	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Employee OMB Nos. 1210-0110 1210-0089				
Inter	rtment of the Treasury nal Revenue Service epartment of Labor	This form is required to be filed Income Security Act of 1974	d under sections 104 and		ne Internal			
Employee B	enefits Security Administration enefit Guaranty Corporation	-	Revenue Code (the Cod	e).		This Form is Open to Public Inspection		
Part I		Complete all entries in a Identification Information	accordance with the inst	ructions to the Form 55	00-SF.			
		scal plan year beginning 07/01/2	018	and ending 06	/30/2019			
	urn/report is for:	X a single-employer plan	a multiple-employer p list of participating er		Filers check	ing this box must attach a ith the form instructions.)		
R This retu	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report	rn/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension	Г	DFVC pi	rogram		
	-	Special extension (enter descr		L		ogram		
Part II	Basic Plan Info	rmation—enter all requested inf	ormation					
1a Name BOYS & GIR	of plan RLS CLUB OF ALACH		1b Three plan (PN)	number				
	1c Effective date of plan							
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number 59-6002181		
-	LS CLUB OF ALACH	e, country, and ZIP or foreign posta UA COUNTY, INC.	ai code (if foreign, see ins	tructions)	2c Spon	sor's telephone number 352-372-5342		
PO BOX 358	452				2d Busin	ness code (see instructions)		
GAINESVILL						813000		
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a	5		4b EIN			
•	or's name				4d PN			
5a Total	number of participants	at the beginning of the plan year			5a	27		
		at the end of the plan year			5b	20		
		account balances as of the end of t			5c	8		
d(1) Tota	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	17		
• •		rticipants at the end of the plan yea terminated employment during the			5d(2)	12		
than	100% vested		• • •		5e	0		
Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this return her penalties set forth in the instruct nd signed by an enrolled actuary, a plate	tions, I declare that I have	e examined this return/rep	ort, includi	ng, if applicable, a Schedule		
SIGN		/valid electronic signature.	07/13/2020	SCOTT D BRUCE				
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing a	as plan administrator		
SIGN	Filed with authorized	/valid electronic signature.	07/13/2020	SCOTT D BRUCE				
HERE For Paperwe	Signature of emplo	oyer/plan sponsor .e, see the Instructions for Form 5500	Date -SF.	Enter name of individu	al signing a	as employer or plan sponsor Form 5500-SF (2018) v 171027		

v.171027

			0				
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi iot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	t instea	ant (IC	PA) Form	Xes No 5500.
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 th	e PBGC p	premium filing for this pl	an yea	r		(See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Voar			(b) End of Year
<u>'</u>	Total plan assets	7a		10307			76616
b	•	7a 7b		10001			10010
 C	Net plan assets (subtract line 7b from line 7a)	70 70	11	10307			76616
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun				(b) Total
a	Contributions received or receivable from:			-			(0) 10101
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		2737			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					2737
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	35823			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		605			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						36428
i	Net income (loss) (subtract line 8h from line 8c)	8i			-33691		
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	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the instructions:
<u> </u>	2F 2G 2J 2K 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Plar	n Chara	acterist	tic Cod	es in the instructions:
Pa	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)	-	-	10a		x	
k	 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	X		15200

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10d

10e

10f

10g

10h

10i

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.)

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

by fraud or dishonesty?.....

the plan? (See instructions.).....

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	X 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 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		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	X 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)		13	:(3) PN	۱(s)

