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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

. 0.		none Guaranty Gorporation		Complete all entrie	es in accor	rdance with the instru	ctions to the Form 55	00-SF.				
Pai	rt I	Annual Report	Ident	ification Inform	ation							
For calendar plan year 2013 or fiscal plan year beginning 08/01/2013 and ending 07/31/2014												
A T	This return/report is for:							pant plan				
B T	his retu	urn/report is:	the	e first return/report		the final return/report						
			an	amended return/rep	port	a short plan year retur	n/report (less than 12 r	nonths)			
C c	heck b	oox if filing under:	∏ Fc	orm 5558	Ī	automatic extension			DFVC progra	am		
			sp	ecial extension (ent	ــ er descripti	on)						
Par	t II	Basic Plan Info	rmati	on—enter all reque	sted inform	nation						
		of plan						1b	Three-digit			
		FUNERAL HOME INC	C PROF	TT SHARING PLAN					plan number			
									(PN) ▶	001		
								1c	Effective date o	f plan		
									08/01	/1983		
		oonsor's name and ad FUNERAL HOME INC		nclude room or suite	e number (e	employer, if for a single	-employer plan)	2b	2b Employer Identification Nur (EIN) 91-0603932			
1205 N	ארוט וי	SION STREET						2c	Sponsor's telephone number 509-483-8558			
		WA 99207-1610						2d	2d Business code (see instruction			
3a F	Plan ad	dministrator's name ar	nd addr	ess XSame as Pla	n Sponsor I	Name Same as Pla	n Sponsor Address	3b	81221 Administrator's			
								3c	Administrator's	telephone number		
4 .	I£ 415				d =:=== #b==		anthia mlan antantha	41-				
						last return/report filed f	or this plan, enter the	4b	EIN			
	name,	EIN, and the plan nur				last return/report filed f	or this plan, enter the		EIN PN			
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Pai	rt III Financial Information										
_			(a) Beginning of Ves				(b) End	- f V			
7		an Assets and Liabilities (a) Beginning of Ye					(b) End		ear 45400		
	Total plan liabilities	7a	30370	0					13400	,	
	Total plan liabilities	7b	38376	6					154005		
	Net plan assets (subtract line 7b from line 7a)	7c		0					104000	,	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otal			
а	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	7024	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							70245	5	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g		6							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							-	6	
i	Net income (loss) (subtract line 8h from line 8c)	8i							70239	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, ,	l								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	; :		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:			
Par	V Compliance Questions										
10					Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		163	NO		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
	on line 10a.)			10b		X					
	Was the plan covered by a fidelity bond?			10c	X					150	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				100	000
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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										
Dart				10i							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							NI-			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X	No
	(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, and enter the date of the letter ruling granting the waiver. Month Day Year											
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1	40'					
b	Enter the minimum required contribution for this plan year					12b	Ī				

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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?	Y	es X 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 the coof the PBGC?	ontrol		Yes X No				
С								
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						