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

		identification information								
For calend	lar plan year 2012 or fi	scal plan year beginning 01/01	1/2012	and ending 1	2/31/2	2012				
A This re	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	oloyer) a one-participant plan					
B This re	turn/report is:	the first return/report	the final return/report	t						
		an amended return/report	a short plan year ret	ırn/report (less than 12 m	onths)	ı				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım			
	3	special extension (enter desc	cription)							
Part II	Rasic Plan Info	prmation—enter all requested in	. ,							
1a Name	•	- enter all requested in	nomation		1b	Three-digit				
	•	EAGUES, INC. 401(K) PLAN				plan number				
		· · · · · · · · · · · · · · · · · · ·				(PN) •	001			
					1c	Effective date of 01/01/	•			
2a Plan s	sponsor's name and ad UND BASKETBALL LE	dress; include room or suite numb EAGUES, INC	ber (employer, if for a singl	e-employer plan)	2b Employer Identification Number (EIN) 20-0385074					
1550 W AD	RMORY WAY				2c	2c Sponsor's telephone number 206-632-4667				
	WA 98119-2744				2d		see instructions)			
						71121	,			
	administrator's name ar			an Sponsor Address	3b	Administrator's I	EIN 85074			
UGET SOU	ND BASKETBALL LEA		ARMORY WAY E, WA 98119-2744		3c	Administrator's t	telephone number			
						206-632	2-4667			
4										
		e plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b	EIN	4b EIN			
name, EIN, and the plan number from the last return/report. a Sponsor's name					4c PN					
	or's name				4c	PN				
a Spons		at the beginning of the plan year.				PN	4			
a Spons 5a Total	number of participants				4c 5a 5b	PN	4 3			
a Spons5a Totalb Totalc Numb	number of participants number of participants per of participants with	at the beginning of the plan year at the end of the plan year	f the plan year (defined be	nefit plans do not	5a	PN				
a Spons5a Totalb Totalc Numb comp	number of participants number of participants per of participants with plete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (defined be	nefit plans do not	5a 5b 5c		3			
a Spons5a Totalb Totalc Number comp6a Were	number of participants number of participants per of participants with plete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (defined be	nefit plans do not	5a 5b 5c		3			
a Spons5a Totalb Totalc Numbercomp6a Wereb Are year	number of participants number of participants per of participants with plete this item)	s at the beginning of the plan year state at the end of the plan year	f the plan year (defined be eligible assets? (See instroort of an independent quali	nefit plans do not uctions.)	5a 5b 5c		3			
 a Spons 5a Total b Total c Number comp 6a Were b Are younder 	number of participants number of participants per of participants with plete this item)e all of the plan's asset ou claiming a waiver or 29 CFR 2520.104-46	s at the beginning of the plan year state at the end of the plan year	f the plan year (defined be eligible assets? (See instruct of an independent quali bility and conditions.)	nefit plans do not uctions.)fied public accountant (IQ	5a 5b 5c		3 X Yes No			
a Spons 5a Total b Total c Numb comp 6a Were b Are y under	number of participants number of participants per of participants with plete this item)	s at the beginning of the plan year state at the end of the plan year	f the plan year (defined be eligible assets? (See instruct of an independent qualibility and conditions.)	nefit plans do not uctions.) fied public accountant (IQ	5a 5b 5c PA)	5500.	3 X Yes No			
a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you Caution: A Under pen SB or Sche	number of participants number of participants per of participants with plete this item)	s at the beginning of the plan year at the end of the plan year	f the plan year (defined be eligible assets? (See instruct of an independent qualibility and conditions.)	nefit plans do not uctions.) fied public accountant (IQ F and must instead use d unless reasonable cau e examined this return/rep	5a 5b 5c PA) Formuse is	5500. established. ncluding, if applic	3 X Yes No X Yes No able, a Schedule			
a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you Caution: A Under pen SB or Sche belief, it is	number of participants number of participants over of participants with plete this item)	s at the beginning of the plan year at the end of the plan year	f the plan year (defined be eligible assets? (See instruct of an independent qualibility and conditions.)	nefit plans do not uctions.) fied public accountant (IQ F and must instead use d unless reasonable cau e examined this return/rep	5a 5b 5c PA) Formuse is	5500. established. ncluding, if applic	3 X Yes No X Yes No able, a Schedule			
a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you Caution: A Under pen SB or Sche belief, it is	number of participants number of participants over of participants with plete this item)	s at the beginning of the plan year at the end of the plan year	eligible assets? (See instruct of an independent qualibility and conditions.)	prefit plans do not puctions.)	5a 5b 5c PA) Form ise is	5500. established. ncluding, if applic to the best of my	3 X Yes No X Yes No Able, a Schedule knowledge and			
a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you Caution: A Under pen SB or Sche belief, it is	number of participants number of participants vith plete this item)	s at the beginning of the plan year at the end of the plan year	eligible assets? (See instruct of an independent qualifibility and conditions.) cannot use Form 5500-S rn/report will be assesse uctions, I declare that I hav as well as the electronic v	mefit plans do not uctions.) fied public accountant (IQ F and must instead use d unless reasonable cau e examined this return/repersion of this return/report	5a 5b 5c PA) Form ise is	5500. established. ncluding, if applic to the best of my	3 X Yes No X Yes No Able, a Schedule knowledge and			
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a Spons 5a Total b Total c Number comp 6a Were b Are younder lif you Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE	number of participants number of participants number of participants with olete this item)	s at the beginning of the plan year at the end of the plan year	eligible assets? (See instruct of an independent qualibility and conditions.) cannot use Form 5500-S rn/report will be assesse uctions, I declare that I have as well as the electronic vertical of the conditions. 07/30/2013 Date Date	refit plans do not cuctions.) F and must instead use d unless reasonable cau e examined this return/report TIMOTHY A. KERNS Enter name of individue	5a 5b 5c PA) Formuse is soort, ir , and	5500. established. ncluding, if applicate the best of my	3 X Yes No X Yes No Able, a Schedule knowledge and			
a Spons 5a Total b Total c Number comp 6a Were b Are younder lif you Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE	number of participants number of participants number of participants with olete this item)	s at the beginning of the plan year at the end of the plan year	eligible assets? (See instruct of an independent qualibility and conditions.) cannot use Form 5500-S rn/report will be assesse uctions, I declare that I have as well as the electronic vertical of the conditions. 07/30/2013 Date Date	refit plans do not cuctions.) F and must instead use d unless reasonable cau e examined this return/report TIMOTHY A. KERNS Enter name of individue	5a 5b 5c PA) Formuse is soort, ir , and	5500. established. ncluding, if applicate the best of my	3 X Yes No X Yes No Able, a Schedule knowledge and			

