Form 5500-SF		Short Form Annual Re	yee	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service		B This form is required to be filed		- 2	2013						
	partment of Labor mefits Security Administration	Retirement Income Security Act of 1			This Form is Open to Public						
Pension Be	nefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 550	0-SF.	Ins	spection				
Part I	Annual Report Id		2010								
	ar plan year 2013 or fisca			<u> </u>	2/31/2						
	urn/report is for:		a multiple-employer pl he final return/report	an (not multiemployer)		a one-partici	pant plan				
B This reti	urn/report is:	vroport (loss than 12 m	onthe)							
C Check box if filing under: Form 5558 a short plan year return/report (less than 12 n						DFVC program					
	oox if filing under:						111				
Part II	Basic Plan Inform	special extension (enter description nation—enter all requested informat									
1a Name					1b	Three-digit					
	•	03(B) RETIREMENT PLAN				plan number					
					10	(PN) ►	001				
						Effective date o	/1989				
	oonsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	1	fication Number				
					2c	Sponsor's telep	hone number				
	AVE NE - THIRD FLOOI /A 98506-3984	R 711 STATE AV OLYMPIA, WA	/E NE - THIRD FLOO . 98506-3984	R	2d	360-94	(see instructions)				
						62410	00				
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN				
	ame and/or EIN of the p	4b	EIN								
name, a Sponso		per from the last return/report.			4c	PN					
		the beginning of the plan year			5a	95					
b Total r	number of participants at	the end of the plan year			5b		95				
		count balances as of the end of the pla	•	-	. 5c						
6a Were	all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruct	tions.)			X Yes 🗌 No				
		ne annual examination and report of ar See instructions on waiver eligibility ar					X Yes No				
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.					
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined				
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	ise is	established.					
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well ete.									
SIGN	Filed with authorized/va	lid electronic signature.									
HERE Signature of plan administrator Date Enter name of individu				ual się	gning as plan adr	ninistrator					
SIGN											
HERE		· · ·	Date	Enter name of individ							
GAYLON BO GAYLON BO PO BOX 32	Signature of employer/plan sponsor Date Enter name of individ Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) SAYLON BOLEY CPA GAYLON BOLEY CPA GAYLON BOLEY CPA FOR SAYLON BOLEY CPA PO BOX 32 113 S FIRST ST MONTESANO, WA 98563						Preparer's telephone number (optional) 360-249-8188				

Par	t III Financial Information		-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ear		
а	Total plan assets	. 7a	247075	6	2653690						
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	- 7c	247075	6				26	53690		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			
а	Contributions received or receivable from: (1) Employers					119					
	(2) Participants										
	(3) Others (including rollovers)										
b	Other income (loss)	. 8b	33649	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						5	57467		
	Benefits paid (including direct rollovers and insurance premiums		07004	_							
	to provide benefits)	. 8d	37301	8							
	Certain deemed and/or corrective distributions (see instructions)	. 8e	454	_							
f	Administrative service providers (salaries, fees, commissions)	. 8f	151	5							
	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							74533		
	Net income (loss) (subtract line 8h from line 8c)	. 8i						1	82934		
	Transfers to (from) the plan (see instructions)	- 8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2F$ 2G 2M	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	ooturo ood	as from the List of Dian Chara	otoriot	ia Cad	loo in t	ha instruct	iono:			
D	In the plan provides wehate benefits, enter the applicable wehate h	eature cou		clensi		ies in t		10115.			
Part	V Compliance Questions										
10											
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)											
С	Was the plan covered by a fidelity bond?			10c	Х				Ę	5000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х					
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	100		х					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	in?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?			4.01-		х					
— i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							
•	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i		Х					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
11a	Enter the unpaid minimum required contribution for current year fu					11a				·	
12	Is this a defined contribution plan subject to the minimum funding		, ,				FRISA?		Yes	X I	No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			. 01 30		002 01					
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instrue		, and e	enter th Day	ne date of	he le Yea		ng	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		i ed	·		
-	Enter the minimum required contribution for this plan year					12b					

C	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?	Ye	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 c of 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) t which assets or liabilities were transferred. (See instructions.)	0				
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)		1			
14a	lame of trust	14b Trust's EIN				

