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).

0046

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit GAFFNEY FUNERAL HOME 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 46-1525524 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number GAFFNEY MEMORIAL, INC. 253-572-6003 2d Business code (see instructions) 1002 S. YAKIMA AVENUE 812210 TACOMA, WA 98405-4829 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 6 5a Total number of participants at the beginning of the plan year 5b 6 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 6 5c complete this item)..... 5 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 5 d(2) Total number of active participants at the end of the plan year

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

Number of participants that terminated employment during the plan year with accrued benefits that were less

than 100% vested

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.

<u>belief, it is t</u>	rue, correct, and complete.						
01014	Filed with authorized/valid electronic signature.	09/14/2017	JENNIFER GAFFNEY				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator			
	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's i	name (including firm name, if applicable) and address (include i	oom or suite numbe	r)	Preparer's telephone number			

Form 5500-SF 2016 Page **2**

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	' (See instructions.)						X Yes	No No
C if the plans is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Yes	s 📗 No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (a) The Assats and Liabilities (a) Enginning of Year (b) End of Year (b) End of Year (b) End of Year (c) End of Year (d) End of Year (e)	С						_	-		Not det	ermined
7 Plan Assets and Liabilities		<u> </u>	<u> </u>	<u> </u>				ı			
a Total plan assets	7			(a) Beginning	of Year				(b) End o	f Year	
b Total plan lisbilities	a		7a	(a) Deginning				'	(b) Liid c		3
C. Net plan assets (subtract line 7b from line 7a)	_	·			515	,				()
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 10823 (2) Participants. 8a(2) 15027 (3) Others (including rollovers). 8a(3) 5 b Other income (loss). 8 B B 3231 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 B 3231 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 B 3231 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 B 3231 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 B 3231 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 B 3231 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 B 3231 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8 B 2830 e C Cartain deemed and/or corrective distributions (see instructions). 8 B 25 g Other expenses. 8 g 4 25 g Other expenses. 8 g 4 25 g Other expenses (add lines 8d, 8e, 8f, and 8g). 9 Total expenses (add lines 8d, 8e, 8f, and 8g). 9 Transfers to (from) the plan (see instructions). 9 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 21 2A 2F 2G 2T 30 D Unring 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10a					35197	,				61423	3
a Contributions received or receivable from: (1) Employers				(a) Amour	nt				(b) To	otal	
(2) Participants	а			(17					(-,		
(a) Others (including rollovers)		(1) Employers	8a(1)								
b Other income (loss)		(2) Participants	8a(2)		15027						
C Total income (add lines 3a(1), 8a(2), 8a(3), and 8b)		· · · · · · · · · · · · · · · · · · ·	8a(3)		0004						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		3231	_					
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)			8c							2908	1
e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)	d		84		2830						
f Administrative service providers (salaries, fees, commissions)		,									
g Other expenses		1			25	,					
h Total expenses (add lines 8d, 8e, 8f, and 8g)		-:									
i Net income (loss) (subtract line 8h from line 8c)		•								285	<u> </u>
Transfers to (from) the plan (see instructions) 8j										26226	6
Part IV Plan Characteristics											
9a		, , , , ,	8]								
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			feature co	odes from the List of Pl	an Cha	racteri	stic Co	ndes in	the instri	ıctions:	
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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) 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 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Ju	2A 2E 2J 2K 2F 2G 2T 3D	roataro ot	add nom the List of the	an ona	raotori.		, a o o i i i		20110110.	
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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) 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 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instrud	ctions:	
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)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	N/A		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X					20000
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d						X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor ne or all of	s by an insurance the benefits under	10e	Х					49
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
	_ h	·	•		10h		X				
	i				10i						

