Department of Labor 2018 Department of Labor This form is required to be filed under sections 0057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Persion Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part 1 Annual Report Identification Information and ending 06/30/2019 For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019 A This return/report is for: a single-employer plan a rultiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) B This return/report is the finst return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program A Name of plan The ARC OF SPOKANE RETIREMENT PLAN 1b Three-digit plan number (PIN) b 001 1c Effective date of plan 04/01/1994 2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, suite no. and street, or P.O. Box) 2b Employee Identification Number (EIN) 91-0716160 2a Plan sponsor's name (employer, if	For	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089							
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R				2018					
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For calendar plan year 2018 or fitude plan year beginning 2017/2018 and ending 0e0/2019 A This return/report is for:	Pension Be	enefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 55	00-SF.	Public Inspection					
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN			01/27/2020								
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)	HERE				Enter name of individu	al signing						

iction Act Notice, see the instructions for Form 5500-SF.

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-	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No			
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public 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 cann		,								
С	F 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 th	e PBGC p	remium filing for this p	lan yea				. (See instructions.)			
Da											
	rt III Financial Information		· · · ·		<u> </u>						
7	Plan Assets and Liabilities	_	(a) Beginning		_		(b) End of Year				
<u>a</u>	Total plan assets	7a	1101828			0					
<u>b</u>	Total plan liabilities	7b		0				-			
	Net plan assets (subtract line 7b from line 7a)	7c		01828				0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	-		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		48109							
	(2) Participants	8a(2)			_						
	(3) Others (including rollovers)	8a(3)			_						
b	Other income (loss)	8b		55833							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					103942				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12	05770							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1205770			
i	i Net income (loss) (subtract line 8h from line 8c) 8i							-1101828			
j	j Transfers to (from) the plan (see instructions)										
Pa	t IV Plan Characteristics										
9a	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of					stic Co	des in the inst	ructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the instru	uctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amount			
а	a 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	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х					
С	C Was the plan covered by a fidelity bond?			10c		Х					
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					
e	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		х					
f	${f f}$ Has the plan failed to provide any benefit when due under the plan?			10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Х					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х					
i	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							

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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 So (Form 5500) and line 11a below)							Y	es	K No
11a	Ent	er 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 ERISA?								Y	es	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			r th ay			letter ear	rulin	g
lf	you o	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 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)										
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						< Ye	Yes No		
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s)