Form 5500-SF	Short Form Annua		turn/Report of enefit Plan	of Small Emplo	yee		OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to t			and 4065 of the Employ	vee	2	018
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	 Retirement Income Security the Complete all entries in a 	Interna	Revenue Code (the	Code).			Open to Public pection
Part I Annual Report	Identification Information						
or calendar plan year 2018 or fis	cal plan year beginning		07/01/2018	and ending	06/3	0/2019	
A This return/report is for:B This return/report is:	x a single-employer plan a one-participant plan the first return/report			olan (not multiemployer, employer information in			
	an amended return/report	L :	a short plan year retu	rn/report (less than 12	months)		
C Check box if filing under:	Form 5558 x special extension (enter desc		automatic extension)COVID-19		D	FVC program	
Part II Basic Plan Info	rmation enter all requested	d inforn	nation				
1a Name of plan Boys & Girls Club o	f Alachua County Reti	remen	t Plan & Trus	t	(PN 1C Effe	number) ► ctive date of	002
Mailing Address (include roo	yer, if for a single-employer plan, m, apt., suite no. and street, or P e, country, and ZIP or foreign po	O. Bo	x) de (if foreign, see ins	tructions)	2b Emp	/01/2010 bloyer identific I) 59–6002	cation Number
	of Alachua County, Inc				2c Spo (35	nsor's telepho 52) 372-53	one number 342
PO Box 358452			•			iness code (s 3000	ee instructions)
US Gainesville FL 32635 Ba Plan administrator's name ar	nd address 🗴 Same as Plan Sp	nonsor			3b Adm	ninistrator's E	N
		p					
				· · ·	3c Adm	ninistrator's te	lephone number
	plan sponsor or the plan name i sor's name, EIN, the plan name				4b EIN		
a Sponsor's namec Plan Name	· · · ·			·	4d PN		
a Total number of participants	at the beginning of the plan year				5a		27
-	at the end of the plan year				5b		20
c Number of participants with a	account balances as of the end o	f the pl	an year (only defined	l contribution plans	5c		8
	icipants at the beginning of the p			***	5d(1)		17
d(2) Total number of active part	icipants at the end of the plan ye	ear		*****	5d(2)		12
	erminated employment during the				5e		0
Caution: A penalty for the late of	or incomplete filing of this retu	Irn/rep	ort will be assesse	i unless reasonable c	ause is esta	blished.	
Under penalties of perjury and ot	her penalties set forth in the instr nd signed by an enrolled actuary,	uctions	, I declare that I hav	e examined this return/r	report, includ	ling, if applica	
	2-6	```	7/13/25	Sand B.	nce		
HERE Signature of plan adm	inistrator		Date	Enter name of individu	al signing as	s plan admini	strator

1796.777 (0111)	orginature of plan administrator	juano	Latter name of marvadas signing as plan administratos
SIGN			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
For Par	erwork Reduction Act Notice, see the instructions for Form	5500-SE	Form 5500-SF (2018)

For Paperwork Reduction Act Notice, see the instructions for F n 550

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Form 5500-SF 2018

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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 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.)
 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year ______ (See instructions.)

