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

2013

This Form is Open to Public Inspection

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1 0	art I	Annual Report	Identification Inform	nation					
For	calenda	ar plan year 2013 or fis	cal plan year beginning	01/01/2013		and ending	12/31/	2013	
Α .	This ret	turn/report is for:	a single-employer plan	n 🔲 a	a multiple-employer p	an (not multiemployer))	a one-particip	pant plan
В .	This ret	turn/report is:	the first return/report	X t	he final return/report				
			an amended return/re	port a	short plan year return	n/report (less than 12 r	nonths)	
C	Check b	box if filing under:	Form 5558	a	automatic extension			DFVC progra	am
			special extension (ent	er description)			_	
Pa	art II	Basic Plan Info	rmation—enter all reque	ested informat	ion				
1a	Name						1b	Three-digit	
CHAF	PEL HIL	L PRESBYTERIAN C	HURCH 401(K) PLAN					plan number	
							4-	(PN) •	001
							10	Effective date of 01/01/	•
		ponsor's name and add	dress; include room or suit	e number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Number
OI IAI		LETREODITERIANO	HOROH				20	(=::)	27730
P.O.	BOX 82	29					2C	Sponsor's telep	
		DR, WA 98335					2d	Business code (
32	Dlan a	dministrator's name an	d address XSame as Pla	n Sponsor Na	mo Deamo as Plar	Sponsor Address	3h	81300 Administrator's I	
Ja	riaii a	ummstrator s name an	u address Asame as Fia	ii Spoiisoi iva		Sporisor Address	36	Administrators	LIIN
							3с	Administrator's t	telephone number
4	If the r	name and/or EIN of the	plan sponsor has change	d since the las	st return/report filed for	or this plan, enter the	4b	EIN	
	name,	, EIN, and the plan nur	nber from the last return/re						
	•	or's name					4c	PN	
5a	Total r								
b			at the beginning of the pla	•			- 5a		51
_	Total r	number of participants	at the end of the plan year	·			5a 5b		51
С	Total r	number of participants er of participants with a	0 0 .	end of the pla	an year (defined bene	fit plans do not			
с 6а	Total r Numbe	number of participants er of participants with a lete this item)	at the end of the plan year account balances as of the	end of the pla	an year (defined bene	fit plans do not	5b 5c		0
c 6a b	Total r Number compl Were Are yo	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the during the plan year investige the annual examination at	end of the plants	an year (defined bene assets? (See instruction independent qualifie	fit plans do not tions.)	5b 5c		0 0 X Yes No
	Total r Number compl Were Are younder	number of participants with a lete this item)	at the end of the plan year account balances as of the during the plan year investite annual examination are (See instructions on waive	eend of the pla sted in eligible nd report of ar er eligibility ar	an year (defined bene assets? (See instruction independent qualifier and conditions.)	fit plans do not tions.)d public accountant (I	5b 5c		0
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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voa	r		
	Total plan assets	7a	(a) Degining of Tea		+		(b) Liid 0	ı ıca	0		
	Total plan liabilities	7b		0	+				0		
	Net plan assets (subtract line 7b from line 7a)	7c	50955	509559			0				
8	Income, Expenses, and Transfers for this Plan Year	,,,		(a) Amount			(b) To	tal			
	Contributions received or receivable from:		(a) Amount				(b) 10	lai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	1392	20							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6496	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						78	3880		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	58843	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						588	8439		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-509	9559		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	-,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
Par	t V Compliance Questions			,			T				
10	During the plan year:				Yes	No	,	\mou	ınt		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c	X				1	000	000
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	of the ben	efits under the plan? (See		X						400
	instructions.)			10e		Χ					480
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
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	· · · · · · · · · · · · · · · · · · ·										
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes	П	No
110	5500) and line 11a below)							Ц_	. 55	Ц_	0
	Enter the unpaid minimum required contribution for current year fr		,		-	11a	EDICAC		Voc	V	Nic
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	Ш	Yes	۸	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otiono	and a	ontor +1	o data of th	0 10#1	or ruli	nc	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	Day		e lette Year _	zı IUIII	ily	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					1				
l-	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -	. 1	
raye	J		