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Pai	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year						
a	Total plan assets	7a	2391		50703							
	Total plan liabilities	7b		0				0				
	Net plan assets (subtract line 7b from line 7a)	7c	2391	23919					50703	3		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total					
	Contributions received or receivable from:		(a) runount				(2)	Total				
	(1) Employers	8a(1)	822	21								
	(2) Participants	8a(2)	1700	00								
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	8b	283	32								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28053	3		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	126	69								
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							126	9		
	Net income (loss) (subtract line 8h from line 8c)	8i				26784						
	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics	, oj										
	If the plan provides pension benefits, enter the applicable pension 2A 2F 2G 2J 2K 2T 2E	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions	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:				
Part	V Compliance Questions											
10	<u> </u>				Yes	No		A	4			
a	During the plan year: Was there a failure to transmit to the plan any participant contributions.	tions withi	n the time period described in		163	NO		Ame	ount			
	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X						
D	on line 10a.)			10b		Χ						
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 other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See			100	X						40	
	instructions.)			10e 10f		X					18	
f	Has the plan failed to provide any benefit when due under the plan?											
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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											
Part	VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)												
11a												
12									No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)									
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 e	enter th Day	ne date of	the le		ling		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.									
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	

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SHOLL FOLLI WILLIAM VERRILLINGS FOLL OF SHIRLI PHOPOSE 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).

