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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension E	serient Guaranty Corporation	Complete all entries in a	accordance with the instructions to the Form 5	500-SI	F.	•				
Part I	Annual Report	Identification Information								
For calend	dar plan year 2015 or fis	scal plan year beginning 01/01/2	015 and ending 12	2/31/2	015					
A This re	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	- · ·						
B This re	turn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths))					
C Check	box if filing under:	X Form 5558	automatic extension	DFVC program						
		special extension (enter descr	iption)							
Part II	Basic Plan Info	rmation—enter all requested inf	ormation							
1a Name		403B RETIREMENT PLAN		1b	Three-digit plan number (PN) ▶	001				
				1c	Effective date of 01/0	¹ plan 1/1989				
Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				2b		nployer Identification Number IN) 91-0859922				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OMMUNITY YOUTH SERVICES					2c Sponsor's telephone number 360-943-0780					
11 STATE DLYMPIA, V	AVE NE NA 98506-3984			2d	Business code (,				
3a Plan :	administrator's name an	nd address XSame as Plan Spons	or.	3b	Administrator's E	EIN				
						elephone number				
			the last return/report filed for this plan, enter the	4b	EIN					
	e, EIN, and the plan nur sor's name	mber from the last return/report.		4c	PN					
5a Total	number of participants	at the beginning of the plan year		5	а	98				
b Total	number of participants	at the end of the plan year		5	b	177				
			the plan year (defined benefit plans do not	5	С	141				
d(1) To	tal number of active par	rticipants at the beginning of the pla	an year	5d		98				
			ar	5d	(2)	92				
than	100% vested	. , ,	plan year with accrued benefits that were less	5		0				
	<u> </u>		//report will be assessed unless reasonable car							
	, , ,	•	tions, I declare that I have examined this return/re is well as the electronic version of this return/repor	,	O, 11	,				

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/06/2016	CANDACE WOOD		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN					
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	r) Preparer's telephone number			

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 Were all of the plan's assets during the plan year invested in eligib 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No I	Not determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning					(b) End o	
a Total plan assets	7a		2981		-			2133788
b Total plan liabilities	7b		2004	0				1963
Net plan assets (subtract line 7b from line 7a) Income. Expenses. and Transfers for this Plan Year	7c	(-) A	2981	117			(I-) T-	2131825
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	tai
(1) Employers	8a(1)		164	259				
(2) Participants	8a(2)		145	793				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		-22	947				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							287105
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1134	657				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f		1	740				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1136397
i Net income (loss) (subtract line 8h from line 8c)								-849292
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2M	feature cod	es from the List of Pl	an Cha	racteris	stic Co	des in th	e instructi	ons:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	acterist	ic Coc	les in the	instructio	ns:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?								500000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	X				500000
by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of the	ne benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the plan					X			
			10f		-			
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		X			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
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					
j Did the plan trust incur unrelated business taxable income?			10j					
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 all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of t	he Cod	e or se	ction (302 of EF	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 Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian'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):	U p∈	Ratio Average benefit 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	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?								

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefils 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

		accordance with the histractions to the Form c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I Annual Report	t Identification Information	01/01/2015 and ending	12/31/2015	100
For calendar plan year 2015 or f		01/01/2015 and ending a multiple-employer plan (not multiemployer)		
A This return/report is for:	a single-employer plan	list of participating employer information in a	accordance with the form	Instructions)
	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	the final return/report a short plan year return/report (less than 12 return/report)	nonihe)	
C Check box if filling under:	an amended return/report		DFVC progra	am
Check box if filling under:	X Form 5558 Special extension (enter des	automatic extension cription)	☐ Bi vo progre	
Part II Basic Plan Info	ormation—enter all requested in			
1a Name of plan	VICES 403B RETIREMEN	west.	(PN)	001
			1c Effective date of 01/01/1989	
Mailing address (include to	loyer, If for a single-employer plan) om, apt., sulte no. and street, or P.	O. Box)	2b Employer Identifi (EIN) 91-085	
City or town, state or provin	ice, country, and ZIP or foreign pos	stal code (if foreign, see instructions)	2c Sponsor's teleph 360-943-07	
711 STATE AVE NE			2d Business code (s 624100	see instructions)
OLYMPIA	WA 98506-3	984		
	and address XSame as Plan Spo	The second secon	3b Administrator's E	EIN
			3c Administrator's to	elephone number
4 If the name and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed for this plan, enter the	4b EIN	
name, EIN, and the plan n a Sponsor's name	umber from the last return/report.		4c PN	
	ts at the beginning of the plan year	·	5a	98
		E		177
 Number of participants wit 	h account balances as of the end	of the plan year (defined benefit plans do not	5c	141
		plan year	5d(1)	98
d(2) Total number of active s	participants at the end of the plan y	/ear		92
than 100% veeted		he plan year with accrued benefits that were less	5e	0
Caution: A penalty for the lat	e or incomplete filing of this retu	urn/report will be assessed unless reasonable of ructions, I declare that I have examined this return/ r, as well as the electronic version of this return/rep	report including if applic	able, a Schedule
bellef, it is true, correct, and co	mplete.			
SIGN (AAAA)	olch Mass	TAP 15-V 130	vidual signing as plan adr	
Signature of giai	administrator			ninietrator
CICAL TALAN	a co - (1 hand)	II() [() [7 ()] I () CANDACE WOOL		ninistrator
SIGN Signature of emp	ployer/plan sponsor	Date Enter name of India	vidual signing as employe	r or plan sponsor
HERE Signature of emit	ployer/plan sponsor n name, if applicable) and address	Date Enter name of India		r or plan sponsor
HERE Signature of emit	ployer/plan sponsor n name, if applicable) and address	Date Enter name of India	vidual signing as employe	r or plan sponsor

