## Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

## 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

2017

This Form is Open to Public Inspection

Parti	Annual Report	identification information						
For calend	ar plan year 2017 or fi	iscal plan year beginning 01/01/20	)17	and ending 1	2/31/2017			
A This ret	turn/report is for:	X a single-employer plan		r plan (not multiemployer) ( employer information in ad	-			
		a one-participant plan	a foreign plan					
<b>B</b> This retu	urn/report is	the first return/report	the final return/repo	ort				
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension	n	DFVC progra	m		
	,	special extension (enter descrip						
Part II	Basic Plan Info	ormation—enter all requested info	rmation					
1a Name EMPLOYEE	•	BOYS AND GIRLS CLUBS OF SKA	GIT COUNTY		1b Three-digi plan numb (PN) ▶			
					1c Effective d	late of plan 11/01/2014		
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			2b Employer I	dentification Number 91-1670669		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOYS AND GIRLS CLUBS OF SKAGIT COUN TY					<b>2c</b> Sponsor's telephone number 360-419-3723			
						code (see instructions)		
PO BOX 947 MOUNT VEF	, RNON, WA 98273-094	17				813000		
3a Plan a	dministrator's name a	nd address X Same as Plan Spons	sor.		<b>3b</b> Administra	tor's EIN		
					<b>3c</b> Administra	tor's telephone number		
						·		
		e plan sponsor or the plan name has			4b EIN			
	or's name	onsor's name, EIN, the plan name an	id the plan humber no	ii tile last retum/report.	4d PN			
C Plan N	lame							
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	31		
		s at the end of the plan year			. 5b			
		account balances as of the end of the			5c 3			
d(1) Total number of active participants at the beginning of the plan year			5d(1)					
d(2) Total number of active participants at the end of the plan year			5d(2)					
than	100% vested	terminated employment during the			5e	5		
Caution: A	A penalty for the late	or incomplete filing of this return/	report will be assess	ed unless reasonable ca				
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.						
SIGN		d/valid electronic signature.	04/12/2018	SARAH ARQUITT				
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	n administrator		
SIGN	Filed with authorized	d/valid electronic signature.	04/12/2018	SARAH ARQUITT				
HERE	l a:		I		<del></del>			

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes	No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							ш	
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not dete							rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year						(See instru	ctions.)	
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year	
a	Total plan assets	7a		37268		289466			
b	Total plan liabilities	7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	23	37268		289466			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		(b) Total			
а	Contributions received or receivable from:	0-(4)	,	22460					
	(1) Employers	8a(1)		23460 15938					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3) 8b		0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		41434		90		80832	
	Benefits paid (including direct rollovers and insurance premiums	00						00032	
	to provide benefits)	8d	2	28197					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		437					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				28634			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)							52198	
	Transfers to (from) the plan (see instructions)	8j		0					
	Part IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2F 2T 3D								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
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								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	•	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions					X			
	reported on line 10a.)  Was the plan covered by a fidelity bond?			10b 10c	X			200	00
d				100				300	00
	by fraud or dishonesty?			10d		X			
е	<b>e</b> 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			1	32
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Χ			
<u>_</u> _	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Χ			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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					
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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year					
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
<b>d</b> 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)					
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 control of 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.)	) to			
1	13c(1) Name of plan(s): 13c(2)			<b>13c(3)</b> PN(s)	