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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 12	/31/2014	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in accor		his box must attach a list rm instructions)
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/report			
	·	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	orogram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested i	nformation			
1a Name	_				1b Three-dig	it
EXCELSIO	R YOUTH CENTER I	RETIREMENT PLAN			plan numb	
					(PN) •	002
					1c Effective of	date of plan 01/01/1988
	sponsor's name and a	address; include room or suite num	ber (employer, if for a single	e-employer plan)		Identification Number 91-1889908
					(=,	telephone number
	INDIAN TRAIL ROA WA 99208-4736	D				09-328-7041
OI OIVAIVE,	WA 33200 4730				20 Business	code (see instructions) 623000
3a Plan a	administrator's name	and address Same as Plan Spor	nsor.		3b Administra	ator's EIN 91-1889908
EXCELSIOR	R YOUTH CENTER		EST INDIAN TRAIL ROAD NE, WA 99208-4736		3c Administra	ator's telephone number
		SFORA	INE, WA 99200-4730			09-328-7041
name	e, EIN, and the plan n	he plan sponsor has changed sincumber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
	sor's name				4c PN	
_		ts at the beginning of the plan year			5a	100
		ts at the end of the plan year			5b	96
compl	lete this item)	h account balances as of the end o			5c	58
d(1) Tot	tal number of active p	participants at the beginning of the	olan year		5d(1)	100
` '		participants at the end of the plan y			5d(2)	88
		terminated employment during the			5e	(
		e or incomplete filing of this retu			use is establishe	ed.
SB or Sch		other penalties set forth in the instrand signed by an enrolled actuary,				
SIGN		d/valid electronic signature.	07/22/2015	KIMBERLY PIERONI		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ		nployer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (include room or suite numb	er) (optional)	Preparer's telep	phone number (optional)

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye	Η.	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No _	Not det	ermined	i
Par	t III Financial Information	1	Г		-					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		4500	
	Total plan assets	7a	12124	192	+			894	4562	
	Total plan liabilities	7b	12124	102				90/	4562	
	Net plan assets (subtract line 7b from line 7a)	7c		132			<i>(</i>) T		+502	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	791	185						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	530)41						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						132	2226	_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4434	105						
	Certain deemed and/or corrective distributions (see instructions)	8e	7	770						
f	Administrative service providers (salaries, fees, commissions)	8f	59	981						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						450	0156	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-317	7930	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charac	cterist	1		he instructi	ons:		_
10	During the plan year:	C 20-1	and the control of the control of the		Yes	No		Amount	<u> </u>	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X				
	on line 10a.)	·····		10b		X				
C	Was the plan covered by a fidelity bond?			10c	Χ				1212	50
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X				122	15
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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es 🔲 1	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Υe	es X 1	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day		ne letter Year	ruling	_

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

V. 140124 For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-5F. Form 5500-5F (2014) HERE Signature (including firm name, 1 applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) Enter name of Individual signing as employer or plan sponsor SIGN 72 haw 104.7 +10007 7/6 Totaltainimbs nalg to etutangia eis() Enter name of individual signing as plan administrator HERE *ፍ*ላር() እነ NOIS Kimberly Pieroni SB or Schedule MB completed and to the best of my knowledge and so the electronic version of this return/report, and to the best of my knowledge and Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returning if applicable, a Schedule Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. less than 100% <u>ve</u>sted... Our berrain terminated employment during the plan year with accrued benefits that were d(Z) Total number of active participants at the end of the plan year 2Q(S) 88 (t)b2 Tisey risk of the participants at the beginning of the plan year...... OOL 85 🕻 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 26 D Total number of perticipants at the end of the plan year...... 96 99 Eda Total number of participants at the beginning of the plan year OOT **E**9 9 2bousous using NG DF name, EtM, and the plan number from the last return/report. If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the Þ NIE EIN грокапе 9574-80266 Syst Mest Indian Trail Road T#01-826-60S 3C Administrator's telephone number Excelsior Youth Center 806688T-T6 33 Plan administrator's name and address | Same as Plan Sponeor. VI∃ s'notentainimbA d€ врокале 9844-80266 000529 \$4 Business code (see instructions) 3754 West Indian Trail Road T#07-826-608 Sc Sponsor's telephone number 8066881-16 (NI3) Excelsior Youth Center 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Sp Employer identification Number 886T/T0/T0 1c Effective date of plan (Na) Excelsior Youth Center Retirement Plan bjau unwpet 19 Name of plan 1b Three-digit Basic Pian Information enter all requested information | special extension (enter description) Check box if filing under: X Form 5558 automatic extension DFVC program an amended return/report a short plan year return/report (less than 12 months) e) hoqer\nnusen sidT 🎖 the first return/report the final return/report a one-participant plan a foreign plan "Not si froqes\nruter eidT ▲ of participating employer information in accordance with the form instructions) X szingle-employer plan a multiple-employer ptan (not multiemployer) (Filers checking this box must attach a list For calendar plan year 2014 or fiscal plan year beginning <u>01/</u>01/5014 Buibne bns 12/31/2014 Annual Report Identification Information Complete all entries in accordance with the instructions to the Form 5500-5F. Pension Benefit Guaranty Corporation Public Inspection notientanimbA vituseS etiteneB eeyolgmB Revenue Code (the Code). of negO ai mag eidT Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Department of Labor Insemerited to be adviced to be a section to the sold and the median side of the sold of t Department of the Tressury Internst Revenue Service かい02 Benefit Plan Form 5500-SF Short Form Annual Return/Report of Small Employee 1210-0089

ONB Nos. 1210-0110

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date of the letter ruling	anter tine	bns .	ctions.	cause.) And in this plan year, see instru	ingge se A	(1) "Yes," complete line 12s or lines 12b. 12c. 12d, and 12e below a list be below a list or service of the minimum funding standard for a prior year is be	
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ON X 204		, notion	,	se san (goed mor) de eno	enos mon	S Enter the unpaid minimum required contribution for current year i	
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a difference of papers at the	T -		101		&- h	exceptions to providing the notice applied under 29 CFR 2520.10	
				ed notice or one of the	91jupan ed <u>i</u>	If 10h was answered "Yes," check the box if you either provided t	
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	x			include transactions reported	ton od.) ?.	D Were there any nonexempt transactions with any party-in-interest	
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132226			1		98	Total income (add bing (\$), 8a(\$), 8a(\$), and 8b)	
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		:	S8T6	L	(S)£8	(t) Employers	
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(a)N9 (E)aE1	(8)/\			his assets or liabilities were transferred. (See inatructions.)
		O	e blan(s) †	right being this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th
ON X SBY		IOTHQ		Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?
		#£L		"Yes," enter the amount of any plan assets that reverted to the employer this year
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				the minimum funding amount reported on line 12d be met by the funding deadline? Its Tansters of Assets
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