Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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		t identification information	1							
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018				
A This ret	A This return/report is for: 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 retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a s	short plan year return						
C Check I	box if filing under:	X Form 5558	au	utomatic extension		DFVC p	rogram			
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation	on						
1a Name ASSOCIATIO	•	LLEGES, INC. RETIREMENT PLA	.N			1b Thre plan (PN)	number	001		
						1c Effective date of plan 05/01/1994				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			2b Emp (EIN	-	fication Number		
City or	town, state or provin	ce, country, and ZIP or foreign post		(if foreign, see instru	uctions)	, ,		hone number		
ASSOCIATIO	ON OF FLORIDA CO	LLEGES, INC.					850-222			
1725 MAHAN	N DDIVE					2d Busi	ness code ((see instructions)		
	EE, FL 32308						6110	000		
3a Plan a	3a Plan administrator's name and address ⊠ Same as Plan Sponsor.						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	as chan	nged since the last re	eturn/report filed for	4b EIN				
	an, enter the plan spoor's name	onsor's name, EIN, the plan name a	and the	plan number from th	e last return/report.	4d PN				
C Plan N						44 1 N				
5a Total r	number of participants	s at the beginning of the plan year.				5a		10		
		s at the end of the plan year				5b		9		
		account balances as of the end of			·	5c		9		
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year	r		5d(1)		6		
		articipants at the end of the plan ye				5d(2)		6		
than	100% vested	o terminated employment during the				5e		0		
		or incomplete filing of this return								
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and the control in the instruction and the control in the con								
SIGN	Filed with authorized	d/valid electronic signature.		10/04/2019	MIKE BRAWER					
HERE	Signature of plan	administrator		Date	Enter name of individ	ne of individual signing as plan administrator				
SIGN										
HERE	Signature of empl	oyer/plan sponsor		Date	Enter name of individ	ual signing	as employe	er or plan sponsor		

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No	
b								X Yes ∏ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
C	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th					_		. (See instructions.)	
Do									
7			(a) Danimaina	-f V	1		/b) F.	d of Voor	
<u>'</u>	Plan Assets and Liabilities Total plan assets	7a	(a) Beginning (70404	-+		(D) En	d of Year 1173809	
	Total plan liabilities	7a 7b		10404				1170000	
	Net plan assets (subtract line 7b from line 7a)	7c	117	70404				1173809	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(h)	Total	
	Contributions received or receivable from:		(u) Amoun				(2)	Total	
	(1) Employers	8a(1)		71816					
	(2) Participants	8a(2)	2	21600					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	-7	73572	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						19844	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5351					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	,	11088					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						16439	
i	Net income (loss) (subtract line 8h from line 8c)	8i						3405	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Pla	an Chai	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	cteris	tic Cod	des in the ins	tructions:	
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 contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-		10a	X			9300	
b	Were there any nonexempt transactions with any party-in-interest			- iou				3300	
	reported on line 10a.)			10b		Х			
C				10c	X			110000	
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.)			10e	X			6667	
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ			
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					
	CACCPRIONS to Providing the Hotice applied under 29 CFR 2520.10	ı-J		101		<u> </u>			

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Part	VI Pension Funding Compliance									
11	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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf :	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	× N	0					
	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 the 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 the plan(s) which assets or liabilities were transferred. (See instructions.)	to								
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

