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

Part I		Identification Information						
For calend	dar plan year 2018 or fi	iscal plan year beginning 01/01/2	<u>2018</u>	and ending 12	2/31/2018			
A This re	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 one-participant plan	a foreign plan					
B This ret	turn/report is							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progr	ram		
	_	special extension (enter descri	' '					
Part II Basic Plan Information—enter all requested information								
1a Name BOYS & GII	•	OLYMPIC PENINSULA PENSION	PLAN		1b Three-di plan num (PN) ▶	nber 001		
					1c Effective	date of plan 01/01/1994		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Povi			r Identification Number		
City o	r town, state or provinc	ce, country, and ZIP or foreign post		structions)	(EIN) 2c Sponsor	91-1376766 's telephone number		
BOYS & GIF	RLS CLUBS OF THE C	DLYMPIC PENINSULA			3	360-683-8095		
PO BOX 410	67				2d Business code (see instructions)			
	/A 98382-4167					813000		
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN			
				20. Administrator's telephone number				
					3C Administ	rator's telephone number		
4 16 11					4h en			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN			
•	sor's name				4d PN			
C Plan I	Name							
5a Total	number of participants	s at the beginning of the plan year			5a	25		
b Total	number of participants	at the end of the plan year			5b	21		
		account balances as of the end of		-	5c	20		
d(1) To	tal number of active pa	articipants at the beginning of the pl	lan year		5d(1)	9		
		articipants at the end of the plan year			5d(2)	14		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	7		
		or incomplete filing of this return						
SB or Sch		ther penalties set forth in the instructed signed by an enrolled actuary, applete.						
SIGN	Filed with authorized	d/valid electronic signature.	10/02/2019	MARY BUDKE				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	olan administrator		
SIGN								
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	vidual signing as employer or plan sponsor			

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X	′es
С	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 the					_			letermined structions.)
Pa	rt III Financial Information								
_7	Plan Assets and Liabilities		(a) Beginning (of Year	.		(b) E	nd of Year	
a	Total plan assets	7a	30	03261				29501	7
<u>b</u>	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	30	03261				29501	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		31762					
	(2) Participants	` ′		0					
	(3) Others (including rollovers)			0					
b	Other income (loss)		-	14119					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1764	13
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	25817					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		70	_				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2588	37
	Net income (loss) (subtract line 8h from line 8c)	8i						-824	14
	Transfers to (from) the plan (see instructions)	8j							
Par	Part IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	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)	/oluntary F	iduciary 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			4	40000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		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	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 Sc (Form 5500) and line 11a below)		В	Yes	X No			
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, a granting the waiver	nd enter t Day		of the letter ruli Year	ng 			
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			31762			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			31762			
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			0			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N	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 th control of the PBGC?	e 		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.)	s) to						
1	13c(1) Name of plan(s): 13c(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 Repor	t Identification Information					
For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/20	L8	
A This re	eturn/report is for:	X a single-employer plan		lan (not multiemployer) mployer information in a			
		a one-participant plan	a foreign plan			,	
B This ret	turn/report is	the first return/report	the final return/report				
an amended return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC program		
Dort II	Deels Dies to	special extension (enter descr	· ·				
Part II 1a Name	Basic Plan Int	ormation—enter all requested inf	ormation		1		
	•	5 11 53 1 5			1b Three-digit		
		of the Olympic Penins	sula		plan number (PN) ▶	001	
Pensio	n Plan				1c Effective date of 01/01/199	of plan	
2a Plan s Mailin	ponsor's name (emp	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	Box)		2b Employer Ident	ification Number	
City o Boys &	rtown, state or provir Girls Clubs	of the Olympic	al code (if foreign, see inst	ructions)	(EIN)91-137 2c Sponsor's teles		
Penins	ula				(360) 683- 2d Business code		
PO Box	4167				24 243111233 0000	(acc manuchons)	
Sequim			WA	98382-4167	813000		
3a Plan a	dministrator's name a	and address $\overline{\mathbb{X}}$ Same as Plan Spon	sor.	11/4.	3b Administrator's EIN		
					3c Administrator's	telephone number	
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name ha	s changed since the last r	eturn/report filed for	4b EIN		
a Spons	or's name	onsor's name, EIN, the plan name ar	nd the plan number from t	he last return/report.	4d PN		
C Plan N	lame						
5a Total i	number of participant	s at the beginning of the plan year			5a	25	
		s at the end of the plan year			5b	21	
C Numb	er of participants with	account balances as of the end of the	ne plan vear (only defined	contribution plans	5c	20	
		articipants at the beginning of the pla		***************************************	5d(1)	9	
		articipants at the end of the plan yea			5d(2)	14	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					7		
Caution: A	penaity for the late	or incomplete filing of this return	report will be assessed	uniess reasonable car	use is established.		
SB or Sche	alties of perjury and o edule MB completed a rue, correct, and com	ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	ions, I declare that I have well as the electronic ver	examined this return/re sion of this return/repor	port, including, if applic t, and to the best of my	cable, a Schedule knowledge and	
SIGN HERE	mary 6	Budlu	10-02-19	Mary Budke			
HENE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan adr	ninistrator	
SIGN HERE						-	
	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as employe	r or plan sponsor	

