## 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance wit	h the instructions to the Form 550	0-SF.	1,000
		lentification Information				
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	Γhis return/report is for:	first return/report	final retur	n/report		_
		an amended return/report	short plar	year return/report (less than 12 mor	nths)	
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program
_	[ [	special extension (enter description	on)			
Do	rt II   Pacia Plan Inform	<u> </u>	,			
		nation—enter all requested inform	ation		1h	Three-digit
	Name of plan TLE JUNIOR HOCKEY ASSOC	CIATION 403B7 PLAN			טו	nlan number
OLA	TEE JONION TIOONET ACCOM	SIATION 403DIT LAN				(PN) • 001
					1c	Effective date of plan
						12/28/1988
		ess (employer, if for single-employer	r plan)		2b	Employer Identification Number
SEA	TLE JUNIOR HOCKEY ASSO	CIATION				(EIN) 23-7421219
7012	- 220 ST SW				2C	Plan sponsor's telephone number 425-771-2006
	NTLAKE TERRACE, WA 98043	3			2d	Business code (see instructions)
						713900
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	9")	3b	Administrator's EIN
SEA	TLE JUNIOR HOCKEY ASSO			CE, WA 98043		23-7421219
					3с	Administrator's telephone number 425-771-2006
4 1	the name and/or FIN of the pla	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4b	
	•	r from the last return/report. Sponso		port med for this plan, enter the	40	EIIN
					4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	5
b	Total number of participants at	the end of the plan year			5b	
С	Total number of participants wi	ith account balances as of the end o	of the plan y	ear (defined benefit plans do not		
	complete this item)				5c	<u> </u>
6a	Were all of the plan's assets d	luring the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	X Yes ☐ No
				ons.)		Yes   No
Pa	rt III Financial Informa		01111 3300-	SF and must instead use Form 55	<del>00.</del>	
7	Plan Assets and Liabilities			(a) Beginning of Very		(b) End of Year
-	Total plan assets		7-	(a) Beginning of Year	)	(b) End of Year 370729
	. o.a. p.a accord		. 7a			
b		75 (no on Post 75)		309449	)	370729
<u></u>		'b from line 7a)	. 7с			
8	Income, Expenses, and Transf			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	vable from:	. 8a(1)	3000	)	
			1			
	.,	)		18750	)	
b	, ,			45793	3	
C	, ,	8a(2), 8a(3), and 8b)				67543
d	, , ,	rollovers and insurance premiums	. 00			
u			. 8d	6187		
е		ive distributions (see instructions)	8e			
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	75	5	
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)				6262
i		e 8h from line 8c)				61281
i		ee instructions)				

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		•	
Part IV	Dian	(`haraci	arietice
I all IV	ı ıaıı	Ollaraci	เธาเอเเษอ

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B

b	lf th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the l	_ist of Plan Charac	teris	tic Cod	des in t	he instruct	ions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	•		10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Diline 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?			10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fide		•	10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	e plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan? .			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10q		X			
_	If th	nis is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	Ŭ					
i	If 1	20.101-3.) Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10h 10i					
Part '	VI	Pension Funding Compliance		<u>.</u>						
		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	s X No
12		his a defined contribution plan subject to the minimum funding req							Yes	No X
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							_	_
		waiver of the minimum funding standard for a prior year is being a								
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MI			n		Day _		Year	
-		er the minimum required contribution for this plan year	•	-			12b			
		er the amount contributed by the employer to the plan for this plan					12c			
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a mini	us sign to the left o	of a		12d			
		the minimum funding amount reported on line 12d be met by the f				-		Yes	No	N/A
Part '		Plan Terminations and Transfers of Assets					L		<u>                                     </u>	<u> </u>
		s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					☐ Yes	No
		es," enter the amount of any plan assets that reverted to the empl					13a			
	We	re all the plan assets distributed to participants or beneficiaries, tra					ntrol		Пу	
	If d	he PBGC?uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e pla	n(s) to			∐ Yes	s X No
		) Name of plan(s):				130	c(2) EII	V(s)	13c(3	3) PN(s)
	(	,					-(-)	-(-)	100(	<u>, ( - )                                  </u>
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonable	e cau	ıse is	establi	shed.		
Under SB or	r pe Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retur	rn/rep	ort, in	cluding	, if applica		
SIGN		iled with authorized/valid electronic signature.	07/19/2011	JOHN BEADLE						
HERE	т	Signature of plan administrator	Date	Enter name of inc	dividı	ıal sinı	ning as	plan adm	inistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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 section 6058(a) of the Internal Revenue Code (the Code)

