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).

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit BOYS & GIRLS CLUB OF ALACHUA COUNTY RETIREMENT PLAN & TRUST plan number 002 (PN) • 1c Effective date of plan 07/01/2010 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 59-6002181 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number BOYS & GIRLS CLUB OF ALACHUA COUNTY, INC. 352-372-5342 2d Business code (see instructions) PO BOX 358452 813000 GAINESVILLE, FL 32635 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 17 5a Total number of participants at the beginning of the plan year 5b 16 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 10 5c complete this item)..... 10 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<u>belief, it is t</u>	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	04/16/2018	RICHARD WITHERS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	Preparer's telephone number			

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 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 										No No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_		
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
<u>7</u>	rt III Financial Information		()5							
<u> </u>	Plan Assets and Liabilities Total plan assets	7-	(a) Beginning	ot Year 171029				(b) End	of Year 101943	
	Total plan assets	7a 7b							10.0.0	
	Net plan assets (subtract line 7b from line 7a)	7c		171029)				101943	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amour	· +				(b) T	otal	
	Contributions received or receivable from:		(a) Allioui					(D) 1	Otal	
	(1) Employers	8a(1)		1498						
	(2) Participants	8a(2)		2652						
	(3) Others (including rollovers)	8a(3)			_					
b	Other income (loss)	8b		11116						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15266	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		84302						
	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		50						
q	Other expenses	8g		0)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							84352	
	Net income (loss) (subtract line 8h from line 8c)	8i							-69086	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	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 F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					15200
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)					X				
f	Has the plan failed to provide any benefit when due under the pla	ın?	·····	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
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 the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

5500-SF Electronic Filing Authorization

Plan Name:

Boys & Girls Club of Alachua County Retirement Plan & Trust

EIN/PN:

59-6002181/002

Plan Year:

07/01/2016 - 06/30/2017

I hereby authorize Bates and Company, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Addinistrator	Plan Sponsor	
(sign)	(sign)	
4/16/18 (date)	(date)	

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SE.	Inspection
	ant Annual Report	Identification Information			000-017	VI
For	calendar plan year 2016 or fi	scal plan year beginning	07/01/2016	and ending	06/30/20	17
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	r plan (not multiemploye g employer information i ort turn/report (less than 12	n accordance with t	
С	Check box if filing under:	x Form 5558 special extension (enter desi	automatic extension	n	☐ DFVC ¡	orogram
000		ormation enter all requested	d Information			
1a	Name of plan Boys & Girls Club	of Alachua County Reti	rement Plan & Tru	st	1b Three-digiplan numb (PN) ► 1c Effective of 07/01/2	oer 002 date of plan
2a	Mailing Address (include roo City or town, state or province	oyer, if for a single-employer plant orn, apt., suite no. and street, or P ce, country, and ZIP or foreign po of Alachua County, Inc	P.O. Box) stal code (if foreign, see i	nstructions)	2b Employer (EIN) 59 2c Sponsor's (352) 3	Identification Number 9-6002181 telephone number 172-5342 code (see instructions)
3a	US Gainesville FL 32635 Plan administrator's name a	nd address 🛣 Same as Plan Sp	ponsor		3b Administra 3c Administra	ator's EIN ator's telephone number
4		e plan sponsor has changed since onber from the last return/report.	e the last return/report file	I for this plan, enter the	4b EIN	
	Sponsor's name				4c PN	
		at the beginning of the plan year				17
		at the end of the plan year			. 5b	16
Ç		account balances as of the end of			5c	10
d (1		ticipants at the beginning of the p				10
d(2	2) Total number of active part	ticipants at the end of the plan ye	ar		5d(2)	7
e		erminated employment during the			5e	3
Und SB	ution: A penalty for the late der penalties of perjury and ot	or Incomplete filing of this retu her penalties set forth in the instr nd signed by an enrolled actuary, plete.	uctions, I declare that I ha	ve examined this return/	report, including, if	ed. applicable, a Schedule
	x/h_		4/16/18	Richard Wit	hers boo	of Prevident
27 113	Signature of plan adm	inistrator	Date	Enter name of individ		1,00
	1/m		4/16/18	Richard Wit	T = 1	and Prevident
Stan Fit	Signature of employer	/plan sponsor	Date	Enter name of individ	ual signing as empl	oyer or plan sponsor
Pre Ski	parer's name (including firm r ip this question	name, if applicable) and address (include room or suite num	nber)	Preparer's telept Skip this qu	

