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

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	•	Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.			
			tification Information						
For	calendar plan year 2009 or fisc	cal pl	an year beginning 01/01/200)9	and ending 1	2/31/	2009		
A	This return/report is for:	X s	ingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan	
В	This return/report is for:	X fi	rst return/report	final retur	n/report		_		
	·	X a	in amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Π̈́F	Form 5558	automatic	extension		DFVC progra	am	
	oneon box ii iiiiig under.	H	pecial extension (enter descripti	1					
Do	rt II Basic Plan Infor	ш	tion—enter all requested inform						
	Name of plan	IIIai	LIOTI—enter all requested inform	iation		1h	Three-digit		
	TAINE OF PIAN FTLE JUNIOR HOCKEY ASSO	OCIA:	TION 403B7 PLAN			טו	plan number		
0							(PN) ▶	001	
						1c	Effective date o	f plan	
							12/28/1	988	
	•		(employer, if for single-employer	r plan)		2b	Employer Identi		nber
SEA	ITLE JUNIOR HOCKEY ASSO	JCIA	TION			20	(EIN) 23-742 Plan sponsor's		umbor
7012	- 220 ST SW					20	425-77		ullibei
	NTLAKE TERRACE, WA 9804	43				2d	Business code	(see instruct	tions)
							713900		
	Plan administrator's name and FTLE JUNIOR HOCKEY ASSO		Iress (if same as Plan sponsor, e) ")	3b	Administrator's 23-742		
OLA	THE SOMOR HOOKET ACCO	JOIA			CE, WA 98043	3c	Administrator's		umber
						•	425-77		arribor
			ponsor has changed since the la		port filed for this plan, enter the	4b	EIN 23-742	1219	
- 1	name, EIN, and the plan number	er fro	om the last return/report. Spons	or's name		10	PN		
5a	Total number of participants a	at the	heginning of the plan year			тс			7
_									7
	·		• •			5b			6
С					rear (defined benefit plans do not	5c			
6a	· · · · · · · · · · · · · · · · · · ·				(See instructions.)			X Yes	No
					ndent qualified public accountant (IQI				
	under 29 CFR 2520.104-46?	(See	instructions on waiver eligibility	and conditi	ions.)			X Yes	No
D-				orm 5500-	SF and must instead use Form 55	00.			
	rt III Financial Inform	natic	on			1			
7	Plan Assets and Liabilities				(a) Beginning of Year	_	(b) End	of Year	
	Total plan assets			7a	345563	3			309449
b	·								
<u>C</u>			om line 7a)	. 7с	345563	3			309449
8	Income, Expenses, and Trans				(a) Amount		(b) ⁻	<u> Fotal</u>	
а	Contributions received or received		le from:	8a(1)					
	, , , ,					_			
	• •					_			
b	• • • • • • • • • • • • • • • • • • • •	,		` '	71018	7			
C	` ,		2), 8a(3), and 8b)		71010				71018
d	Benefits paid (including direct			. 00					11010
-	to provide benefits)		•	8d	106952	2			
е	Certain deemed and/or correct	ctive	distributions (see instructions)	8e					
f	Administrative service provide	ers (s	salaries, fees, commissions)	8f	180)			
g	Other expenses			8g					
h	Total expenses (add lines 8d,	, 8e, 8	8f, and 8g)						107132
i	Net income (loss) (subtract lin	ne 8h	from line 8c)	8i					-36114
j			nstructions)						

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Part IV	Plan	Charac	teristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
а	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)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	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 or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ			
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g					
i	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	10i					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					· <u> </u>	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru						
If	granting the waiverMor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		rear	
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
	VII Plan Terminations and Transfers of Assets					<u> </u>	
 3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a		L-1	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co		I.		<u> </u>
С	of the PBGC?					∐ Yes	× No
	which assets or liabilities were transferred. (See instructions.)	1				1	
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	establ	ished.		
Во	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.						
	Filed with authorized/valid electronic signature 07/19/2011 IOHN READLE						
SIG	A						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Seattle Junior Hockey Association

EIN: 23-7421219

Electronic Attachment

Explanation of Late Filing

The filing requirement for form 5500 changed in 2009. The organization was not aware of the law change that required the filing of form 5500 for the year ended December 31, 2009, until May of 2011. The organization immediately contacted a paid tax preparer to resolve this matter. Upon acquiring all relevant documents from the broker, form 5500 was immediately filed. We request late filing penalties not be assessed as this was the first year the organization was required to file form 5500. Form 5500 for year ending December 31, 2010 will be timely filed with the service center.

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).

