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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		t Identification Informati	on				
For calend	ar plan year 2013 or t	fiscal plan year beginning 05	5/01/2013	and ending 1	2/31/	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employe	er plan (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	x the first return/report	the final return/repo	ort			
		an amended return/report	X a short plan year re	turn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extensio	n		DFVC progra	am
	· ·	special extension (enter d	escription)				
Part II	Basic Plan Info	ormation—enter all requested	d information				
1a Name					1b	Three-digit	
COMMUNIT	Y ACTION COUNCIL	OF LEWIS, MASON & THURS	TON COUNTIES 401(K) PL	.AN		plan number	
					10	(PN)	001
					10	Effective date o	∂τ pian /2013
2a Plan s	ponsor's name and a	ddress; include room or suite nu	umber (employer, if for a sing	gle-employer plan)	2b	Employer Identi	
		L OF LEWIS, MASON & THURS		, , , ,			18368
					2c	Sponsor's telep	hone number
	CLUB ROAD SE, SUI	TE 100				360-43	
LACEY, WA	. 98503-1048				2d		(see instructions)
22 Dian a	dministrator's name s	and address Verms as Disn Cu	annor Namo Deamo ao I	Non Changer Address	3h	81300 Administrator's	
Ja Plali a	idministrators name a	and address XSame as Plan Sp	Johsof NameSame as F	Plan Sponsor Address	30	Auministrators	LIIN
					3с	Administrator's	telephone number
4 If the r	name and/or EIN of th	ne plan sponsor has changed sir	nce the last return/report file	d for this plan, enter the	4b	EIN	
		umber from the last return/report	ί.	, .			
	or's name					PN	
_		s at the beginning of the plan ye			5a		0
		s at the end of the plan year			5b		45
		account balances as of the end			5c		35
6a Were							
	all of the plan's asse	ts during the plan year invested	in eligible assets? (See inst				X Yes No
	ou claiming a waiver	of the annual examination and re	eport of an independent qua	tructions.)lified public accountant (IQ	 PA)		X Yes No
under	ou claiming a waiver of 29 CFR 2520.104-46	of the annual examination and re	eport of an independent qua ligibility and conditions.)	tructions.)lified public accountant (IQ	PA)		
under If you	ou claiming a waiver of 29 CFR 2520.104-46 a answered "No" to o	of the annual examination and re 6? (See instructions on waiver eleither line 6a or line 6b, the pla	eport of an independent qua ligibility and conditions.) an cannot use Form 5500-	tructions.) ilified public accountant (IQ SF and must instead use	PA) Form	n 5500.	X Yes No X Yes No
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under If you C If the p	ou claiming a waiver of 29 CFR 2520.104-46 a resume to common to common to common the later to common the	of the annual examination and re 6? (See instructions on waiver eleither line 6a or line 6b, the pla efit plan, is it covered under the le or incomplete filing of this re	eport of an independent qua ligibility and conditions.) an cannot use Form 5500- PBGC insurance program (s eturn/report will be assesse	ructions.)	PA) Form	n 5500. Yes No established.	X Yes No X Yes No Not determined
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of \	ear		_
a	Total plan assets	. 7a		0			(8) =1.		061267	7	
	Total plan liabilities	. 7b									
	Net plan assets (subtract line 7b from line 7a)	7c		0				1	061267	7	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota			
	Contributions received or receivable from:		(a) runount				(2)	· Ota			
	(1) Employers	8a(1)	5563	8							
	(2) Participants	8a(2)	3099	2							
	(3) Others (including rollovers)	. 8a(3)	92182	.0							
b	Other income (loss)	. 8b	8909	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	097545		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3620	3							
e	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	7	5							
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							36278	3	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						1	06126	7	
j	Transfers to (from) the plan (see instructions)	- 8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2G 2F 2J 2K 2T 3D 2E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	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	les in t	he instru	ctions			
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in			-110		All	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Corr	ection Program)	10a		X					
Ι.	on line 10a.)	•	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					30064	16
				100						30004	.0
	or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all		' '	100	X					14	ın
	instructions.)			10e		X				- 17	.0
				10f							
			<u> </u>	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	,										
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							<u></u> Г	Yes	Пи	lo
	,										
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
							ERISA?	Т Г	Yes	X	Ю
11a	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code				ERISA?		Yes	X	ю
12	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 being	requireme , as applicang amortize	ents of section 412 of the Code able.) ed in this plan year, see instruc	or se	ection	302 of		f the I	etter ru		10
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	requireme , as applicang amortize	ents of section 412 of the Code able.) ed in this plan year, see instru Mon	or se	ection	302 of			etter ru		10

Page	3 -		1
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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?	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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b 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).