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110						
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee						2013					
Department of Labor mployee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).							n is Open					
Pension Benefit Guaranty Corporation	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection											
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/								13				
A This return/report is for:												
B This return/report is:	the first return/rep	ort	the final	return/report		· · · _						
	C Check box if filing under:											
Check box if filing under:								n				
Part II Basic Plan Information - enter all requested information												
1a Name of plan COMMUNITY YOUTH SERVICES 403(B) RETIREMENT PLAN						D Three-digit plan number (PN) ► 001						
						1c Effective date of plan 01/01/1989						
2a Plan sponsor's name and addres COMMUNITY YOUTH		mber (employ	er, if for sin	gle-employer plan)		Employer Ider 91-0	ntification Numl					
711 STATE AVE NE	- THIRD FLO	OR			2c 360	Sponsor's tele -943-07	ephone number 80	r				
OLYMPIA	WA 98	506-398	84		2d	Business cod 6241	e (see instructie . 0 0	ons)				
3a Plan administrator's name ar	nd address X Same as F	'lan Sponsor Nar	me 🕺 Same	as Plan Sponsor Address	3b	3b Administrator's EIN						
					3c Administrator's telephone number							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this 4b EIN												
plan, enter the name, EIN, and the plan number from the last return/report.								•				
a Sponsor's name					4c	PN						
5a Total number of participants	s at the beginning of the	plan year		•··· • •••••	5a		95					
b Total number of participants	s at the end <mark>of the plan</mark> y	ear			5b		95					
C Number of participants with benefit plans do not complete			-	ar (defined	5c		9 5					
6a Were all of the plan's assets							XY	es No				
b Are you claiming a waiver of	f the annual examination	and report o	of an indep	endent qualified pub		ountant		P				
(IQPA) under 29 CFR 2520.							X Y	es 🔄 No				
If you answered "No" to ei C If the plan is a defined benefit p						stead use For		ot determined				
Caution: A penalty for the late												
Under penalties of perjury and of Schedule SB or Schedule MB cc my knowledge and belief, it is tru	mpleted and signed by a	an enrolled a	ions, I dec ictuary, as	lare that I have exam well as the electronic	ined tł c versio	nis return/repo on of this retu	ort, including, if rn/report, and t	applicable, a o the best of				
SIGN (MAAMAA	7/ 8	7/201	2014	Dington	of	JINA	nce					
HERE Signature of plan admin	histrator	Date	2017	Enter name of indivi	UI dual si							
SIGN				· · · · · · · · · · · · · · · · · · ·								
HERE Signature of employer/	plan sponsor	Date		Enter name of indivi	ridual signing as employer or plan sponsor							
Preparer's name (including firm	name, if applicable) and	address; inc	lude room	or suite number (opt	ional)	Preparer's te	lephone numbe	er (optional)				
GAYLON BOLEY CPA 3 GAYLON BOLEY CPA						360-249-8188						
PO BOX 32 113 S FIRST ST												
MONTESANO WA 98563												
For Paperwork Reduction Act I 318571 07-17-13	Notice and OMB Contro	I Numbers,	see the ir	structions for Form	5500-	-SF.	Form (5500-SF (2013) v.130118				

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2 2013.03010 COMMUNITY YOUTH SERVICES 15638__1

Form 5500-SF (2013) v.130118

Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year						
а	Total plan assets	7a	2,470,756			5 2,653,6						
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	2,470,756			2,653,69						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tot	tal			
а	Contributions received or receivable from:											
	Employers				110,419							
	(2) Participants	8a(2)		11	0,5	50						
	(3) Others (including rollovers)	8a(3)			6,4							
b	Other income (loss) SEE STATEMENT 1	r income (loss) SEE STATEMENT 1 8b										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					557,467						
d	Benefits paid (including direct rollovers and insurance premiums to provide											
	benefits)	8d		37	3,0	18	STA	FEMEN	1 T 1	2		
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f			1,5	15	STA	FEMEN	1 L [3		
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						(°,	374	<u>,533</u>		
i	Net income (loss) (subtract line 8h from line 8c)	8i						1	L82	,934		
j	Transfers to (from) the plan (see instructions)	8j				0						
Pa	rt IV Plan Characteristics											
	2F 2G 2M b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
	rt V Compliance Questions											
<u>10</u>	During the plan year:				Yes	No		Amou	nt			
а	Was there a failure to transmit to the plan any participant contributions within the time p						1					
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct		gram.)	10a		X	 					
b	Were there any nonexempt transactions with any party-in-interest? (Do not in	clude				l	1					
	transactions reported on line 10a.)			10b		X	 					
	Was the plan covered by a fidelity bond?			10c	Х		 		500	,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon	d, that					1					
	was caused by fraud or dishonesty?			10d		X	 					
е	Were any fees or commissions paid to any brokers, agents, or other persons	•					1					
	carrier, insurance service, or other organization that provides some or all of the	ne benet	its under			x	1					
	the plan? (See instructions.)			10e		A X	 					
	Has the plan failed to provide any benefit when due under the plan?			10f		A X						
	Did the plan have any participant loans? (If "Yes," enter amount as of year en			10g								
n	If this is an individual account plan, was there a blackout period? (See instruct			101		x						
	and 29 CFR 2520.101-3.)			10h								
	If 10h was answered "Yes," check the box if you either provided the required			10:		x						
Da	of the exceptions to providing the notice applied under 29 CFR 2520.101-3 rt VI Pension Funding Compliance			10i		л						
-		(1.4.	<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If ")			s and	comp	nete			Г	٦		
110	Schedule SB (Form 5500) and line 11a below)					11a	<u></u>	Yes		No		
<u>11a</u> 12	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39						A2		ŀ	X _{No}		
12	Is this a defined contribution plan subject to the minimum funding requirements of sect			360110	11 302		<u>^: </u>	Yes	ľ	-4 INO		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica			oo in-	truct	200 67	L	the deta	ofth	lottor		
d	If a waiver of the minimum funding standard for a prior year is being amortize			ee ms			iu enter 1			eller		
	ruling granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form		Month and skin to	line 4	Da 2	у		Year				
				ine i	з.	12b	1					
	Enter the minimum required contribution for this plan year					1 120	4					

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