	m 5500-SF	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee Re	etirement	2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E			This Form is Open to				
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
Part I		dentification Information							
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/20			2/31/2018				
A This ret	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a with the form instructions.)			
B This rot	urn/report is	a one-participant plan	a foreign plan						
		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:	X Form 5558	automatic extension	[DFVC p	rogram			
		special extension (enter descrip							
Part II		mation—enter all requested info	mation		41				
1a Name THE AMERI	•	ERENCE 403B DC PLAN			1b Three plan	e-digit number			
				r	(PN)				
					1C Effec	tive date of plan 01/01/1989			
Mailing	ponsor's name (employ g address (include roon		2b Employer Identification Number (EIN) 51-0244593						
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HE AMERICAN ATHLETIC CONFERENCE					2c Sponsor's telephone number 401-272-9108			
				-	2d Busir	ness code (see instructions)			
15 PARK RC PROVIDENC	W WEST 3RD FLOOR	ł				611000			
	_,								
3a Plan a	dministrator's name an	d address 🗙 Same as Plan Spons	or.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name has sor's name, EIN, the plan name and			4b EIN				
a Spons C Plan N	or's name				4d PN				
C Plan N	lame								
5a Total	number of participants	at the beginning of the plan year			5a	69			
		at the end of the plan year			5b	68			
		account balances as of the end of th			5c	68			
d(1) Tota	al number of active par	ticipants at the beginning of the plar) year		5d(1)	26			
• •		ticipants at the end of the plan year terminated employment during the p			5d(2)	25			
than	100% vested				5e	0			
		or incomplete filing of this return/ per penalties set forth in the instruction							
SB or Sche		d signed by an enrolled actuary, as							
SIGN	Filed with authorized/	valid electronic signature.	08/13/2019	KAREN GIBLIN					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing a	as employer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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 in If "Yes" is checked, enter the My PAA confirmation number from th	and condition tot use Forr insurance pro-	ns.) n 5500-SF and must ogram (see ERISA see	instea	d use)21)?	Form	5500. Yes 🗌 No	
Pa	rt III Financial Information			un year				(000 manualions.)
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End	d of Year
а	Total plan assets	7a	730	1424				6689462
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	730	1424				6689462
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)	38	0559				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-24	0102				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						140457
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	74	9145				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	:	3274				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						752419
i	Net income (loss) (subtract line 8h from line 8c)	8i						-611962
j	Transfers to (from) the plan (see instructions)	8j						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2L 3D	feature code	es from the List of Pla	n Char	acteri	stic Coo	des in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan	Chara	cterist	tic Code	es in the inst	ructions:
Pa	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V							