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Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	n					
For calenda	r plan year 2016 or f	iscal plan year beginning	01/01	/2016	and ending	12/3	31/2016	
A This rotu	rn/report is for:	X a single-employer plan					king this box must attach a with the form instructions.)	
A THIS TELU	ini/report is ior.	a one-participant plan		eign plan	iployof mioritation in c	iooordanoo vi	an are roll moradance,	
B This retur	n/report is	the first return/report	the fir	nal return/report				
		an amended return/report	a sho	rt plan year retur	n/report (less than 12 r	nonths)		
C Check be	ox if filing under:	X Form 5558	autor	matic extension		DFVC p	rogram	
		special extension (enter desc						
Part II	Basic Plan Info	ormation—enter all requested in	nformation					
1a Name o	f plan					1b Thre		
Gaffney	Funeral Home	401(k) Plan				(PN)	number 001	
							ctive date of plan	
							01/2014	
2a Plan spo	onsor's name (emplo address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			2b Emp	loyer Identification Number	
City or t	own, state or provinc	ce, country, and ZIP or foreign pos		foreign, see instr	ructions)		nsor's telephone number	
Gaffney	Memorial, I	nc.					572-6003	
						2d Busin	ness code (see instructions)	
1002 S.	Yakima Aven	ue				8122	10	
Tacoma		WA 98405-482	29					
	ministrator's name a	nd address 🛛 Same as Plan Spo				3b Admi	inistrator's EIN	
						3c Admi	inistrator's telephone number	
-								
		e plan sponsor has changed since	e the last re	turn/report filed f	for this plan, enter the	4b EIN		
	•	imber from the last return/report.				4c PN		
a Sponso		4 4b - 1b 1b 1b					6	
		at the beginning of the plan year				et.	6	
		s at the end of the plan year account balances as of the end or				JD		
		account balances as of the end o				5c	(
•	, = 248 6 6 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	articipants at the beginning of the p				E-1/43	5	
		articipants at the end of the plan ye	-			= 1(0)		
٠, ,		t terminated employment during th						
than 1	00% vested					5e		
		or incomplete filing of this retu						
SB or Sched	ities of perjury and o dule MB completed a rue, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, polete.	, as well as	the electronic ve	rsion of this return/repo	ort, and to the	best of my knowledge and	
SIGN	ZXIM	2 Marin de 1	12	9-14-17	Jennifer Gaft	fney		
HERE	Signature of plan	administrator		Date	Enter name of indiv	idual signing	as plan administrator	
CICN	4151115 S.I. pittin	V	0					
SIGN	01 / / /			2-1-	Established to the	a	- DANGERSONS LINE SEPRENCE	
		oyer/plan sponsor name, if applicable) and address (Date			as employer or plan sponsor s telephone number	
Freparer's r	iame (including ilm	name, ii applicable) and address ((iniciade 100	an or suite numbe	GI)	Trepaler	a telephone number	

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Form 5500-SF 2016	Page 2
FUITH SOUG-SE ZUTU	raue Z

b Are	ere all of the plan's assets during the plan year invested in eligible you claiming a waiver of the annual examination and report of der 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi	dent qualified public a	ccount	ant (IC	(PA)				Yes No
	ne plan is a defined benefit plan, is it covered under the PBGC in	isurance pr	ogram (see ERISA se	ction 4	021)?		Yes	No	☐ Not	determined
Part II			(a) Basinning	of Voor			-	h) End	of Voca	
	n Assets and Liabilities	7a	(a) Beginning (35,				b) End	or rear	61,423
	tal plan assets	7a 7b			515					0 1 1 1 2 2
	t plan assets (subtract line 7b from line 7a)	7c		35,	_					61,423
	ome, Expenses, and Transfers for this Plan Year	70	(a) Amoun					(b) T	otal	
	ntributions received or receivable from:		(u) Amoun					(10)	O (UI	
(1)	Employers	8a(1)		10,						
(2)	Participants	8a(2)		15,	027					
(3)	Others (including rollovers)	8a(3)								
b Oth	ner income (loss)	8b		3,	231					
C Tot	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								29,081
	nefits paid (including direct rollovers and insurance premiums	8d		2.	830					
	provide benefits) rtain deemed and/or corrective distributions (see instructions)	8e								
	ministrative service providers (salaries, fees, commissions)	8f			25	-	-			
-		8g								
	ner expenses	8h		1						2,855
	t income (loss) (subtract line 8h from line 8c)	8i								26,226
	ansfers to (from) the plan (see instructions)						7			20,220
<u> </u>		8j								
Part I	V Plan Characteristics the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteri	stic Co	ndes in	the inst	ructions	2
	A 2E 2J 2K 2F 2G 2T 3D	Toutare co.	300 110111 1110 2101 01 1 1	un Ona	100011	0.10 0.	, doo 111		dottorio	
b If t	the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ictions:	
-										
Part V	Compliance Questions				r					
	uring the plan year:				Yes	No	N/A		Amou	ınt
(Vas there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary F	iduciary Correction	10a		х				
b v	Vere there any nonexempt transactions with any party-in-interest eported on line 10a.)	t? (Do not i	nclude transactions	10b		х				
C V	Vas the plan covered by a fidelity bond?			10c	X					20,000
	oid the plan have a loss, whether or not reimbursed by the plan's y fraud or dishonesty?			10d		Х				
C	Vere any fees or commissions paid to any brokers, agents, or otl arrier, insurance service, or other organization that provides son ne plan? (See instructions.)	ne or all of	the benefits under	10e	х					4.9
f H	las the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
g D	oid the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		Х				
h If	this is an individual account plan, was there a blackout period? 520.101-3.)	(See instru	ctions and 29 CFR	10h		х				
	10h was answered "Yes," check the box if you either provided t xceptions to providing the notice applied under 29 CFR 2520.10			10i						

