## 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	Annual Report I	Identification Information									
For calend	dar plan year 2018 or fis	cal plan year beginning 10/01/2	018	and ending 09	9/30/2019						
A This re	eturn/report is for:	x a single-employer plan		olan (not multiemployer) (lemployer information in ac	_						
D To:	to any force and the	a one-participant plan	a foreign plan	ı plan							
D Inis re	turn/report is	the first return/report	the final return/report	t							
		an amended return/report	a short plan year retu	urn/report (less than 12 me	onths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am					
	T	special extension (enter descri									
Part II	Basic Plan Info	rmation—enter all requested info	ormation	1							
1a Name BAY COUN	•	IG PROFIT SHARING TRUST			<b>1b</b> Three-dig plan num (PN) ▶						
					1c Effective	date of plan 10/01/1992					
		/er, if for a single-employer plan)			<b>2b</b> Employer	Identification Number					
		n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	(EIN)	59-1352672					
•	ITY COUNCIL ON AGIN		ar oode (ii foreign, ooe ine	on donorio)		s telephone number 50-769-3468					
					2d Business	code (see instructions)					
	KFORD AVENUE ITY, FL 32401					624100					
FANAIVIA C	111, FL 32401										
3a Plan	administrator's name an		<b>3b</b> Administra	ator's EIN							
					3c Administra	ator's telephone number					
		plan sponsor or the plan name hansor's name, EIN, the plan name a			<b>4b</b> EIN						
	sor's name	Soi 3 name, Env, the plan name a	na the plan number nom	the last return/report.	4d PN						
C Plan											
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	48					
		at the end of the plan year		ŀ	5b	36					
		account balances as of the end of t			5c	35					
<b>d(1)</b> To	otal number of active par	ticipants at the beginning of the pla	an year		5d(1)	41					
<b>d(2)</b> To	otal number of active par	ticipants at the end of the plan year	ar		. 5d(2)						
		terminated employment during the			5e	6					
		or incomplete filing of this return			use is establish	ed.					
Under per SB or Sch	nalties of perjury and oth	ner penalties set forth in the instructed signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedule					
SIGN	Filed with authorized/v	valid electronic signature.	01/21/2020	ELIZABETH COULLIE	TTE						
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing as pl	an administrator					
SIGN	Filed with authorized/	valid electronic signature.	01/21/2020	ELIZABETH COULLIE	TTE						
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual signing as er	nployer or plan sponsor					

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_	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	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 the	surance p	orogram (see ERISA se	ection 4	021)?	[	Yes No	Not determined	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year	
a	Total plan assets	7a	133	34666				1180725	
<u>b</u>	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	13	34666	_			1180725	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b	) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		71214					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		42580					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						113794	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	67735					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				267735			
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						-153941	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension ${\tt 2E-3D}$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ir	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:	
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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			118073	
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 plan	n?		10f		X			
g		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 (Form 5500) and line 11a below)			Yes 🛚 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 Code or se ERISA?		of	Yes X No
	(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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou 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?		Ye	s 🔀 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 control of the PBGC?	the		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.)	n(s) to		
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> 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 section 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 Report Identifica	tion Information								
For calendar plan year 2018 or fiscal plan year	r beginning	10/01/2018	and ending	09/30	)/2019				
A This return/report is for:  a one-p.  B This return/report is:  the first	articipant plan areturn/report t	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 foreign plan the final return/report a short plan year return/report (less than 12 months)							
C Check box if filling under:		automatic extension	minoport (icos triali 12 ii	<u></u>	FVC program				
Part II Basic Plan Information -	enter all requested inform	nation							
1a Name of plan Bay County Council On Aging	Profit Sharing Tr	ust		(PN)	number				
2a Plan sponsor's name (employer, if for a s Mailing Address (include room, apl., suite City or town, state or province, country, a Bay County Council On Aging	e no. and street, or P.O. Box and ZIP or foreign postal cod		tructions)	10/ 2b Emp (EIN) 2c Sport (85) 2d Busin	01/1992 loyer Identification Number ) 59-1352672 nsor's telephone number 0) 769-3468 ness code (see instructions)				
TITO FIAMEDIU AVENDE				624	100				
Us Panama City FL 32401  3a Plan administrator's name and address	[ <del>-</del> ]				inistrator's EIN				
4 If the name and/or EIN of the plan spons				3c Admi	inistrator's telephone number				
this plan, enter the plan sponsor's name,  a Sponsor's name  c Plan Name	EIN, the plan name and the	pian number from t	ne jast return/report.	4d PN					
5a Total number of participants at the begins	ning of the plan year	*******************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a	48				
b Total number of participants at the end of				5b	36				
C Number of participants with account bala complete this item)	s describer de como per se acomo en como en como en como de como de como de como de como de como de como en co			5c	35				
d(1) Total number of active participants at the	ne beginning of the plan yea	r	***************************************	5d(1)	41				
d(2) Total number of active participants at the			agita that were	5d(2)	32				
e Number of participants who terminated er less than 100% vested	inployment during the plant y		ients that were	5e	6				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct and complete.									
SIGN Carella	The	1 1	Elizabeth Coull	iette					
HERE Signature of plan administrator		Date //21/20	Enter name of individua	al signing as	plan administrator				
SIGN Canolina		7- /-	Elizabeth Coull:	iette					
HERE Signature of employer/plan spons	sor	Date //21/20	Enter name of individua	al signing as	employer or plan sponsor				

