## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

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 NEW TACOMA CEMETERIES, FUNERAL HOME & CREMATORY 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 07/01/1990 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) 91-0434820 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number NEW TACOMA CEMETERIES, FUNERAL HOME & CREMATORY 253-564-1311 2d Business code (see instructions) 9212 CHAMBERS CREEK ROAD WEST 812220 TACOMA, WA 98467 **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 17 5a Total number of participants at the beginning of the plan year ...... 5b 18 **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 14 5c complete this item)..... 15 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 16 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 than 100% vested..... 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 t	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2017	RON MESSENGER					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	idual signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address (include		oom or suite number	r )	Preparer's telephone number				

Form 5500-SF 2016 Page **2** 

	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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann									1
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not determi	ined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		509557				•	608535	
b	Total plan liabilities	7b		48	3		0			
С	Net plan assets (subtract line 7b from line 7a)	7c		509509	)				608535	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total			
а	Contributions received or receivable from:			27752						
	(1) Employers	8a(1)		40636						
	(2) Participants	8a(2)		40030	_					
	(3) Others (including rollovers)	8a(3)		57412						
	Other income (loss)	8b		37712	-				125800	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							123600	
d	to provide benefits)	8d		26552	2					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f	Administrative service providers (salaries, fees, commissions)	8f		222						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2677						
i	Net income (loss) (subtract line 8h from line 8c)	8i							99026	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2K 2F 2T 2G	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the insti	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				1	50000
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					2960
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 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	he require	d notice or one of the	10i	X					

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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)					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		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 t Day		of the lette Year _	r 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 N	0
	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		e 		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	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 [	"Prior ye test	ar" ADP
			Gur 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 perd test	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 determi	nation
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?	•••••	. Ye	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.

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

	ort Identification Information			
For calendar plan year 2016	or fiscal plan year beginning	06/01/2016 and ending	05/31/201	.7
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		
The rotal wroport is to.	a one-participant plan	a foreign plan		·····,
<b>B</b> This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 12 m	nonths)	
C Check box if filing under:	Form 5558	automatic extension	DFVC program	
	special extension (enter desc	<u> </u>		
	nformation—enter all requested in	formation	1b Three digit	1
<b>1a</b> Name of plan NEW TACOMA CEMETER	IES, FUNERAL HOME & CR	EMATORY 401(K) PROFIT SHARING	1b Three-digit plan number (PN) ▶	001
PLAN			1c Effective date	
20 Dian annual name (an			07/01/199	
Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P. vince, country, and ZIP or foreign pos		2b Employer Ide (EIN) 91 – 04	
NEW TACOMA CEMETE		<b>2c</b> Sponsor's te 253-564-1	· ·	
9212 CHAMBERS CREI		<b>2d</b> Business coo 812220	e (see instructions)	
TACOMA	WA 98467			
	e and address X Same as Plan Spo	onsor.	3b Administrator	's EIN
			3c Administrator	's telephone number
A IOU IV. FINI.	£41	the lead out of the section of the s	Ale FIN	-
	of the plan sponsor has changed since n number from the last return/report,	e the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name	·		4c PN	
5a Total number of participa	ants at the beginning of the plan year		. 5a	17
<b>b</b> Total number of particip	ants at the end of the plan year		., 5b	18
		f the plan year (only defined contribution plans	5c	14
d(1) Total number of active	e participants at the beginning of the	plan year	. 5d(1)	15
d(2) Total number of activ	e participants at the end of the plan y	ear	. 5d(2)	16
e Number of participants	that terminated employment during th	ne plan year with accrued benefits that were less	5e	C
Caution: A penalty for the I	ate or incomplete filing of this retu	rn/report will be assessed unless reasonable ca	ause is established	
Under penalties of perjury an SB or Schedule MB complete belief, it is true, correct, and a	ed and signed by an enrolled actuary.	uctions, I declare that I have examined this return/r as well as the electronic version of this return/repo	eport, including, if ap ort, and to the best of	pplicable, a Schedule my knowledge and
SIGN	Maria	9/8/ 2017 RON MESSENGER	ξ	
HERE	an administrator	Date Enter name of indivi	dual signing as plan	administrator
	an administrator	Date Enter name of mary	dual digiting as plan	dariiiiloudtoi
SIGN HERE		D. I. Sutura and Statistical	4	
	nployer/plan sponsor rm name, if applicable) and address		Preparer's teleph	oyer or plan sponsor
, reparer a name (moluting i	amo, ii applicacio, and addicess	A		
1				

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be	an independand condition of use For	dent qualified public acons.)	ccounta instea	ant (IQ	PA) Form	5500.	X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ction 40	021)? .		Yes	No Not determined
_	rt III   Financial Information							
7	Plan Assets and Liabilities	_	(a) Beginning o	<b>f Year</b> 509,5	557		(1	608,535
_ <u>a</u>	Total plan assets	7a		309,	48			000,555
	Total plan liabilities	7b		E 0 0 1		_		608,535
	Net plan assets (subtract line 7b from line 7a)	7c		509,	509			
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		27,7	752			
	(2) Participants	8a(2)		40,6	636			A
	(3) Others (including rollovers).	8a(3)			0			
	Other income (loss)	8b		57,4	112	-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						125,800
	Benefits paid (including direct rollovers and insurance premiums	0C			_			120,000
	to provide benefits)	8d		26,5	552			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			222			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						26,774
ī	Net income (loss) (subtract line 8h from line 8c)	8i						99,026
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a b	If the plan provides pension benefits, enter the applicable pension $3D\ 2E\ 2J\ 2K\ 2F\ 2T\ 2G$ If the plan provides welfare benefits, enter the applicable welfare f							
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary F	iduciary Correction	10a		Х		
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
	Was the plan covered by a fidelity bond?			10c	Х			150,00
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e	Х			2,96
	f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х		
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	Х			
	If 10h was answered "Yes," check the box if you either provided to							

	Form 5500-SF 2016 Page <b>3-</b>							
Part '						T -		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (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 Cod ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						es 🛛 No	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.		s, and	enter t		of the lette	ruling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day		Toda		
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year	MO-0000		12c				
-	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	t of a		12d				
e	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							
-	Has a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	0	
+	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?								
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the p	lan(s)	to	**			
-	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(3	) PN(s)	
Part	VIII Trust Information							
-	Name of trust			14b	Trust's I	EIN		
14c	Name of trustee or custodian					's or custod ne number	ian's	
Par	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b		Yes			No		
15b	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 "Curre	ent year	ļ	☐ "Prior ye test ☐ N/A	ear" 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			verage enefit test	□ N/A	
16b	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		

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

No

No

Yes

Yes

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

and the serial number

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? .....

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

letter