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6a Were all of the plan's assets during the plan year invested in eligib b 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 cann	an Indepe and condi	ndent qualified public actions.)	counta	ant (IQ	PA)			_	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in							No [Not d	etermined
Part III Financial Information							*****		
7 Plan Assets and Liabilities	in a di	(a) Beginning	of Yes	ır			(b) En	of Yea	<u> </u>
a Total plan assets	. 7a		2,98		7		(b) EIII		133,788
b Total plan liabilities	7b	****		7	0				1,963
C Net plan assets (subtract line 7b from line 7a)	7c		2,98	1,11	7			2	131,82
8 Income, Expenses, and Transfers for this Plan Year	Partie Seed	(a) Amou	nf		1		(6)	Total	
a Contributions received or receivable from: (1) Employers	8a(1)	(a) Allou		4,25	9			W) 11/2	
(2) Participants	8a(2)		14.	5,79	3				
(3) Others (including rollovers)	8a(3)				0			- myski	W-STATE OF
b Other Income (loss)	. 8b		-2:	2,94	7				Maria dina A
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	MODEL CONTRACT		a ya ita			DE I - I - II	1000	287,109
d Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	. 8d		1,13		4300				
e Certain deemed and/or corrective distributions (see instructions)	. 8e				0				TO AND
f Administrative service providers (salaries, fees, commissions)	. 8f			1,74	0				
g Other expenses	. 8g				0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						VIII	1.	,136,39
i Net Income (loss) (subtract line 8h from line 8c)	. 81				ă.				-849,29
] Transfers to (from) the plan (see Instructions)	. 8i	8i				Em G			
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2M B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits.									
10 During the plan year:	///			Yes	No	N/A			
Was there a fallure to transmit to the plan any participant contribed described in 29 CFR 2510,3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a	168	х	N/A		Amo	unt
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do no	t Include transactions	10b		х				
C Was the plan covered by a fldellty bond?			10c	х					500,0
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all d	of the benefits under	10ө		x				
f Has the plan failed to provide any benefit when due under the pla	ลก?		10f		х	Wille:			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		х				-ut
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)				х	1800 VI			
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?			10]						
Part VI Pension Funding Compliance			,		-				**
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If	"Yes," see Instructions	and co	mplete	Sche	dule SB	(Form	П	Yes N
11a Enter the unpaid minimum required contribution for all years from							1		

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				- 181		
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the walver	nd ei	nter the Day	a date of the	re letter ruli Year	ng ———	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	_					
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	<u> </u>			
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 the PBGC?				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) which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s): 13c	(2) E	IN(s)		13c(3) F	N(s)	
	,						
Pari	VIII Trust Information						
14a	Name of trust		14b Trust's EIN				
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Y	∋s			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		☐ b	esign- ased safe arbor nethod		ADP/ACP test	
150	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))?		∏ Y₁	98			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):		Цp	tatio ercentage est	Ave ber	erage efit test	
16k	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?		□ Y	98	No		
	Has the plan been timely amended for all required tax law changes?	_	□ Y		_ No	□ N/A	
	for lax law changes and codes).			ble code _		nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is su advisory letter, enter the date of that favorable letter and the letter's serial number	_				or	
170	I if the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter	e of	the pla	ın's last fa	vorable		
18	is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?		[] Ye	8	□No		
19	Were in-service distributions made during the plan year?		□ Y	98	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 n retired), as required under section 401(a)(9)?	ot	Y	es	No	□ N/A	