Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection**

A This return/report is or: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participant plan and return/report and single-employer plan and return/report and anomaly attach a list of participant plan a foreign plan an emmended return/report a short plan year return/report as short plan year return/report gest than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program	Part I Annual	Report Identification Information	1						
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program DFVC progra	For calendar plan year	2018 or fiscal plan year beginning 01/01/	2018	and ending 12/31	1/2018				
B This return/report is	A distribution plant								
me tins return/report me tins return/report me tins return/report (less than 12 months)				, ,,		,			
C Check box if filing under:	B This return/report is	the first return/report	the final return/report						
Part II Basic Plan Information—enter all requested information 1a Name of plan CENTER FOR COURAGE AND RENEWAL RETIREMENT PLAN 1		an amended return/report	a short plan year retu	rn/report (less than 12 mont	hs)				
Part II Basic Plan Information—enter all requested information 1a Name of plan CENTER FOR COURAGE AND RENEWAL RETIREMENT PLAN 1c Effective date of plan (PN) 001 010	C Check box if filing	ınder: Form 5558	automatic extension		DFVC progran	า			
18		special extension (enter desc	cription)						
18	Part II Basic F	lan Information—enter all requested ir	nformation						
Plan number (PN) 001 C Effective date of plan (O10/12003) C Enter For Courage And Renewal. 2	•	·		1	b Three-digit				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CENTER FOR COURAGE AND RENEWAL 24 ROY ST., BOX #21 SEATTLE, WA 98109 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 208-855-8140 2d Business code (see instructions) 611000 3a Plan administrator's name and address Same as Plan Sponsor. 4b If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 2d Roys is name c Plan Name 4d PN 5a Total number of participants at the beginning of the plan year c Number of participants at the beginning of the plan year c Number of participants with account balances as of the end of the plan year 4d (2) Total number of active participants at the beginning of the plan year 4d (2) Total number of active participants at the beginning of the plan year 4d (2) Total number of active participants at the beginning of the plan year 4d (2) Total number of active participants at the beginning of the plan year 5d (2) Total number of participants with terminated employment during the plan year with accrued benefits that were less for an analysis of the plan year 6c Number of participants who terminated employment during the plan year with accrued benefits that were less for an 100% vested. 6c Number of participants who terminated employment during the plan year. 6c Number of participants who terminated employment during the plan year. 6c Number of participants who terminated employment during the plan year with accrued benefits that were less for an 100% vested. 6c Number of participants at the end of the plan year. 6c Number of participants who terminated employment during the plan year with accrued benefits that were less for an 100% vested. 6c Number of participants who terminated employment during the plan year with accrued benefits that	•	SE AND RENEWAL RETIREMENT PLAN			plan numbe	er			
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	SEATTLE, WA 96109								
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d(1) Total number of active participants at the beginning of the plan year	· · ·					8			
d(2) Total number of active participants at the end of the plan year						8			
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Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE	SIGN Filed with		07/23/2019	KATHRYN MCELVEEN					
HERE	HERE Signature	of plan administrator	Date	Enter name of individual signing as plan administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									
	HERE Signature	of employer/plan sponsor	Date	Enter name of individual	signing as em	oloyer or plan sponsor			

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b	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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determ								
	If "Yes" is checked, enter the My PAA confirmation number from the					-		. (See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
а	Total plan assets	7a	6	92640				540794	
b								1019	
С	Net plan assets (subtract line 7b from line 7a)	· · · · · · · · · · · · · · · · · · ·					539775		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		3211					
	(2) Participants	8a(2)		7250					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-	18112					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-7651	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	141765					
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		3449					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	tal expenses (add lines 8d, 8e, 8f, and 8g)						145214	
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i	j					-152865	
	j Transfers to (from) the plan (see instructions)								
	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	reature co	odes from the list of Pi	ian Cna	racteri	Stic Co	odes in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the instru	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	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 V	oluntary F	iduciary Correction	100		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions			10a 10b		X			
				10c	Х			50000	
	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		56000	
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			1923	
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
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 Schedule SB (Form 5500) and line 11a below)							
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		of the letter ruling Year			
lf y	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					
С	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					
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	s 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 control of the PBGC?	he		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 which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)			

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Informatior					
For calend	dar plan year 2018 or f	fiscal plan year beginning	01/01/2018	and ending	12/3	1/2018	
A This re	eturn/report is for:	X a single-employer plan				ng this box must attach a th the form instructions.)	
D		a one-participant plan	a foreign plan				
B This ret	B This return/report is the first return/report the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension	[DFVC pro	ogram	
	_	special extension (enter desc	· ′				
Part II	Basic Plan Info	ormation—enter all requested ir	nformation				
1a Name CENT	•	GE AND RENEWAL RETIRE	EMENT PLAN		1b Three plan n (PN)	umber	
						ive date of plan 01/2003	
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O Roy)		•	oyer Identification Number	
		ce, country, and ZIP or foreign pos		ructions)	,	33-1023228	
•	•	GE AND RENEWAL	, ,	,		sor's telephone number -855-9140	
24 I	ROY ST., BOX	#21			2d Busine	ess code (see instructions)	
SEAT	TTLE	WA 981	09		6110	000	
3a Plan a	administrator's name a	and address 🏻 Same as Plan Spo	onsor.		3b Admin	istrator's EIN	
		-					
					3c Administrator's telephone number		
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN		
	sor's name	•	•	·	4d PN		
C Plan	Name						
5a Total	number of participants	s at the beginning of the plan year.			5a	10	
		s at the end of the plan year		T T	5b	8	
		account balances as of the end of		·	5c	8	
d(1) To	tal number of active pa	articipants at the beginning of the p	olan year	<u> </u>	5d(1)	4	
d(2) To	tal number of active pa	articipants at the end of the plan ye	ear		5d(2)	C	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	C		
		or incomplete filing of this retur					
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.							
				Kathryn McElve	veen		
HERE	Signature of plan		Date	Enter name of individu	ual signing a	s plan administrator	
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing a	s employer or plan sponsor	