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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	Annual Report Identification Information					
For caler		5/01/2013	and ending	12/31/20	13	
A This i	eturn/report is for: 🛛 a single-employer plan	a multiple-employer pla	n (not multiemployer)	a one-parti	cipant plan	
B This	eturn/report is: X the first return/report	the final return/report				
	an amended return/report	X a short plan year return/	report (less than 12 mo	onths)		
C Chec	k box if filing under: Form 5558	automatic extension		DFVC prog	ıram	
	special extension (enter description)	tion)		_		
Part II	Basic Plan Information—enter all requested inform	mation				
1a Nam				1b Three-digit		
	nity Action Council of Lewis, Mason	& Thurston Coun	ties 401(k)	plan number	001	
Plan				(PN) 1c Effective date		
				05/01/203		
2a Plan	sponsor's name and address; include room or suite number ((employer, if for a single-e	mployer plan)	2b Employer Ide	ntification Number	
Commu	nity Action Council of Lewis, Mason	& Thurston Count	ties	(EIN) 91-08	318368	
				2c Sponsor's tel	•	
420 G	olf Club Road SE, Suite 100			360-438-		
Tagar	WA 98503-1048			813000	e (see instructions)	
Lacey	administrator's name and address Same as Plan Sponsor	Name XSame as Plan	Sponsor Address	3b Administrator	's EIN	
Ja Fiai	auministrator s marie and address Zoame as Fran opensor	Mounto and idin	oponiour riddiood			
				3c Administrator's telephone number		
4 If th	aname and/or EIN of the plan sponsor has changed since the	e last return/report filed for	this plan, enter the	4b EIN		
nan	e name and/or EIN of the plan sponsor has changed since the ne, EIN, and the plan number from the last return/report.	e last return/report filed for	this plan, enter the			
nan a Spo	ne, EIN, and the plan number from the last return/report. nsor's name			4c PN		
a Spo	ne, EIN, and the plan number from the last return/report. Insor's name al number of participants at the beginning of the plan year			4c PN 5a	0	
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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T		(b) End of Year
	Total plan assets	7a	(4) 203,		0		1061267
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c			0		1061267
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		Late				
	(1) Employers	8a(1)		5563			
-	(2) Participants	8a(2)		3099	_	_	
	(3) Others (including rollovers)	8a(3)		2182	_		
b	Other income (loss)	8b		8909	5	-12	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- 0	+		1097545
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	3620	3		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>_f</u>	Administrative service providers (salaries, fees, commissions)	8f		7	5		
g	Other expenses	8g		2.79			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+		36278
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i			+		1061267
	Transfers to (from) the plan (see instructions)	8j				E.	
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2G 2F 2J 2K 2T 3D 2E	feature cod	les from the List of Plan Char	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 Chara	cteristi	c Cod	les in ti	he instructions:
Par 10	the desired to the second seco				Yes	No	Amount
-10 a				400	103	х	Amount
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.) Were there any nonexempt transactions with any party-in-interest	? (Do not in	nclude transactions reported	10a 10b		х	
-	on line 10a.)			\Box	77		200646
	1.7(0.7)150000004-0000		AND THE STATE OF T	10c	Х		300646
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,		10d		Х	
E	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e	х		140
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X	
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		х	
ŀ		(See instru	ctions and 29 CFR	10g		х	
i	If 10h was answered "Yes," check the box if you either provided to	he required	notice or one of the	101			216 TO 11
Par	exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance	1-0		101			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,					1 1 N- 1 N-
11:	Enter the unpaid minimum required contribution for current year fi				\neg	11a	
12	Is this a defined contribution plan subject to the minimum funding					Hints Dati II	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			_ 5. 00	,,,,,,,,		
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortize	ed in this plan year, see instru		and o	enter the Day	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedul					Duy	, 00.1
	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2013	Page 3 -					
				12c	ľ		
<u>c</u>		plan for this plan year		120			
d		ine 12b. Enter the result (enter a minus sign to the left		12d			
е	Will the minimum funding amount reported on line 12	2d be met by the funding deadline?			Yes	No [N/A
Part	VII Plan Terminations and Transfers o	of Assets					
13a	Has a resolution to terminate the plan been adopted in a	any plan year?			res X No	ı	
	If "Yes," enter the amount of any plan assets that rev	verted to the employer this year		13a			
b		r beneficiaries, transferred to another plan, or brought ι		control		Yes	X No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See inst	transferred from this plan to another plan(s), identify the tructions.)	e plan(s) t	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			14 b ⊤	rust's EIN		
			1				