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

2012

This Form is Open to Public Inspection

	01101011 20	mon Guaranty Corporation	<u> </u>	Complete all entries in a	ccordance wit	th the instruc	tions to the Form 550	<u>0-SF.</u>		
P	art I	Annual Report I	dent	tification Information						
For	calenda	ar plan year 2012 or fis	cal pla	an year beginning 01/01	/2012		and ending 1	12/31/2	2012	
Α	This reti	urn/report is for:	X a	single-employer plan	a multiple	e-employer pl	an (not multiemployer)		a one-partici	pant plan
		urn/report is:	th	e first return/report	the final	return/report			_	
			aı	n amended return/report	a short pl	an year returr	n/report (less than 12 m	onths))	
С	Check b	oox if filing under:	F	orm 5558	automati	c extension			DFVC progra	am
			sp	pecial extension (enter desc	cription)					
Pa	art II	Basic Plan Infor	mat	ion—enter all requested in	formation					
1a	Name	of plan						1b	Three-digit	
BUCI	KY BEA	VER RETIREMENT PL	LAN						plan number	
									(PN) •	001
								1c	Effective date o	•
			dress;	include room or suite numb	er (employer,	if for a single-	employer plan)	2b	Employer Identi	
BUC	KY BEA	VER PRE-SCHOOL							(=114)	17679
4000		T. I. A. I. E.						2c	Sponsor's telep	
		TH AVE. N.E. WA 98034						2d		(see instructions)
									61100	
3a	Plan ad	dministrator's name and	d add	ress XSame as Plan Spon	sor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
								30	Administrator's	telephone number
									/ aministrator 5	telephone number
4				sponsor has changed since	the last return	/report filed fo	or this plan, enter the	4b	EIN	
•			nber fr	om the last return/report.				4c	DNI	
		or's name	at the	beginning of the plan year.					PN	2
b				end of the plan year				5a 5b		2
c				nt balances as of the end of				30		
						•	•	5c		2
6a				g the plan year invested in						X Yes No
b				nnual examination and repo						V va □ Na
				instructions on waiver eligib	-					X Yes No
				ne 6a or line 6b, the plan						
				omplete filing of this retur						
				nalties set forth in the instruned by an enrolled actuary, a						
		rue, correct, and comp		ied by an emolied actuary, o	as well as tile t	electionic vers	sion of this return/repon	ı, anu	to the best of my	knowledge and
		Filed with authorized/valid electronic signature. 03/07/2013 SHARON V. M		CHADON V MACHIE						
SIG							SHARON V. MAGHIE			
		Signature of plan ac	ımınıs	strator	Date		Enter name of individ	ual sig	gning as plan adr	ninistrator
SIG		0					F			
		Signature of employ		an sponsor f applicable) and address; ii	Date		Enter name of individ			er or plan sponsor number (optional)
. 10	puioi 3 i	namo (molading ilili lie	, I	i applicable, alla addices, il	iolado room or	Salto Hallibel	(optional)	' ' ' '	a.o. o totoprione	nambor (optional)

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Pai	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of	Year	
a	Total plan assets	7a	6278			. ,	95020	
	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	6278	80			95020	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
	Contributions received or receivable from:		,			`		
	(1) Employers	8a(1)	3224	.0				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					32240	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i					32240	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2T 3D	feature co	des from the List of Plan Char	acteris	tic Codes in	n the instruction	าร:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Codes in	the instructions	3:	
D	V Compliance Questions							
Par	<u> </u>			1	Yes No	<u> </u>		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions withi	n the time period described in		res No	An	nount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a	X	<u> </u>		
	on line 10a.)			10b	X			
С	Was the plan covered by a fidelity bond?			10c	X			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d	X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X			
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 a			10g	X			
— 9 h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR		X			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						Yes No	
<u>11a</u>	Enter the amount from Schedule SB line 39				11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 302 o	f ERISA?	Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	and enter bay		letter ruling ear	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		1	1		
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 the Internal Revenue Code (the Code).

