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

2015

This Form is Open to Public Inspection

		dentification information								
For calendar	olan year 2015 or fise	cal plan year beginning 01/01/20	0 <u>15</u>	and ending 12	2/31/2015					
		lan (not multiemployer)	er) (Filers checking this box must attach a							
A This return/report is for:		_	list of participating en	ith the form instructions)						
		a one-participant plan	rticipant plan a foreign plan							
B This return	report is	the first return/report	the final return/report							
		months)								
C Chack have	c if filing under:	П вемо :								
• Check box	tii iiiiig under.	DFVC program								
		special extension (enter descri	ption)							
Part II	Basic Plan Infor	mation—enter all requested info	ormation							
1a Name of	plan				1b Three					
COMMUNITY	ACTION COUNCIL (OF LEWIS, MASON & THURSTON	N COUNTIES 401(K) PLA	N		number				
					(PN)					
					1C Effect	tive date of plan				
20.51					01 -	05/01/2013				
		er, if for a single-employer plan)	Boy)		2b Employer Identification Number					
		, country, and ZIP or foreign posta		ructions)	(EIN)					
COMMUNITY A	CTION COUNCIL O	F LEWIS, MASON & THURSTON	COUNTIES		2C Spon	sor's telephone number 360-438-1100				
					2d Busin					
420 GOLF CLU	B ROAD SE, SUITE	100			2d Business code (see instructions					
LACEY, WA 98	503-1048					813000				
3a Plan adm	inistrator's name and	d address XSame as Plan Spons	or.		3b Administrator's EIN					
					3c Admir	nistrator's telephone number				
4 If the nar	ne and/or EIN of the	plan sponsor has changed since t	he last return/report filed for	or this plan, enter the	4b EIN					
		ber from the last return/report.								
a Sponsor's	s name				4c PN					
5a Total nur	mber of participants a	at the beginning of the plan year			5a	47				
_		at the end of the plan year			5b	48				
		ccount balances as of the end of the			-					
			. , ,	•	5c	39				
d(1) Total r	number of active part	icipants at the beginning of the pla	an vear		5d(1)	44				
		ticipants at the end of the plan yea			5d(2)	44				
		erminated employment during the								
					5e 0					
Caution: A p	enalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau						
		er penalties set forth in the instruc								
	e, correct, and comp	d signed by an enrolled actuary, as lete	s well as the electronic ver	sion of this return/report	t, and to the	best of my knowledge and				
		ralid electronic signature.	05/25/2016	KIRSTEN T. YORK						
HERE										
	Signature of plan ac	Iministrator	Date	Enter name of individ	as plan administrator					
SIGN										
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor				
		ame, if applicable) and address (inc				telephone number				
i										

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a continuous or the continuous or the plan cannot be a continuous or the continuous	an indepen	dent qualified public a	account	ant (IQ	PA)			□ .	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Part III Financial Information					1				
7 Plan Assets and Liabilities		(a) Beginning	-				(b) End	of Year	
a Total plan assets	7a		1241	437	+			14	29047
b Total plan liabilities	7b		1241	127	+			1.1	29047
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с	(a) Amoi		431			(b) :	Total	29047
a Contributions received or receivable from:		(a) Alliot	anı				(D)	IOIAI	
(1) Employers	8a(1)		98	8663					
(2) Participants	8a(2)			8028					
(3) Others (including rollovers)	 			382					
b Other income (loss)			5	814					00007
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c							2	00887
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12	2507					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f			770					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								13277
i Net income (loss) (subtract line 8h from line 8c)	Net income (loss) (subtract line 8h from line 8c)							1	87610
j Transfers to (from) the plan (see instructions)	·· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2G 2F 2J 2K 2T 3D 2E	n feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
Part V Compliance Questions					•				
10 During the plan year:			1	Yes	No	N/A		Amou	ınt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's 'Program)	Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes			401		Х				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					300646
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	ther persons	by an insurance he benefits under	10e	X					1181
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the pla				^					1101
			101		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•		10g	X					2102
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all years from						11a			
12 Is this a defined contribution plan subject to the minimum funding						302 of E	RISA?	. 🗍	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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