	Form 5500-SF 2016 Page 3 -					
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below).				Y	es 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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	or sectio	n 302 o		Y	es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mont		d enter t		of the lette Year	r ruling
lf y	rou 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 negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 🛭 N	0
	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 control of the PBGC?	under 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 which assets or liabilities were transferred. (See instructions.)	he plan(s)) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	PN(s)
-						
Part	VIII Trust Information					
14a 1	lame of trust		14b	Trust's I	ΞIN	
14c	Name of trustee or custodian				's or custod ne number	an's
Part	IX IRS Compliance Questions					
15a	s the plan a 401(k) plan? If "No," skip b	Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ safe h	n-based narbor ent year test	l	"Prior ye test	ar" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage		verage enefit test	□ N/A
- 1	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			☐ No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opithe letter and the serial number					
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	the date	of the n	nost rec	ent determi	nation

No

No

Yes

Yes

Defined Benefit Plan or Money Purchase Pension Plan Only:

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Form **5558**

(Rev. August 2012)

Signature ▶

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Par	t I Identification									
Α	Name of filer, plan administrator, or plan sponsor (see instructions) B Filer's identifying number (see instructions)									
	Gaffnev Memorial, Inc.		Employer	' iden	tification numb	er (EIN) (9 d	igits XX-XXXXXX			
	Number, street, and room or suite no. (If a P.O. box, see instructions)				46-15	25524				
	1002 S. Yakima Avenue		Social se	curity	y number (SSN) (9 digits XX	(X-XX-XXXX)			
	City or town, state, and ZIP code	ĺ								
	Tacoma, WA 98405-4829									
С	Plan name		Plan		Pla	n year en				
		r	number		MM	DD	YYYY			
		0	0	1	12	31	2016			
	Gaffney Funeral Home 401(k) Plan									
Par	Extension of Time To File Form 5500 Series, and/or Form 89	55-S	SA							
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first I	Form 55	00 s	eries return/	report for	the plan listed			
2	I request an extension of time until				nstructions).					
3	I request an extension of time until									
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the normal date.	this e	xtension	ı is r	(a) the Form requested, a	5558 is fil ind (b) the	led on or befor e date on line			
Par 4	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form	5330.								
	You may be approved for up to a 6 month extension to file Form 5330, after the	norm	nal due c	date	of Form 533	0.				
а	Enter the Code section(s) imposing the tax	•	а							
b	Enter the payment amount attached					b				
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ State in detail why you need the extension:	amen	dment d	ate	K 18 16 F	С				
	8									
	S-100-101-101-101-101-101-101-101-101-10									
	S-10-10-10-10-10-10-10-10-10-10-10-10-10-									
	<u> </u>									

		Ales C				_1_4				
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made or pare this application.	this fo	orm are tru	е, со	rrect, and com	plete, and th	nat I am a			

Date ▶