Prom Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 110,307 76,616 b Total plan halbilities 7b 110,307 76,616 c Numper Supersa, and Transfers for this Plan Year (a) Amount (b) Total a Comfibulions received or receivable from: 8a(1) 0 (c) Amount (b) Total (c) Dependence 8a(2) 0 (c) Amount (c) Amount (c) Amount (c) Amount (c) Total (c) Dependence 8a(3) 0 (c) Amount (c) Comparison (c) Compariso	Pa	rt III Financial Information							
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(1) Clinic/pris Set 0 0 (2) Participants Ba(2) 0 (3) Others (including oflowers) Bb 2, 737 (3) Others (including diffect rollowers and insurance preniums Bc 2, 737 (4) Benefits paid (including diffect rollowers and insurance preniums Bd 35, 823 (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Be 2, 737 (5) Cartain deemed and/or corrective distributions (see instructions) Be 605 (6) Other sponses Bg 0 (7) Administrative service provides (salaries, fees, commissions) Bf 605 (7) Other sponses (add lines 8d, 8e, 8f, and 8g) Bh 36, 428 (1) Transfers to (from) the plan (see instructions) Bi (33, 691) (1) Transfers to (from) the plan (see instructions) Bi (31, 691) (1) Transfers to (from) the plan (see instructions) Bi (32, 691) (7) During the plan provides wellare benefits, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions: (2) Z Z Z G Z Z Z Z T 3D (2) Z Z C G Z Z Z Z Z T 3D (1) During the plan year: Yes Yes (2) During the plan year: Yes									
(a) Chors insummers (including rollowers) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b		(1) Employers							
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits) ad 35,823 e Certain deemed and/or corrective distributions (see instructions) ae 605 f Administrative service providers (salaries, fees, commissions) af 605 g Other expenses ag 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) aft 605 n Transfers to (from) the plan (see instructions) aft (33, 691) Transfers to (from) the plan (see instructions) aft (33, 691) Part IV Plan Characteristics Plan g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2T 3D plan characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes a Was there a failure to transmit to the plan any participant contributions within the time period described in 120; Cise instructions and DCL's Voluntary Fluciary Correction Program) 10a x b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10a x c Was any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance		· · · · · · · · · · · · · · · · · · ·			2,7	37			
add 35, 823 c Certain deemed and/or corrective distributions (see instructions) 3e d Certain deemed and/or corrective distributions (see instructions) 3e f Administrative service providers (salaries, fees, commissions) 3f 605 g Other expenses 8g 0 h Total expenses (add lines 6d, 8e, 6f, and 8g) 8h 36, 428 i Nat income (loss) (subtract line 8h from line 8c) 8i (33, 691) j Transfers to (from) the plan (see instructions) 8j (33, 691) Part IV Plan Characteristics 9a (31, 691) g If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2T 3D b Uring the plan year: Yes No N/A Amount 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 DCL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions repor			80					a truck an an	2,737
f Administrative service providers (salaries, fees, commissions) 8f 605 g Other expenses 8g 0 h Total expenses (add lines 6d, 6e, 8f, and 8g) 8h 36, 428 i Net income (loss) (subtract line 8h from line 8c) 8h (33, 691) Transfers to (from) the plan (see instructions) 8j (33, 691) Part IV Plan Characteristics 8j (33, 691) 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2X 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No N/A 10 During the plan year: Yes No N/A Amount 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 DCL's Voluntary Fiduciary Correction program) 10a X c Was the plan covered by a fidelity bond? 10b X 15, 200 c Was the plan covered by a fidelity bond? 10c			8d	3	5,8	23			
Image: control of the second status and the second status	е	Certain deemed and/or corrective distributions (see instructions)	8e						
g Other expenses (add lines 8d, 8e, 8f, and 8g) 36, 428 i Not an expenses (add lines 8d, 8e, 8f, and 8g) 8h (33, 691) i Transfers to (from) the plan (see instructions) 8i (33, 691) Part IV Plan Characteristics 8j g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2F 2G 2J 2K 2T 3D 3D 5 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 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 X 15, 200 c Was the plan covered by a fidelity bond? 10c X 15, 200 15, 200 d Did the plan have a loss, whether or not reimbursed by the plans fidelity bond, that was caused by fraud or dishonestry? 10d X 15, 200 d Did the plan have alses, oreommissions paid to any brokers, agents, or other person	f	Administrative service providers (salaries, fees, commissions)	8f		6		1.55		
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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	h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		x		
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Form 5500-SF 2018

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Parl	······································							
11	Is this a defined benefit plan subj (Form 5500 and line 11a below)	******	*******		*********************			Yes X No
	Enter the unpaid minimum require					11a		F
12	Is this a defined contribution plan ERISA?	-	**********		e Code or sect	ion 302	of	Yes X No
2	(If "Yes," complete line 12a or lit If a waiver of the minimum fundin				instructions a	nd ente	r the date	of the letter miling
	granting the waiver	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***********	Month	Da		Year
	ou completed line 12a, complete					105		
b	Enter the minimum required contr					12b		
<u> </u>	Enter the amount contributed by t					12c		
d		*****	****************		*****	12d		
	Will the minimum funding amount		-	ig deadline?	********		Yes 🗌] No 🛄 N/A
Parl		and Transfers of Asse						
138	Has a resolution to terminate the				******		Yes	X No
	If "Yes," enter the amount of any	· · · · · · · · · · · · · · · · · · ·				13a		
		***************************************	*****	*******	***********************			Yes X No
c	If, during this plan year, any asse which assets or liabilities were tra		d from this p	lan to another plan(s), id	entify the plan(s) to		
13	ic(1) Name of plan(s):				13c(2) E	IN(s)		13c(3) PN(s)
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E-SIGNATURE AUTHORIZATION

for

Boys & Girls Club of Alachua County Retirement Plan & Trust 59-6002181/002

For Plan Year 07/01/2018 through 06/30/2019

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Bates & Company to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to Bates & Company before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
 - ° Bates & Company will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Bates & Company will maintain a copy of this written authorization in its records.
- Bates & Company will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Bates & Company shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.

Plan Administrator Plan Sponsor Date

Date