## 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** 

For celedar plan year 2018 or fiscal plan year teginning   0.011/2018   an untiple-employer plan fort multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)   a non-participant plan   a toreign plan year return/report (less than 12 months)			dentification information										
A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C Check box if filling under:   Form 5558   automatic extension   DFVC program   DFVC progr	For calendar pla	n year 2018 or fisca	al plan year beginning 01/01/2	2018		and ending 12	2/31/2	.018					
B This return/report is	A This return/re	eport is for:	A diligio cilipioyol plan										
me tinst return/report   me tinst return/report   me tinst return/report   me tinst return/report   me tinst return/report (less than 12 months)			a one-participant plan										
C Check box if filing under:	<b>B</b> This return/re	This return/report is the first return/report the final return/report											
Part II   Basic Plan Information—enter all requested information			an amended return/report	a s	short plan year return	/report (less than 12 m	onths)	)					
Part II   Basic Plan Information—enter all requested information   1a Name of plan   2018 SPECIAL OLYMPICS USA GAMES 401K PLAN   1c Effective date of plan   2018 SPECIAL OLYMPICS USA GAMES 401K PLAN   1c Effective date of plan   2018 SPECIAL OLYMPICS USA GAMES 401K PLAN   2018 Mailing address (include room, apt., suite no. and street, or P.O. Box   22 Employer Identification Number (EIN)   81-0762136   2c Sponsor's telephone number   2018 SPECIAL OLYMPICS USA GAMES   2d Employer Identification Number (EIN)   81-0762136   2c Sponsor's telephone number   2018 SPECIAL OLYMPICS USA GAMES   2d Business code (see instructions)   2d Business code (see instructions)   2101 4TH AVE STE 910   210 4TH AVE STE 910   2101 4TH AVE STE 910   210 4TH AVE STE 910   2101 4TH AVE STE 910	C Check box if	filing under:	Form 5558	au	itomatic extension	DFVC program							
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Plan number (PN)   001   1c   Effective date of plan (UND 1/2016)   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)   2018 SPECIAL OLYMPICS USA GAMES   2c   Sponsor's telephone number (EIN) 81-0762136   2c   Sponsor's telephone number 200-805-2225   2d   Business code (see instructions)   711210     3a   Plan administrator's name and address   Same as Plan Sponsor.   3b   Administrator's telephone number 3c   Plan Name   4d   PN   4d   P							1b	Three-digit					
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26 Sponsor's telephone number 266-65-2225 2d Business code (see instructions) 711210  3a Plan administrator's name and address Same as Plan Sponsor.  3b Administrator's EIN 3c Administrator's telephone number description of the plan sponsor or the plan name has changed since the last return/report filled 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 5b 28  b Total number of participants at the end of the plan year (only defined contribution plans complete this item).  d(1) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested  c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  SIGN HERE  Filed with authorized/valid electronic signature.  Date  Enter name of individual signing as plan administrator	Mailing add	ress (include room,	apt., suite no. and street, or P.C										
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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	,												
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d(1) Total number of active participants at the beginning of the plan year						5	b	28					
d(2) Total number of active participants at the end of the plan year				5	С	21							
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SIGN HERE     Filed with authorized/valid electronic signature.     08/13/2019     KAREN KOMOTO       Signature of plan administrator     Date     Enter name of individual signing as plan administrator       SIGN HERE     HERE	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												
Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN  HERF	SIGN File			08/13/2019 KAREN KOMOTO									
HERE	HERE Sig	nature of plan adr	ninistrator		Date	Enter name of individ	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 Sig	Signature of employer/plan sponsor Date Enter name of indiv						ridual signing as employer or plan sponsor					

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6a 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)						X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes   No		
c	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
								(See instructions.)		
								_ (		
7	•		(a) <b>D</b> a sissuita a s	- f \/			/b) F	Lat Waar		
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning o	or Year 07578			(b) End	234561		
_ <u>a</u>	Total plan liabilities	7a	T C	31310				234301		
b Total plan liabilities							234561			
8	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amoun				(b) '	(b) Total		
	Contributions received or receivable from:		(a) Allioun				(10)	Total		
	(1) Employers	8a(1)	4	45534						
	(2) Participants	8a(2)	10	06891						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-2	-21602						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					130823			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			3790						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		50						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3840		
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						126983		
	j Transfers to (from) the plan (see instructions)									
Pa	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: 2E 2F 2G 2J 2K 2T 3D									
<b>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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
	C Was the plan covered by a fidelity bond?			10c	Х			11000		
d	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		11000		
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	f Has the plan failed to provide any benefit when due under the plan?					X				
9	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										

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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 con (Form 5500) and line 11a below)			В		es 🗌 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 ERISA?	e or section	n 302 of		. Y	es X No
	(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 instru granting the waiver.		d enter t Day		of the letter Year	ruling
lf :	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			
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 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
Part '	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	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 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 which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)