OMB Nos. 1210 - 0110 1210 - 0089

2009

This Form is Open to Public

Complete all entries in accordance with the instruction	ons to the	Form 5500-SF.		Inspection
Part I Annual Report Identification Information				
For calendar plan year 2009 or fiscal plan year beginning and en	ding			
A This return/report is for: X single-employer plan multiple-employer plan (no	t multiemp	loyer)	one-pa	articipant plan
B This return/report is for: X first return/report final return/report				
an amended return/report short plan year return/report	ort (less tha	n 12 months)		
C Check box if filing under: Form 5558 automatic extension			DFVC	program
special extension (enter description)				
Part II Basic Plan Information— enter all requested information				
1a Name of plan			1b	Three-digit plan
Seattle Junior Hockey Association				number (PN) ▶ 001
403(b)7 plan			1c	Effective date of plan
20.00				12/28/1988
Plan sponsor's name and address (employer, if for single-employer plan)			2b	Employer Identification No.
Seattle Junior Hockey Association				(EIN) 23-7421219
7012 - 220 ST SW			2c	Plan sponsor's telephone no.
Mountlake Terrace WA 98043				425-771-2006
TOTAL TOTTAGE MA 30043			2d	Business code (see instr.)
				710000
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")			26	713900
Seattle Junior Hockey Association			3b	Administrator's EIN
•				23-7421219
7012 - 220 ST SW		ł	3с	Administrator's
Mountlake Terrace WA 98043			••	telephone number
				toophone number
				425-771-2006
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan, enter the sponsor has changed since the last return/report filed for this plan.	he name, El	N,	4b	EIN 23-7421219
and the plan number from the last return/report. Sponsor's name			4c	PN
Total number of participants at the beginning of the plan year			5a	
Total number of participants at the end of the plan year		1	5b	
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do n	ot complete	this item)	5c	
Were all the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified on				X Yes No
y and the difficult of an independent qualified pu	ıblic accour	ntant (IQPA)		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				X Yes No
Part III Financial Information	stead use	Form 5500.		
7 Plan Assets and Liabilities		() D		
a Total plan assets	70	(a) Beginning of 345	_	(b) End of Year
b Total plan liabilities	7a 7b	343.	363	309449
C Net plan assets (subtract line 7b from line 7a)	7c	345	563	309449
8 Income, Expenses, and Transfers for this Plan Year	- 1	(a) Amount	-	(b) Total
a Contributions received or receivable from:		(a) ranount		(b) rotal
(1) Employers (2) Participants	8a(1)			
(2) I diudpants	(8a(2)		0	
(3) Others (including rollovers)	8a(3)			
De la moonie (1033)	1 8b 1	710	018	
Total moone (add lines oa(1), oa(2), 8a(3), and 8b)	8c			71018
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1069	952	
Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries fees commissions)	8e			
(Salaries, Idea, Continussions)		:	180	
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		-	
(and miles od, od, oi, and og)	8h		-	107132
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i 8j		-	-36114
The plant (God mad double)	1 0)		1	

Form	5500	SF	2000

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0 2	
Page 2-	

Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1B	n feature codes from the	List of Plan Characteristic	Codes	in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare	feature codes from the	List of Plan Characteristic C	odes in	the inst	ructions:	
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 contribu	itions within the time ne	riod described in	163	140	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu				x		
b	Were there any nonexempt transactions with any party-in-interes			 	1		
	on line 10a)				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	_	^	****	
	or dishonesty?				x		
е	Were any fees or commissions paid to any brokers, agents, or ot	her persons by an insur		_	-		
	insurance service or other organization that provides some or all						
	instructions.)		40		x		
f	Has the plan failed to provide any benefit when due under the pla	n2	406	_	X		
g	Did the plan have any participant loans? (If "Yes," enter the amount		10g		X		
h	If this is an individual account plan, was there a blackout period?	(See instructions and 29	CER		-		
	2520.101-3.)	(and	10h				
i	If 10h was answered "Yes," check the box if you either provided t	he required notice or on	e of the				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	10i				
Par	t VI Pension Funding Compliance		1				
11	Is this a defined benefit plan subject to minimum funding requiren	nents? (If "Yes," see ins	tructions and complete Sche	dule S	B (Form		
	5500))				- (Yes X No	
12	Is this a defined contribution plan subject to the minimum funding requireme	nts of section 412 of the Co	ode or section 302 of ERISA?			Yes X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а							
	granting the waiver.		Month			Year	
If y	ou 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		
C	Enter the amount contributed by the employer to the plan for this plan for this plan for this plan for this plan for the plan for this plan for the plan for this plan for the	olan year		- 1	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter	the result (enter a minu	is sign to the left of a				
_	negative amount)			L	12d		
Part	Will the minimum funding amount reported on line 12d be met by	the funding deadline?	*****		Ye	s No N/A	
	The state of Assets	3					
ısa	Has a resolution to terminate the plan been adopted during the plan	an year or any prior year	?			Yes X No	
b	If "Yes," enter the amount of any plan assets that reverted to the e	employer this year			13a		
	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	, transferred to another	plan, or brought under the o	ontrol			
C						Yes X No	
•	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	om this plan to another p	plan(s), identify the plan(s) to)			
1	3c(1) Name of plan(s):						
	of plants.		130	(2) EI	N(s)	13c(3) PN(s)	
						1	
Cauti	on: A penalty for the late or incomplete filing of this return/rep	ort will be sessed w	alaa aaaaaabla aa a				
Under	penalties of perjury and other penalties set forth in the instructions, I declare	that I have evamined this s	others reasonable cause is	establ	shed.		
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the ele	ectronic version of this return	report, and to the best of much	ie, a Sc	nedule		
belief,	t is true, correct, and complete.	Solution version of this feture	preport, and to the best of my k	iowiedg	e and		
SIGN	Comming.	7-19-11	John Beadle				
HERE	Signature of plan administrator	Date		lan'-		de la	
	Hohm Bud.	- 10 11	Enter name of individual s	igning a	as plan a	idministrator	
SIGN		7-19-11					