2015

This Form is Open to Public Inspection

Part I	Annual Report	Ide	entification Information										
For calenda	ar plan year 2015 or fi	sca	l plan year beginning	01/01/2	015	and ending		12/31/20	15				
		X a single-employer plan			a multiple-employer plan (not multiemployer)								
A This ret	urn/report is for:	П	a one-participant plan			ployer information in a	ccorda	ance with the fo	rm instructions)				
		L	a one-participant plan	a foreign	pian								
B This retu	ırn/renort is	the first return/report the final return/report											
D This retu	in in report is	Н	an amended return/report			n/report (less than 12 r	nonths	·)					
0 0			,										
C Check box if filing under: Form 5558 automatic extension								DFVC program					
			special extension (enter descr	· · · · · · · · · · · · · · · · · · ·									
Part II		rm	nation—enter all requested int	formation									
1a Name		m	cil of Lewis, Mason	c Thurst	on Coun	tion 401 (le)	1b	Three-digit plan number	001				
Plan	cy Action Cot	1110	.11 OI LEWIS, Mason	α IIIuISt	Joir Courr	icles 401(K)		(PN)	001				
							1c Effective date of plan						
							_	05/01/20	13				
			, if for a single-employer plan) apt., suite no. and street, or P.C	, Roy)			2b	APOST HARVES	ntification Number				
			country, and ZIP or foreign post		gn, see instr	uctions)	20	(EIN) 91-08					
Commun	nity Action Co	our	ncil of Lewis, Masc	n & Thurs	ston Cou	inties	20	360-438-	ephone number				
							2d		e (see instructions)				
420 Go	olf Club Road	SE	E, Suite 100					813000	,				
T			1/2 00500 10	4.0									
Lacey	dministrator's name or	24.0	WA 98503-10- address XSame as Plan Spons				3b Administrator's EIN						
Ja Plan ac	aministrator's name ar	iu a	address Moame as Plan Spons	sor.			SD Administrator's Env						
							3c Administrator's telephone number						
			an sponsor has changed since or from the last return/report.	the last return/	report filed fo	or this plan, enter the	4b	EIN					
a Sponso	(V)	IIDe	er from the last return/report.				4c	PN					
	HALLS.	at 1	the beginning of the plan year					47					
			the end of the plan year						48				
			ount balances as of the end of										
	1 . O to the			,		•	٠	5c	39				
d(1) Tota	al number of active pa	rtici	pants at the beginning of the pl	an year			_	d(1)	44				
	· · · · · · · · · · · · · · · · · · ·		ipants at the end of the plan yea				. 5c	1(2)	44				
			minated employment during the				5	5e	0				
Caution: A	penalty for the late	or i	ncomplete filing of this return	n/report will be	e assessed	unless reasonable ca	use is	s established.					
Under pena	alties of perjury and ot	her	penalties set forth in the instruc	ctions, I declare	e that I have	examined this return/re	eport,	including, if app					
	rue, correct, and com		signed by an enrolled actuary, a e.	is well as the e	lectronic ver	sion of this return/repo	ıπ, and	to the best of i	my knowledge and				
SIGN	First A	\sim	1 >	05/2	5/2016	Kirsten T. Yo	ork						
HERE	Signature of plan administrator Date Enter name of individu					dual si	onino as plan a	dministrator					
SIGN	orginature or premi			Date		Zinai namo o manti	000101	gining do pien a	arrinio (ato)				
HERE	Ciamatura of omnia		r/elon enevoes	Data		Enter name of indivi	dual ai	lanina no casalo	was as also anagons				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plant preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number													
	,		, and a second of the second o			26							

Form 5500-SF 2015		Page Z							
6a Were all of the plan's assets during the plan year invested in elig							(0.0000)	X Ye	s No
	Are you claiming a waiver of the annual examination and report of an independent qualified public under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Ye	s No
If you answered "No" to either line 6a or line 6b, the plan car							10210220		
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)?	[Yes	No 📗	Not dete	rmined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End o	f Year	
a Total plan assets	7a		-	4143	7		-lune		429047
b Total plan liabilities									
C Net plan assets (subtract line 7b from line 7a)	7с		12	4143	7			1	429047
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) To	tal	
a Contributions received or receivable from:				0066					
(1) Employers				9866					
(2) Participants				5802		-			
(3) Others (including rollovers)				3838	_	-			
b Other income (loss)				581	4				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4				200887
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			1250	7				
Certain deemed and/or corrective distributions (see instructions).						0	-		
				77		-		_	
The state of the s						-		-	_
b Total expenses (add lines 8d, 8e, 8f, and 8g)				2 4	1			_	12077
The state of the s			_		+-	18761			13277
i Net income (loss) (subtract line 8h from line 8c)					-				10/010
Part IV Plan Characteristics	···· 8j					-			
B If the plan provides welfare benefits, enter the applicable welfare	e leature cou	les from the List of Pla	n Chara	acterisi		jes in th	e instructio	ons.	
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contri	butions withi	n the time period		100	110	107		Amount	
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary F	iduciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)			10b		х				
c Was the plan covered by a fidelity bond?			10c	Х					30064
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		х				
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.).	ome or all of	the benefits under	10e	х					118
f Has the plan failed to provide any benefit when due under the p			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amoun			10g	Х					210
h If this is an individual account plan, was there a blackout period	1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i If 10h was answered "Yes," check the box if you either provided	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								
j Did the plan trust incur unrelated business taxable income?			10i 10i						
Part VI Pension Funding Compliance			10)						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								☐ Ye	s No
11a Enter the unpaid minimum required contribution for all years fro						11a			land.
12 Is this a defined contribution plan subject to the minimum fundi		"				302 of E	RISA?	Ye	s X No

	Form 5500-SF 2015 Page 3 -								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
i If	granting the waiver	_	Day		Year				
	Enter the minimum required contribution for this plan year		12b						
			12c						
	Enter the amount contributed by the employer to the plan for this plan year		120						
	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 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 pla which assets or liabilities were transferred. (See instructions.)	n(s) to							
	13c(1) Name of plan(s):	3c(2)	EIN(s)		13c(3) F	N(s)			
Part	VIII Trust Information		,						
14a	Name of trust		14b Trust's EIN						
140	Name of trustee or custodian		144	Trustoo's	or quatodia	n'a			
146	Name of trustee of custodian		14d Trustee's or custodian's telephone number						
Par	t IX IRS Compliance Questions								
15a	Is the plan a 401(k) plan?		Yes		No				
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- sed safe rbor ethod		ADP/ACP test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	ar	Ye	S	No				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b	Ratio percentage test		Average benefit test					
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Ye	s	No				
	Has the plan been timely amended for all required tax law changes?		Ye		No	□ N/A			
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes).					nstructions			
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number	subjec	t to a fa	vorable IR 	S opinion	or			
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		the plar	n's last fav	orable				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)		Yes	3	No				
19	Were in-service distributions made during the plan year?		Ye	s	No				
	If "Yes," enter amount		19						
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?		Ye	S	No	N/A			