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

2012

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information					
For calenda	r plan year 2012 or	fiscal plan year beginning 01/01	/2012	and ending 1	2/31/2	012	
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	ſ	a one-particij	pant plan
B This reti	urn/report is:	the first return/report	the final return/report			====	
		an amended return/report	a short plan year return	report (less than 12 mg	onths)		
C Check h	oox if filing under:	Form 5558	automatic extension	occus • Sees West • • No Competer - Velocity Resident - Million Addition	Ī	DFVC progra	am
O OHOUR E	ox ii iiiiig anoor.	special extension (enter descr			N ₂	_ by vo progre	A113
Part II	Pacie Plan Inf	ormation—enter all requested inf					
1a Name		officiation—enter all requested in	ormation	T	1 h	TL	T
	VER RETIREMENT	T DI AN				Three-digit plan number	
BOOK! BEA	A CIVINCIALIA	LON		,		(PN) •	001
					1c	Effective date o	
2a Plan sp BUCKY BEA	oonsor's name and a VER PRE-SCHOOL	address; include room or suite number	er (employer, if for a single-e	employer plan)		Employer Identi (EIN) 91201	fication Number
					-	Sponsor's telep	hone number
	TH AVE. N.E.				2d		(see instructions)
3a Plan ac		and address X Same as Plan Spons	sor Name Same as Plan	Sponsor Address	3h	Administrator's	
		The second secon					
					3c	Administrator's	telephone number
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b	EIN	
a Spons	and the second section of the second	E N E E E E E E E E E E E E E E			4c	PN	
5a Tolal r	number of participan	ts at the beginning of the plan year		**************	5a		2
b Total r	number of participant	ts at the end of the plan year			5b	d lengton	2
		h account balances as of the end of			5c		2
6a Were	all of the plan's asse	ets during the plan year invested in e	eligible assets? (See instruct	ions.)			X Yes No
b Are yo	ou claiming a waiver	of the annual examination and report	rt of an independent qualifie	d public accountant (IQI	PA)		
		6? (See instructions on waiver eligib					X Yes No
Section Control of the Control of th		either line 6a or line 6b, the plan of				***************************************	
		e or incomplete filing of this return					
SB or Sche	alties of perjury and dedule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary, a mplete.	ctions, I declare that I have to as well as the electronic vers	examined this return/report	oort, in , and t	cluding, if applic o the best of my	cable, a Schedule / knowledge and
SIGN	x		12/2/2013	1 Grann V	/ 1	Maghie	
HERE	Signature of plan	administrator	Date	Enter name of individu			
SIGN						imig de piati da	Minioti Etol
HERE	Cinnoture of one	Javarinian ananaar	Data	Fotos et la atida			
Preparer's		oloyer/plan sponsor n name, if applicable) and address; in	Date Clude room or suite number	Enter name of individu			er or plan sponsor e number (optional)
1.555,0,0		worse assessed that the following state of the state of t	The state of the s		,	- Si o tolophone	, mannoci (optional)
							-

Pai	t III Financial Information							
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a	Total plan assets	7a	6278	0		200		95020
b	Total plan liabilities	7b		25575			THE RESERVE TO SERVE	
C	Net plan assets (subtract line 7b from line 7a)	7c	6278	0				95020
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	l
a	Contributions received or receivable from: (1) Employers	8a(1)	32240)				
	(2) Participants	8a(2)	No.	12.0100				3
	(3) Others (including rollovers)	8a(3)	NA					
b	Other income (loss)	8b						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					5000 P. S.	32240
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e	N 10 10 10 10 10 10 10 10 10 10 10 10 10					
f_	Administrative service providers (salaries, fees, commissions)	8f			3.28 5			
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		- 400				
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					50000 TON	32240
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics		SCA COLOR					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ns;
9	2A 2E 2G 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	ealure cod	les from the List of Plan Charac	cterist	ic Cod	les in th	e instructions	i.
Day	L. Compliance Questions					100		
Par	V Compliance Questions							
40								
10	During the plan year:	diana wilhi	the time project described to		Yes	No	An	nount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a	Yes	No X	An	nount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Cor l? (Do not	rection Program)include transactions reported	10a 10b	Yes	20.00	An	nount
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a b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	include transactions reported include transactions reported include transactions reported include transactions reported includes that was caused by frauding its by an insurance carrier, efits under the plan? (See	10b 10c	Yes	x x x	An	nount
a b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	include transactions reported include transactions reported include transactions reported include transactions reported includes that was caused by frauding its by an insurance carrier, efits under the plan? (See	10b 10c 10d	Yes	x x x	An	nount
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a b c d e f g h i Part	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidit Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bother person of the benting (See instruction). The required in the r	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X X Adule SB	(Form	
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a b c d d e f g h i 11a 11a 11a 12	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidit Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.). If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (VI) Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding the subject to the minimum funding subject to	fidelity bother person of the ben of year of year of the require o	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the Yes," see instructions and coments of section 412 of the Code cable.)	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schec	X X X X X X X Adule SB	ERISA?	Yes No
a b c d d e e f g h 11 112 12 a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidit Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bother person of the benton (See instruction). The require of the tenton of the require of the require of the require of the tenton of the require	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schec	X X X X X X X A X A A A A A A A A A A A	ERISA?	Yes No Yes X No
a b c d d e e f g h 11 112 12 a If	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidit Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at if this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.) VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	fidelity bother person of the bentan? (See instruction in the interpretation in the int	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schec	X X X X X X X A X A A A A A A A A A A A	ERISA?	Yes No Yes X No

	Form 5500-SF 2012 Page 3 - 1	<u></u> -		
С	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 PBGC?	e 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 which assets or liabilities were transferred. (See instructions.)	s) to	855	
. 1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
	VIII Trust Information (optional)		.,,,,,,	
14a	Name of trust	14b T	rust's EIN	