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	*1*178000			**********	*******	XYe	s No
þ	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public acc	ountai	nt (IQI	PA)				
	under 29 GFR 2520,104-46? (See instructions on waiver eligibility	and condition	ons.)			*******		*******	XΥε	s 🔲 No
	If you answered "No" to either line 6a or line 6b, the plan cann									
C	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA sect	ion 40	21)?	******	Yes	N	lo 🔲 No	t determine
	Financial Information							_		
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) En	d of Year	
a	Total plan assets	, 7a	1	71,0	29				10	1,943
þ	Total plan liabilities	. 7b								
Ç	Net plan assets (subtract line 76 from line 7a)	. 7c		71,0	29				10	1,943
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b)	Total	
9	Contributions received or receivable from: (1) Employers	. 8a(1)		1,4	192					
	(2) Participants	. 8a(2)		2,6				naemak na Lesiste		30.014.1
	(3) Others (including rollovers)							n n ni	filter.	
þ	Other income (loss)	. 8b		11,1	.16				H	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					en senencia nons	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	5,266
d	Benefits paid (including direct rollovers and insurance premiums					m		1		
	to provide benefits)	. 8d		84,3	02					
9	Certain deemed and/or corrective distributions (see instructions)									Service Services
<u>r</u>	Administrative service providers (salaries, fees, commissions)	. 8 1			50		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<u>g</u>	Other expenses	. 8g		DESKULENSTRUT	0					
L	Talaka arawa 2 190 Balakasa asa arawa	1								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								4,352
i	Net income (loss) (subtract line 8h from line 8c)	8i							(69	,086)
i L	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)								(69	· · · · · · · · · · · · · · · · · · ·
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b b c d d e	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare feeling the plan participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage feeling feeli	eature codes ature codes	the time period uciary Correction iciude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	No x x x	s in the		(69 ctions:	,086)
b o a b c d	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Plan Characteristics If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides and policies for program for transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or officerier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period?	eature codes ature codes	the time period uciary Correction clude transactions d, that was caused by an insurance he benefits under clud.)	10a 10b 10c 10d 10d 10g	Yes	No x x x x x x	s in the		(69 ctions:	,086)
b b c d f g	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Plan Characteristics If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare benefits, enter the applicable welfare feeling the plan provides welfare feeling the plan participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage feeling feeli	eature codes ature codes	the time period uciary Correction iciude transactions d, that was caused by an insurance he benefits under ind.)	10a 10b 10c 10d	Yes	No x x x x x	s in the		(69 ctions:	,086)

	Form 5500-SF 2016	Page 3 -						
	Pension Funding Compliance							
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," s	ee instructions	and complete	Sched	uie SB		Yes 🗀	
	(Form 5500 and line 11a below)		********	·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	162 1	L NO
12	is this a defined contribution plan subject to the minimum funding requirements of	section 412 of t	the Code or s	11a ection 3	02 of		- Alleo	
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	************************	(9514444524614444444444				Yes 🛚	No.
a	If a walver of the minimum funding standard for a prior year is being amortized in the							uling
lf	granting the waiver), and skip to i	Month line 13.		Day	Ye	ar	
b				, 12b				
C			· · · · · · · · · · · · · · · · · · ·					
d		a minus sign to	o the left of a	124				
е					Yes	☐ No	N	/A
	Plan Terminations and Transfers of Assets							,,
13	a Has a resolution to terminate the plan been adopted in any plan year?	****************	***************			is X	No	
	if "Yes," enter the amount of any plan assets that reverted to the employer this year	1188274984145877744		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to ar	other plan, or t	orought under	the] Yes	X No	
С					•			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13	c(3) PN(s)
	Trust Information - Skip These Questions							
148	1 Name of trust			141	Trust's	EIN		
140	Name of trustee or custodian			140		e or custo one numb		
	IRS Compliance Questions - Skip These Questions							.
15a	I is the plan a 401(k) plan? If "No," skip b.			Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals a 401(k)(3) for the plan year? Check all that apply:	under section		Design- safe har "Current ADP tes	toor t year"		"Prior ye test N/A	ar" ADP
16a	What testing method was used to satisfy the coverage requirements under section 4 year? Check all that apply:			Ratio percenta test	age _	Averag benefi		□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 41 for the plan year by combining this plan with any other plan under the permissive ago)(4)	Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that receive the letter//and serial number	ed a favorable	IRS opinion l	etter or :	advisory	letter, en	ter the d	ate of
17b	If the plan is an individually-designed plan that received a favorable determination let	ter from the IR	S, enter the d	ate of th	e most i	recent de	terminati	on
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age	32 and had not	separated fro	m	☐ Yes	; []	Nο	

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

☐ Yes ☐ No