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6a b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public ac	counta	nt (IQF	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot	ind conditi	ons.} m 5500-SF and must	instead	l use l	Form 5500	
_	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance o	rogram (see ERISA sec	tion 40	21)?	Yes	No Not determined
·	If "Yes" is checked, enter the My PAA confirmation number from the						
Pa	rt III Financial Information						
7_	Plan Assets and Liabilities		(a) Beginning o				(b) End of Year
a	Total plan assets	7a		303,2	61		295,017
b	Total plan liabilities	7b			0		0.05 0.15
С	Net plan assets (subtract line 7b from line 7a)	7c		303,2	61		295,017
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		31,7			
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b		-14,1	. 19		17 (42
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					17,643
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		25,8	317		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g			70		05 005
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					25,887
i	Net income (loss) (subtract line 8h from line 8c)	8i					-8,244
j	Transfers to (from) the plan (see instructions)	8 <u>j</u>					
Pa	rt IV Plan Characteristics						
9a	2C 2F 2G 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	ic Codes ir	the instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	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	iduciary Correction	10a		Х	
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х	
	C Was the plan covered by a fidelity bond?			10c	Х		40,000
	d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused			Х	
	by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other states of the states			10d		 	
	Were any fees or commissions paid to any brokers, agents, or our carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	f the benefits under	10e		Х	
_	f Has the plan failed to provide any benefit when due under the plan			10f		Х	
	g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х	
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		Х	
	i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i			

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minim (Form 5500) and line 11a below)	num funding requirements? (If "V	es," see instructions an	d complete Sch	nedule S	SB Yes X No
11a	Enter the unpaid minimum required contribut	ions for all years from Schedule	SB (Form 5500) line 40		44-	
12	ERISA?	the minimum funding requiremen	its of section 412 of the	Code or sectio	11a n 302 o	f X Yes No
a	(If "Yes," complete line 12a or lines 12b, 12c	c, 12d, and 12e below, as applica	ble.)			
	If a waiver of the minimum funding standard to granting the waiver.	or a prior year is being amortized	d in this plan year, see i	nstructions, and	d enter	the date of the letter ruling
If	ou completed line 12a, complete lines 3, 9	, and 10 of Schedule MB (Form	5500), and skin to lin	e 13	Day	Y Year
b	Enter the minimum required contribution for th	is plan year		0.70.	12b	31,76
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 amo negative amount)	unt in line 12b. Enter the result (e	enter a minue sign to th	e left of a	12d	31,76
<u>e</u>	Will the minimum funding amount reported on	line 12d be met by the funding of	deadline?			Yes No X N/A
Part \	/II Plan Terminations and Transf	ers of Assets			<u>i</u>	THE TANK
13a	Has a resolution to terminate the plan been adop					Yes X No
	If "Yes," enter the amount of any plan assets	that reverted to the employer this	Vear		42-	res A NO
b	Were all the plan assets distributed to particip control of the PBGC?	ants or beneficiaries, transferred	to another plan, or bro	ught under the	13a	Yes X No
С	If, during this plan year, any assets or liabilitie which assets or liabilities were transferred. (S	s were transferred from this plan	to another plan(s), idea	ntify the plan(s)	to	

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):