrative service providers (salaries, fees, commissions)	8f			0			
	Other expenses	8g			Ť		0	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i			+		98182	
+	Net income (loss) (subtract line 8h from line 8c)							
1	t IV Plan Characteristics	8j				_		
b	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 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Par 10	t V Compliance Questions During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fidure)	tions within	n the time period described in	10a		х	7 11100110	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х		
				10c	Х		100000	
d		fidelity bo	nd, that was caused by fraud	10d		х		
е		ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e	Х		542	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
T	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х		
-i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required 1-3	d notice or one of the	10i				
Par								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sche	dule SE	G (Form Yes No	
118	11a Enter the amount from Schedule SB line 39							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	a 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 letter ruling granting the waiver							
	granting the waiver	***********		ici)				
	you completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year	e MB (For	rm 5500), and skip to line 13.			12b		

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	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 of a negative amount).	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	=	
	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			:::
	Name of trust	14b ⊤r	ust's EIN	