OMB Nos. 1210 - 0110 1210 - 0089

2010

	Pension Benefit Guaranty Corporation	1			1	This F	orm is Open to Public
_		Complete all entries in	accordance with the instruction	s to the	Form 5500-SF.		Inspection
Pa	art I Annual Report lo	dentification Informatio	n				
_Fo	r calendar plan year 2010 or fiscal	plan year beginning	and endi	ng			
Α		single-employer plan	multiple-employer plan (not	_	ployer)	one-pa	articipant plan
В	This return/report is for:	first return/report	final return/report		• • •		President
		an amended return/report	short plan year return/report	(less th	an 12 months)		
С	Check box if filing under:	Form 5558	automatic extension	•		DFVC	program
		special extension (enter descr	iption)				program
	rt II Basic Plan Inform	nation— enter all requested	information				
1a						1b	Three-digit plan
	Seattle Junior Hoc	ckey Association					number (PN) 001
	403(b)7 plan					1c	Effective date of plan
_							12/28/1988
2a		ess (employer, if for single-emp	oloyer plan)			2b	Employer Identification No.
	Seattle Junior Hocke	ey Association					(EIN) 23-7421219
	7010 000					2c	Plan sponsor's telephone no.
	7012 - 220 ST SW						425-771-2006
	Mountlake Terrace	WA 98043				2d	Business code (see instr.)
3a	Discoult						713900
Ja	and a store of the tree and a	address (if same as Plan spons	sor, enter "Same")			3b	Administrator's EIN
	Seattle Junior Hocke	ey Association					
	7012 - 220 ST SW						23-7421219
	Mountlake Terrace					3с	Administrator's
	Modificace Terrace	WA 98043					telephone number
							SALIVA BUNG SARAS SALAS SA
4	If the name and/or EIN of the plan an						425-771-2006
-	and the plan number from the least and	ponsor has changed since the last r	eturn/report filed for this plan, enter the	name, E	IN,	4b	EIN
5a	and the plan number from the last ret	etum/report. Sponsor's name				4c	PN
b	Total number of participants at th	ne beginning of the plan year				5a	
c	or participants at the	ie end of the plant year			1	5b	
6a	Were all the plan's assets during	the plan was invested in the	plan year (defined benefit plans do not	complete	this item)	5c	
b	Were all the plan's assets during	a consult exemination and	ble assets? (See instructions.)				X Yes No
	under 29 CFR 2520.104-46? (Se	e instructions on waiver aliabi	t of an independent qualified publi	c accou	ntant (IQPA)		
	If you answered "No" to either	fa or 6h the plan connet w	ilty and conditions.)				X Yes No
Par	t III Financial Informati	tion	se Form 5500-SF and must inste	ad use	Form 5500.		
7	Plan Assets and Liabilities			1			
а	Total plan assets			-	(a) Beginning of Y		(b) End of Year
b	Total plan liabilities			7a	3094	149	370729
С	Net plan assets (subtract line 7b	from line 7a)		7b	200	140	
8	Income, Expenses, and Transfers			7c	3094	149	370729
а	Contributions received or receival				(a) Amount	-	(b) Total
(1	) Employers			8a(1)	20	200	
(2	) Participants			8a(2)	30	000	
(3	Others (including rollovers)		••••••	8a(3)	187	150	
b				8b	457	-	
C	rotal income (add lines 8a(1), 8a(	(2), 8a(3), and 8b)		8c	457	33	67540
d	benefits paid (midduling direct folic	overs and insurance premiums	to provide benefite)	8d	61	87	67543
е	certain deemed and/or corrective	distributions (see instructions)		8e	01	-51	
f	Administrative service providers (s	(salaries, fees, commissions)		8f		75	
g	Other expenses			8g		-	
h	Total expenses (add lines 8d, 8e, Net income (loss) (subtract line 8h	8f, and 8g)		8h		-	6262
	Net income (loss) (subtract line 8h			1		_	0202
:	Transfers to (from) the plan (see in	ii iioiii iine oc)		8i			61281

