-	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Empl	oyee	01	MB Nos. 1210-0110 1210-0089
	ernal Revenue Service	This form is required to be file	d under sections 104 and			2	2018
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal		rm is Open to c Inspection
Pension B	Benefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.	Public	rinspection
Part I		t Identification Information					
For calend	dar plan year 2018 or f	fiscal plan year beginning 01/01/2	—		2/31/2018		much otto shi a
A This re	eturn/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (mployer information in ac		-	
B This rot	turn/ronart in	a one-participant plan	a foreign plan				
	turn/report is	the first return/report	the final return/report				
		X 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 p	orogram	
		special extension (enter descr	ription)		_		
Part II	Basic Plan Info	ormation—enter all requested int	formation				
1a Name	•				1b Thre		
BENTON F		TY ACTION COMMITTEE RETIREM	MENT PLAN		plan (PN)	number	001
						tive date of	
						10/01/	
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	2b Empl (EIN)		cation Number 92238
		Y ACTION COMMITTEE			2c Spor	nsor's teleph 509-545-	one number 4042
					2d Busir	ness code (s	ee instructions)
720 W. COU PASCO, WA	JRT STREET A 99301					81300	0
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spor	nsor.		3b Admi	inistrator's E	IN
					3c Admi	inistrator's te	lephone number
4 If the	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last	roturn/roport filed for	4b EIN		
		onsor's name, EIN, the plan name a					
a Spons C Plan N	sor's name Name				4d PN		
50 Tatal	number of restisiants	o ot the beginning of the start second			5a		30
-		s at the beginning of the plan year s at the end of the plan year			5a 5b		30
C Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c		31
	,	articipants at the beginning of the pl			5d(1)		22
• •		articipants at the end of the plan yea	•		5d(2)		25
e Num	ber of participants who	o terminated employment during the	e plan year with accrued b	penefits that were less	5e		1
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable ca			
SB or Sch		ther penalties set forth in the instruct and signed by an enrolled actuary, a polete					
SIGN		d/valid electronic signature.	12/31/2019	JUDITH GIDLEY			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing	as plan adm	inistrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signina	as emplover	or plan sponsor
For Paperw		ice, see the Instructions for Form 5500)-SF.				v.171027

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 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	an indeper and condit	ndent qualified public accountant (I0 tions.)	QPA) [] No
	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 rt III Financial Information	surance p	program (see ERISA section 4021)?	Yes No Not determined
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<u>'</u> a	Total plan assets	7a	1479513	1019841
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1479513	1019841
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:			

b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	147	79513			1019841
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	ļ	54226			
	(2) Participants	8a(2)	6	60885			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-{	92167			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					22944
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	40	69750			
e	Certain deemed and/or corrective distributions (see instructions)	8e			_		
f	Administrative service providers (salaries, fees, commissions)	8f		12866			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					482616
i	Net income (loss) (subtract line 8h from line 8c)	8i					-459672
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J 2K 3D 2T	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:
Par	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	 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 Program) 	/oluntary l	-iduciary Correction	10a		X	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x	
C	Was the plan covered by a fidelity bond?			10c	Х		1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	
e	 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	in?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year-	end.)	10g	Х		6322

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	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)