2012

1210-0089

This Form is Open to Public Inspection

Pension Be	nefit Guaranty Corporation	▶ Complete all entries in acco	ordance	with the	instruc	tions to the Form 550	0-SF.				
Part I		Identification Information		1100							
For calenda	r plan year 2012 or fis	scal plan year beginning (01/01/	/2012		and ending		12/31/2012	2		
	urn/report is for:	a single-employer plan				an (not multiemployer)	oyer) a one-participant plan				
B This reti	arn/report is:	the first return/report		nal returni							
		an amended return/report	a shor	t plan yea	ir return	/report (less than 12 m	, ,				
C Check b	ox if filing under	Form 5558	auton	natic exte	nsion		DFVC program				
		special extension (enter descrip	tion)								
Part II	Basic Plan Info	rmation—enter all requested infor	mation				100				
1a Name	of plan						1b	Three-digit			
PUGET SOUND BASKETBALL LEAGUES, INC. 401(K) PLAN								plan number (PN)	001		
							1c Effective date of plan				
							01/01/2011				
2a Plan sr	onsor's name and ad	dress; include room or suite number	(employ	er, if for a	single-	employer plan)	2b Employer Identification Number				
PUGET S	SOUND BASKETBA	ALL LEAGUES, INC			_	4	(EIN) 20-0385074				
							2c Sponsor's telephone number				
1,550 W.	ARMORY WAY						206-632-4667				
							2d Business code (see instructions)				
SEATTLE		WA 98119-2744					21-	711210	File		
		nd address Same as Plan Sponso	r Name	Same	as Plan	Sponsor Address	30	Administrator's 20-038507			
PUGET S	SOUND BASKETBA	ALL LEAGUES, INC					3c Administrator's telephone number				
								206-632-4	567		
1550 W.	ARMORY WAY										
		00 T G DD44									
SEATTLE		WA 98119-2744					41				
4 If the n	ame and/or EIN of the	a plan sponsor has changed since the mber from the last return/report.	e last ret	turn/repor	t filed fo	r this plan, enter the	40	EIN			
a Sponso		tibel from the last return report.					4c	PN			
The second second		at the beginning of the plan year					5a		4		
		at the end of the plan year							3		
		account balances as of the end of th					-				
compl	ete this item)	Becount Balances as of the one of the	······································		**********		5c		3		
6a Were	all of the plan's assets	s during the plan year invested in elig	gible ass	ets? (See	instruc	tions.)		i en en en en en en en en	X Yes No		
b Are vo	u claiming a waiver of	f the annual examination and report	of an ind	ependent	qualifie	d public accountant (IC	QPA)		X Yes No		
under	29 CFR 2520,104-46	? (See instructions on waiver eligibili	ty and co	onditions.)	FOA SE	and must instead use	Form	5500	Ed tes [] we		
		ither line 6a or line 6b, the plan ca									
Caution: A	penalty for the late	or incomplete filing of this return/	report w	IIII be ass	essea	uniess reasonable ca	use is	established.	rable a Schedule		
SB or Sche	ilties of perjury and of dule MB completed a	her penalties set forth in the instructi nd signed by an enrolled actuary, as	well as t	the electro	nic ver	sion of this return/repor	t, and	to the best of m	y knowledge and		
	rue, correct, and com										
080000	100			7/29	113	TIMOTHY A. KE	RNS				
SIGN	170				1,7			value or plan ad	minietrator		
	Signature of plan a	idministrator						idual signing as plan administrator			
SIGN HERE	4700			7 20	()	TIMOTHY A. KE					
	Signature of emplo	yer/plan sponsor		Date	aumho	Enter name of individ			er or plan sponsor e number (optional)		
Preparer's	name (including firm r	name, if applicable) and address; inc	iuae rooi	iii oi suite	numbe	(optional)	1	salet a felebilous	Silanico (optional)		
							150				
							1				