Annual Report Identification Information

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 calendar plan year 2018 or fiscal plan year beginning	01/01/2018	and ending	12/3	1/2018				
A This return/report is for:		an (not multiemployer) (F		ng this box must attach a h the form instructions.)				
a one-participant plan	a foreign plan	• • • • • • • • • • • • • • • • • • • •						
B This return/report is the first return/report	the final return/report							
an amended return/report								
C Check box if filing under:	automatic extension	[DFVC pro	ogram				
Part II Basic Plan Information—enter all requested info	ormation	Т	4 h There	-P74				
1a Name of plan ASSOCIATION OF FLORIDA COLLEGES, INC.	RETIREMENT PLAN	r	1b Three- plan n (PN)	umber				
		-	1c Effecti	ve date of plan				
2a Plan sponsor's name (employer, if for a single-employer plan)								
Mailing address (include room, apt., suite no. and street, or P.O.		204 127	2b Employer Identification Number (EIN) 59-1423380					
City or town, state or province, country, and ZIP or foreign postal Association Of Florida Colleges, Inc.	I code (if foreign, see inst	ructions)	2c Sponsor's telephone number					
Association of Fiorida Correges, Inc.			850-222-3222					
1725 Mahan Drive			2d Busine	ess code (see instructions)				
Tallahassee FL 3230	8		6110	00				
3a Plan administrator's name and address X Same as Plan Spons	sor.		3b Administrator's EIN					
		3c Administrator's telephone number						
4 If the name and/or EIN of the plan sponsor or the plan name has	s changed since the last r	eturn/report filed for	4b EIN					
this plan, enter the plan sponsor's name, EIN, the plan name an a Sponsor's name	nd the plan number from the	ne last return/report.	4d PN					
C Plan Name								
5a Total number of participants at the beginning of the plan year			5a	10				
b Total number of participants at the end of the plan year			5b	9				
Number of participants with account balances as of the end of the complete this item)	ne plan year (only defined	contribution plans	5c	9				
d(1) Total number of active participants at the beginning of the plan			5d(1)	6				
d(2) Total number of active participants at the end of the plan year		F	5d(2)	6				
Number of participants who terminated employment during the than 100% vested	plan year with accrued be	nefits that were less	5e					
Caution: A penalty for the late or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is establ	ished.				
Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, as belief, it is true, correct, and complete.								
SIGN MS	14/4/19	MIKE BRAWER						
HERE Signature of plan administrator	Date	Enter name of individu	al signing as	s plan administrator				
SIGN M3	10/4/19	MIKE BRAWER	J J					
HERE Signature of employer/plan sponsor	Date			s employer or plan sponsor				

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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							X Yes No
С	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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year
а	Total plan assets	7a		170,			` '	1,173,809
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	170,	404			1,173,809
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		71,				
	(2) Participants	8a(2)		21,	600			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-73,	572			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						19,844
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5,	351			
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		11,	088			
	Other expenses	8g						16 420
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						16,439 3,405
÷	Net income (loss) (subtract line 8h from line 8c)	8i						3,405
,	, , , , , ,	8j						
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	footuro oc	adas from the List of DI	on Cho	rootori	otio Co	doe in the inc	structions:
Ja	2E 2F 2G 2J 2T 3D	leature CC	des nom the List of Fi	an Cna	iacien	SIIC CO	ues iii iiie iiis	structions.
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	es in the inst	ructions:
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	iduciary Correction	10a	х			9,300
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		х		
С	Was the plan covered by a fidelity bond?			10c	Х			110,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
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.)							6,667
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	••••••		10h		х		
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 (Form 5500) and line 11a below)			d complete Sch	edule S	В	Y	es No
11a	Enter the unpaid minimum required contribution	s for all years from Schedule SE	3 (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 1			Code or section	302 of		Y	es X No
а		a prior year is being amortized i	n this plan year, see		enter t Day		the letter Year _	ruling
lf y	you completed line 12a, complete lines 3, 9, a	nd 10 of Schedule MB (Form 5	5500), and skip to lir	e 13.				
b	Enter the minimum required contribution for this p	olan 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 amoun negative amount)			e left of a	12d			
е	Will the minimum funding amount reported on lin	ne 12d be met by the funding de	eadline?			Yes	No	N/A
Part '	VII Plan Terminations and Transfer	s of Assets						
13a	Has a resolution to terminate the plan been adopted	d in any plan year?				Yes	X No)
	If "Yes," enter the amount of any plan assets that	at reverted to the employer this	year		13a			
b	Were all the plan assets distributed to participar control of the PBGC?						Yes X	No
С	If, during this plan year, any assets or liabilities which assets or liabilities were transferred.	were transferred from this plan t	to another plan(s), ide	entify the plan(s)	to			

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

13c(2) EIN(s)

13c(3) PN(s)