Form 5500-SF 2010

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Seattle Junior Hockey Association 23-7421219

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Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pensi 1B	on feature codes from th	e List of Plan Characteri	stic Codes	in the	instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare	e feature codes from the	List of Plan Characterist	tic Codes	in the in	nstructions	s:	
Par	t V Compliance Questions							
10	During the plan year:			Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contri	butions within the time p	eriod described in	100	110	<del>                                     </del>	Amount	-
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Correction Progra	am)	10a	x			
b	Were there any nonexempt transactions with any party-in-interes	est? (Do not include trans	sactions reported		+	1		-
	on line 10a.)			10b	x			
C	Was the plan covered by a fidelity bond?			10c	X			
d	Did the plan have a loss, whether or not reimbursed by the plan	's fidelity bond, that was	caused by fraud		1			
	or dishonesty?			10d	x			
е	Were any fees or commissions paid to any brokers, agents, or of	other persons by an insu	rance carrier,					
	insurance service or other organization that provides some or al	of the benefits under th	e plan? (See					
_	instructions.)		1	10e	x	}		
f	Has the plan failed to provide any benefit when due under the p	lan?		10f	X			
g	Did the plan have any participant loans? (If "Yes," enter the amo	ount as of year end.)		10g	X			
h	If this is an individual account plan, was there a blackout period'	? (See instructions and 2	9 CFR					
	2520.101-3.)		L	10h				
i	If 10h was answered "Yes," check the box if you either provided	the required notice or or	ne of the					
Part	exceptions to providing the notice applied under 29 CFR 2520.1	01-3		10i				
11	3							
• •	Is this a defined benefit plan subject to minimum funding require 5500))	ements? (If "Yes," see ins	structions and complete S	Schedule S	SB (For	m _		
12							Yes :	X No
	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ients of section 412 of the C	ode or section 302 of ERISA	۱?		Ц	Yes	X No
а	If a waiver of the minimum funding start to the							
C.	II a waive of the minimum funding standard for a prior year is by	aina amadiand in this al-						
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amortized in this pla	n year, see instructions, a	and enter	the date	e of the le	etter rulir	ng
	granting the waiver.		Month	and enter	the date	e of the le	etter rulir	ng -
	ou completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Form 5500), and	skip to line 13.	D	ay	e of the le	etter rulir	ng -
If yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year	e MB (Form 5500), and	skip to line 13.	D	12b	e of the le	etter rulir	ng -
If yo	courage the waver.  Sou completed line 12a, complete lines 3, 9, and 10 of Schedul  Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this	e MB (Form 5500), and	Month skip to line 13.	D	ay	e of the le	etter rulir	ng -
lf yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year	e MB (Form 5500), and	Month skip to line 13.	D	12b 12c	e of the le	etter rulir	ng -
lf yo b c d	Du completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Ente negative amount) Will the minimum funding amount reported on line 12d be met by	e MB (Form 5500), and plan year er the result (enter a minute the funding deadline?	Month skip to line 13.	D	12b 12c	_ Year		-
lf yo b c d	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this  Subtract the amount in line 12c from the amount in line 12b. Enter  negative amount)  Will the minimum funding amount reported on line 12d be met by  VII Plan Terminations and Transfers of Asset	e MB (Form 5500), and plan year er the result (enter a minute funding deadline?	Month skip to line 13.	D	12b 12c	e of the legan Year	No No	ng - N/A
b c d Part	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by  VII Plan Terminations and Transfers of Asset  Has a resolution to terminate the plan been adopted during the plan.	e MB (Form 5500), and plan year er the result (enter a minument the funding deadline?	Month skip to line 13.  us sign to the left of a	D	12b 12c	_ Year	No 🗍	N/A