Fo	rm 5500-SF	Short Form Annual	Return/Report	of Small Emp	lovee	OMB Nos. 1210-0110
Depa	artment of the Treasury		Benefit Plan		loyee	1210-0089
	mal Revenue Service	This form is required to be filed u Income Security Act of 1974 (E	under sections 104 and	4065 of the Employee F	Retirement	2018
Employee E	Repartment of Labor Benefits Security Administration		Revenue Code (the Code		e internal	This Form is Open to
	enefit Guaranty Corporation	Complete all entries in acc	cordance with the inst	ructions to the Form §	500-SF.	Public Inspection
For calend		Identification Information	1/01/2010	and andian	10/2	1 /0010
			1/01/2018	and ending		1/2018
A This re	turn/report is for:	X a single-employer plan				ing this box must attach a the form instructions.)
B This ret	urn/report is	the first return/report	the final return/report			
		x an amended return/report	-	n/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descript	,		_	
Part II	Basic Plan Info	prmation—enter all requested inform	mation			
1a Name BENI		COMMUNITY ACTION COMMIT	TEE RETIREMENT	PLAN	(PN)	number
					10/0	01/1992
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. E æ, country, and ZIP or foreign postal o	Box)			over Identification Number 91-0792238
BENI	CON FRANKLIN (COMMUNITY ACTION COMMIT	TEE	uctions)		sor's telephone number - 545 - 4042
720	W. COURT STRE	EET			2d Busine	ess code (see instructions)
PASC		WA 99301			8130	
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Sponso	r.		3b Admin	istrator's EIN
					3c Admin	istrator's telephone number
4 If the r	name and/or FIN of the	e plan sponsor or the plan name has o	changed since the last r	turn/roport filed for	4b EIN	
this pl	an, enter the plan spo	nsor's name, EIN, the plan name and	the plan number from the	ne last return/report.		
a Spons c Plan N	or's name Iame				4d PN	
5a Total r	number of participants	at the beginning of the plan year			5a	30
		at the end of the plan year			5b	31
C Numb	er of participants with	account balances as of the end of the	plan year (only defined	contribution plans	5c	31
d(1) ⊺ota	al number of active pa	rticipants at the beginning of the plan	year		5d(1)	22
d(2) ⊺ota	al number of active pa	rticipants at the end of the plan year			5d(2)	25
e Numb	per of participants who	terminated employment during the pla	an year with accrued be	nefits that were less	5e	1
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable ca	use is establ	ished.
Under pena SB or Sche	alties of perjury and otl	her penalties set forth in the instruction nd signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/re	port. includin	g, if applicable, a Schedule
SIGN	Judith	a Gidley.	12/31/19	Judith Gidley		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	s plan administrator
SIGN						

		Duic	Enter hame of individual signing as plan authinistrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Paperv	vork Reduction Act Notice, see the Instructions for Form 5500-SF.		Form 5500-SF (2018)
			v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	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.)	X 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)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Da	rt III Financial Information	

-								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year	
a	Total plan assets	7a	1,4	479,	513		1,	019,841
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	479,	513		1,	019,841
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		54,	226			
	(2) Participants	8a(2)		60,	885			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-92,	167			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						22,944
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		469,	750			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		12,	866			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						482,616
i	Net income (loss) (subtract line 8h from line 8c)	8i						459,672
i	Transfers to (from) the plan (see instructions)	0.						
		81 1						
9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare feet	feature coo						
9a b Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions	feature coo			acterist	ic Codes in	the instructions:	
9a b Par 10 a	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: 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 Program)	feature code eature code tions within oluntary Fi	es from the List of Plan					
9a b Par 10 a	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: 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	feature code eature code tions within 'oluntary Fi	es from the List of Plan	n Chara	acterist	ic Codes in	the instructions:	
9a b Par 10 a b	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions During the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest	feature code eature code tions within oluntary Fi ? (Do not in	es from the List of Plan the time period duciary Correction nclude transactions	10a	acterist	ic Codes in No X	the instructions: Amount	000,000
9a b Par 10 a b c	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions During the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	feature code eature code tions within 'oluntary Fi ? (Do not ir fidelity bon	es from the List of Plan the time period duciary Correction nclude transactions id, that was caused	10a 10b	Yes	ic Codes in No X	the instructions: Amount	000,000
9a b Par 10 a b c d	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare ference If the plan provides welfare benefits, enter the applicable welfare ference t V Compliance Questions During the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	feature code eature code tions within oluntary Fi ? (Do not in fidelity bon er persons e or all of t	es from the List of Plan the time period duciary Correction nclude transactions id, that was caused is by an insurance he benefits under	10a 10b 10c	Yes	No X	the instructions: Amount	000,000
9a b Par 10 a b c d	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fee t V Compliance Questions During the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest' reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.)	feature code eature code tions within foluntary Fi ? (Do not in fidelity bon er persons e or all of t	es from the List of Plan the time period duciary Correction nclude transactions id, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes	IIC Codes In	the instructions: Amount	000,000
9a b Par 10 a b c d d e	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare ference V Compliance Questions During the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	feature code eature code tions within oluntary Fi ? (Do not in fidelity bon eer persons e or all of t	es from the List of Plan the time period duciary Correction nclude transactions id, that was caused is by an insurance he benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X	the instructions: Amount	
9a b Par 10 a b c d d e f g	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare ference V Compliance Questions During the plan year: 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 Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan	feature code eature code tions within oluntary Fi ? (Do not in fidelity bon er persons e or all of t n? 	es from the List of Plan the time period duciary Correction nclude transactions id, that was caused is by an insurance he benefits under ind.) ctions and 29 CFR	10a 10b 10c 10d	Yes X	No X X X X X X X	the instructions: Amount	6,322