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	Х		500000
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		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu	al Return/Report of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and 4065 of the Employee F	Retirement	2018
Department of Labor	Income Security Act of 1974	(ERISA), and sections 6057(b) and 6058(a) of the		This Form is Open to
Employee Benefits Security Administratio Pension Benefit Guaranty Corporation		Revenue Code (the Code).		Public Inspection
	Complete all entries in a	accordance with the instructions to the Form	5500-SF.	
Part I Annual Report For calendar plan year 2018 or	rt Identification Information	01/01/2018 and ending	12/	31/2018
r or calendar plan year 2010 or	_	a multiple-employer plan (not multiemployer)		· · · · · · · · · · · · · · · · · · ·
A This return/report is for:	X a single-employer plan	list of participating employer information in a	•	-
B	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12 r	nonths)	
C Check box if filing under:	X Form 5558	automatic extension		program
	special extension (enter descr	ription)		
Part II Basic Plan In	formation—enter all requested inf	formation		
1a Name of plan	·	· · · · · · · · · · · · · · · · · · ·	1b Thre	e-digit
The American Ath	nletic Conference 403b	DC Plan		number
				tive date of plan
				/01/1989
	ployer, if for a single-employer plan) pom, apt., suite no. and street, or P.C) Box)		loyer Identification Number
City or town, state or provi	nce, country, and ZIP or foreign post) 51 - 0244593 nsor's telephone number
The American Ath	letic Conference			-272-9108
15 Park Row West	: 3rd Floor		2d Busi	ness code (see instructions)
Providence	RI 0290	03	611	.000
3a Plan administrator's name	and address X Same as Plan Spor	nsor		inistrator's EIN
			3c Adm	inistrator's telephone number
		as changed since the last return/report filed for and the plan number from the last return/report.	4b EIN	
a Sponsor's name	onsoi s name, Env, me plan name a	no ne plan nomber nom ne last retori/report.	4d PN	
C Plan Name				
5a Total number of narticinan	ts at the beginning of the plan year		5a	6
				6
C Number of participants wit	h account balances as of the end of t	the plan year (only defined contribution plans	5c	6
complete this item/				
d(1) Total number of active r	participants at the beginning of the pla	an vear	5d(1)	2
		an yearar	5d(1) 5d(2)	·
d(2) Total number of active p e Number of participants wh	participants at the end of the plan yea ho terminated employment during the	ar e plan year with accrued benefits that were less		2
d(2) Total number of active p e Number of participants wh than 100% vested	participants at the end of the plan yea ho terminated employment during the	ar e plan year with accrued benefits that were less	5d(2) 5e	2
d(2) Total number of active p e Number of participants withan 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed	participants at the end of the plan yea no terminated employment during the e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a	ar e plan year with accrued benefits that were less	5d(2) 5e ause is esta eport, includ	2 blished. ing, if applicable, a Schedule
d(2) Total number of active p e Number of participants wh than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and con	participants at the end of the plan yea the terminated employment during the e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete.	ar e plan year with accrued benefits that were less n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/r	5d(2) 5e ause is esta eport, includ	2 blished. ing, if applicable, a Schedule
d(2) Total number of active p e Number of participants wh than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and con SIGN	participants at the end of the plan yea the terminated employment during the e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete.	ar e plan year with accrued benefits that were less n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/r as well as the electronic version of this return/report 8 13/19 Karen Giblin	5d(2) 5e ause is esta eport, includ ort, and to the	2 blished. ing, if applicable, a Schedule
d(2) Total number of active p e Number of participants wh than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and con SIGN	participants at the end of the plan yea the terminated employment during the e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete.	ar e plan year with accrued benefits that were less n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/r as well as the electronic version of this return/report 8 13/19 Karen Giblin	5d(2) 5e ause is esta eport, includ ort, and to the	2 blished. ing, if applicable, a Schedule e best of my knowledge and
d(2) Total number of active p e Number of participants wh than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and com SIGN HERE Signature of plan SIGN	participants at the end of the plan yea the terminated employment during the e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete.	ar p plan year with accrued benefits that were less n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/r as well as the electronic version of this return/report 8 13/19 Karen Giblin Date Enter name of indivi 8 13 10 Eric Ziady	. 5d(2) 5e eport, includ ort, and to the dual signing	ing, if applicable, a Schedule e best of my knowledge and
d(2) Total number of active p e Number of participants wh than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and con SIGN HERE Signature of plan SIGN HERE	participants at the end of the plan yea the terminated employment during the e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete.	ar e plan year with accrued benefits that were less n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/repor- as well as the electronic version of this return/repor- 8 13/19 Karen Giblin Date Enter name of indivi- Bate Enter name of indivi- Date Enter name of indivi-	. 5d(2) 5e eport, includ ort, and to the dual signing	2 blished. ing, if applicable, a Schedule e best of my knowledge and as plan administrator

6a		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.)	🛛 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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information	· · · · · · · · · · · · · · · · · · ·

Part III _ Financial Information						
7 Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year
a Total plan assets	. 7a	7,	301,	424		6,689,46
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	7,	301,	424		6,689,46
B Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)		380,	559		
(2) Participants	. 8a(2)					
(3) Others (including rollovers)	8a(3)			000000		
b Other income (loss)	. 8b	-	240,	102		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					140,45
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		749,	145		
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f					
g Other expenses	. 8g		З,	274		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					752,41
i Net income (loss) (subtract line 8h from line 8c)	· · · · · ·	and the second	R .			-611,96
j Transfers to (from) the plan (see instructions)	· 8j				. 1818/1	
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions						
0 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		x	
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	-		10b		х	
C Was the plan covered by a fidelity bond?			10c	х		500,00
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х	
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	f the benefits under	10e		x	
f Has the plan failed to provide any benefit when due under the pla						
	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a					X X	
	as of year- (See insti	end.)	10f 10g 10h			

 Form 5500-SF (2018)

Page 3-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)					res 🗌 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 Co ERISA?			f		res 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiverM		l enter t Day		of the lette Year	er ruling
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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 year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		ŀ	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	XN	lo
	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 brough control of the PBGC?		_	[] Yes 🛛	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred.	y the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
			-			