b c d Part	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by  VII Plan Terminations and Transfers of Asset  Has a resolution to terminate the plan been adopted during the plan  If "Yes," enter the amount of any plan assets that reverted to the	e MB (Form 5500), and plan year er the result (enter a minute the funding deadline?  Is lan year or any prior year employer this year	Month skip to line 13.  Us sign to the left of a	D	12b 12c	_ Year	No 🗍	-
b c d Part	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by  VII Plan Terminations and Transfers of Asset  Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the  Were all the plan assets distributed to participants or beneficiarie	e MB (Form 5500), and plan year er the result (enter a minute the funding deadline?  Is lan year or any prior year employer this year	Month skip to line 13.  Us sign to the left of a	D	12b 12c 12d	_ Year	No 🗍	N/A
b c d Part	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by  VII Plan Terminations and Transfers of Asset Has a resolution to terminate the plan been adopted during the plan "Yes," enter the amount of any plan assets that reverted to the  Were all the plan assets distributed to participants or beneficiarie of the PBGC?	e MB (Form 5500), and plan year er the result (enter a minument the funding deadline?  Its lan year or any prior year employer this year s, transferred to another	Month skip to line 13.  us sign to the left of a	D	12b 12c 12d	Year	No Yes	N/A K No
b c d Part	completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by VII Plan Terminations and Transfers of Asset Has a resolution to terminate the plan been adopted during the plan "Yes," enter the amount of any plan assets that reverted to the Were all the plan assets distributed to participants or beneficiarie of the PBGC?  If during this plan year, any assets or liabilities were transferred for	e MB (Form 5500), and plan year er the result (enter a minument the funding deadline?  Its lan year or any prior year employer this year s, transferred to another	Month skip to line 13.  us sign to the left of a	D	12b 12c 12d	Year	No 🗍	N/A K No
b c d Part	completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by VII Plan Terminations and Transfers of Asset Has a resolution to terminate the plan been adopted during the plif "Yes," enter the amount of any plan assets that reverted to the Were all the plan assets distributed to participants or beneficiarie of the PBGC?  If during this plan year, any assets or liabilities were transferred fix which assets or liabilities were transferred. (See instructions.)	e MB (Form 5500), and plan year er the result (enter a minument the funding deadline?  Its lan year or any prior year employer this year s, transferred to another	Month skip to line 13.  us sign to the left of a	D	12b 12c 12d	Year	No Yes	N/A K No
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b c d Part	completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by VII Plan Terminations and Transfers of Asset Has a resolution to terminate the plan been adopted during the plif "Yes," enter the amount of any plan assets that reverted to the Were all the plan assets distributed to participants or beneficiarie of the PBGC?  If during this plan year, any assets or liabilities were transferred fix which assets or liabilities were transferred. (See instructions.)	e MB (Form 5500), and plan year er the result (enter a minument the funding deadline?  Its lan year or any prior year employer this year s, transferred to another	Month skip to line 13.  us sign to the left of a  plan, or brought under the plan(s), identify the plan(s)	ne control	12b 12c 12d	Year Year	No Yes 2	N/A No
b c d Part	completed line 12a, complete lines 3, 9, and 10 of Schedul Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)  Will the minimum funding amount reported on line 12d be met by VII Plan Terminations and Transfers of Asset Has a resolution to terminate the plan been adopted during the plif "Yes," enter the amount of any plan assets that reverted to the Were all the plan assets distributed to participants or beneficiarie of the PBGC?  If during this plan year, any assets or liabilities were transferred fix which assets or liabilities were transferred. (See instructions.)	e MB (Form 5500), and plan year er the result (enter a minument the funding deadline?  Its lan year or any prior year employer this year s, transferred to another	Month skip to line 13.  us sign to the left of a  plan, or brought under the plan(s), identify the plan(s)	ne control	12b 12c 12d	Year Year	No Yes 2	N/A No
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