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Page	_

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 a							<u> </u>	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at							X Yes No	
	If you answered "No" to either line 6a or line 6b, the plan canno								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA section	on 40	21)?	[	Yes	☐ No ☐ Not determine	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	mium filing for this year					(See instructions.)	
Pa	art III Financial Information		<del>Kalina a kanana</del>		tos - t		W - 7 - 1K		
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	T	(	b) End of Year	
а	Total plan assets	7a	1,3:	34,6	66			1,180,725	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,33	34,6	66			1,180,725	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
а	Contributions received or receivable from:		•	71 0	1.4				
-	(1) Employers	8a(1)	····	71,2	1000				
	(2) Parlicipants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		12,5	80				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			MIN.			113,794	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	26	67,7	35				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			0				
	Other expenses	8g			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1202	143/3		-	267,735	
	Net income (loss) (subtract line 8h from line 8c)	8i			100	6	(153,941)		
i	Transfers to (from) the plan (see instructions)	8j							
Pa	ert IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan C	harac	derist	c Cod	es in the	instructions.	
Ju	2E 3D	ataro oodo	o nom the Elector han e	, iui u	201100	0 000	00 111 1110	mon donorio.	
b	If the plan provides welfare benefits, enter the applicable welfare fea	itura cadas	from the Liet of Plan Ch	aract	orietie	Code	e in the i	netructions:	
5	if the plant provides werrare benefits, enter the applicable werrare rea	iture codes	from the List of Flati Cit	aracti	5115110	Code	S III UIC I	nstructions.	
Pa	rt V Compliance Questions							, , , , , , , , , , , , , , , , , , ,	
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contribut	ions within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fidu	ciary Correction						
	Program)			10a		х			
b	trace mere and members among the contract of t			405		х			
	reported on line 10a.)			10b		^		118,073	
				10c	Х			118,073	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance				2033	particle and the second	
	carrier, insurance service, or other organization that provides some	e or all of th	e benefits under						
	the plan? (See instructions.)		***************************************	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 as	of year en	d.)	10g		х			
h			Control of the Contro			22			
	2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the			10i					
-	exceptions to providing the notice applied under 29 CFR 2520.101	-0	***************************************	101					

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Par	VI Pension Funding Compliance								
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	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.)								
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver		r the date	of the letter Year	ruling				
lf y	ou 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 the 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	X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1:	c(1) Name of plan(s): 13c(2) EIN	V(s)		13c(3) PI	N(s)				