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust'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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		Identification Information								
For calenda	ar plan year 2013 or fi	iscal plan year beginning	01/01/2013	and ending	12/31/20	013				
A This ret	urn/report is for:	🛛 a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan					
	urn/report is:	the first return/report	x the final return/report							
11113100	arrivopore io.	an amended return/report	=	/report (less than 12 mo	onths)					
•		Form 5558	automatic extension		☐ DFVC pro	ngram				
C Check b	oox if filing under:		□ pi vo bio	-yarani						
		special extension (enter desc								
Part II		ormation—enter all requested in	formation		45 - 0.0					
1a Name		d	D1		1b Three-digit plan number					
Chapel	Hill Presbyt	(PN)	001							
					1c Effective dat	te of plan				
					01/01/19					
		ddress; include room or suite numb	er (employer, if for a single-	employer plan)		entification Number				
CHAPEL	HILL PRESBYT	ERIAN CHURCH			(EIN) 91-0					
P.O. BO	OX 829				2c Sponsor's to 253-851	•				
1.0. 2						de (see instructions)				
GIG HA	RBOR	WA 98335			813000	(,				
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor Name X Same as Plar	Sponsor Address	3b Administrato	or's EIN				
					3c Administrato	or's telephone number				
					O Administrate	or a telephone number				
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name	, EIN, and the plan nu	imber from the last return/report.								
	or's name				4c PN					
		s at the beginning of the plan year.			5a	51				
b Total r	number of participants	s at the end of the plan year			5b	0				
		account balances as of the end of			5c	0				
					4					
		ts during the plan year invested in				X Yes ∐ No				
b Are yo	ou claiming a waiver o	of the annual examination and repo 6? (See instructions on waiver eligit	bility and conditions.)	eu public accountant (ica		X Yes No				
If you	answered "No" to	either line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form 5500.					
						☐ Not determined				
C If the p	plan is a defined bene	fit plan, is it covered under the PB	GC insurance program (see	ERISA section 4021)?	Yes]No	[] Mot determined				
		efit plan, is it covered under the PB								
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	uniess reasonable cau	use is established					
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	use is established	oplicable, a Schedule				
Caution: A Under pena SB or Sche	A penalty for the late	or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	n/report will be assessed	unless reasonable cau	use is established	oplicable, a Schedule				
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Caution: A Under pena SB or Sche belief, it is	A penalty for the late alties of perjury and o edule MB completed a	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, inplete.	rn/report will be assessed actions, I declare that I have as well as the electronic ver	unless reasonable cau examined this return/rej sion of this return/report	use is established port, including, if ap t, and to the best of	oplicable, a Schedule f my knowledge and				
Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN	A penalty for the late alties of perjury and o edule MB completed a true, correct, and con	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, inplete.	cri/report will be assessed actions, I declare that I have as well as the electronic ver	examined this return/reportsion of this return/reports	use is established port, including, if ap t, and to the best of	oplicable, a Schedule f my knowledge and				
Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	A penalty for the lateralties of perjury and of edule MB completed a true, correct, and consideration of Signature of Man	e or incomplete filing of this return ther penalties set forth in the instruand signed by an enrolled actuary, applete. administrator oyer/plan sponsor	cn/report will be assessed actions, I declare that I have as well as the electronic ver	examined this return/reportsion of this return/report Betsy Hunt Enter name of individ	use is established port, including, if ap t, and to the best of th	oplicable, a Schedule f my knowledge and				
Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	A penalty for the lateralties of perjury and of edule MB completed a true, correct, and consideration of Signature of Man	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, inplete.	cn/report will be assessed actions, I declare that I have as well as the electronic ver	examined this return/reportsion of this return/report Betsy Hunt Enter name of individ	use is established port, including, if ap t, and to the best of dual signing as plan	pplicable, a Schedule f my knowledge and administrator				
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Par	t III Financial Information				_		
7	Plan Assets and Liabilities		(a) Beginning of Year		-		(b) End of Year
a	Total plan assets	7a	50	955	9		0
b	Total plan liabilities	7b			0		0
_ c	Net plan assets (subtract line 7b from line 7a)	7c	50	955	9		0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)			0		
	(2) Participants	8a(2)	1	L392	0		
	(3) Others (including rollovers)	8a(3)					
ь	Other income (loss)	8b	6	496	0		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					78880
d	Benefits paid (including direct rollovers and insurance premiums		5.8	3843	9		
	to provide benefits)	8d			-	-	
	Certain deemed and/or corrective distributions (see instructions)	8e			+	-	
	Administrative service providers (salaries, fees, commissions)	8f			-	-	
	Other expenses	8g	-	_	+		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	_		588439
	Net income (loss) (subtract line 8h from line 8c)				_		-509559
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 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
~	The distribution of the di						
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а		itions within	n the time period described in ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not i	nclude transactions reported	10b		х	
				10c	Х		100000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х	
е							
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х		480
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х	
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required	d notice or one of the	101			
Par							
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	nplete	Sche	dule SE	B (Form Yes No
11a	Enter the unpaid minimum required contribution for current year t					11a	
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	e or s	ection	302 of	ERISA? Yes X No
);	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortiz	ed in this plan year, see instru Mor	nth	s, and	enter ti Day	
	you completed line 12a, complete lines 3, 9, and 10 of Schedu						
b	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			
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?		Ye	s 1	No N/A
Part					
	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes [No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control 🔻 🗸 🗆			
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(2) E	IN(s)		13c(3) PN(s)
				-	
Part	VIII Trust Information (optional)				
	Name of trust	14b 1	rust's l	EIN	

Form 5500-SF 2013

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