## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **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).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information

For Calend	iar pian year 2017 or i	iscai pian year beginning 01/01/2	2017	and ending	2/31/2017				
A This re	turn/report is for:	X a single-employer plan	lan (not multiemployer) (	•	ng this box must attach a				
21		a one-participant plan	a foreign plan	1 1/1		,			
<b>B</b> This reti	urn/report is	the first return/report	the final return/report						
	an amended return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension DFVC program						
		special extension (enter desc	1 /						
Part II		ormation—enter all requested in	formation		T 41				
1a Name GAFFNEY F	of plan FUNERAL HOME 401	(K) PLAN			1b Three-digit plan number (PN) ▶ 001				
					1c Effecti	ive date of plan 01/01/2014			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Emplo (EIN)	yer Identification Number 46-1525524			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  GAFFNEY MEMORIAL, INC.				<b>2c</b> Sponsor's telephone number 253-572-6003					
1002 S. VAKIMA AVENILIE				2d Business code (see instructions)					
1002 S. YAKIMA AVENUE TACOMA, WA 98405-4829					812210				
3a Plan administrator's name and address X Same as Plan Sponsor.			<b>3b</b> Administrator's EIN						
		_			<b>3c</b> Administrator's telephone number				
					3C Administrator's telephone number				
		e plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN				
	sor's name	onson's name, Lin, the plan hame of	and the plan number nom	ine last return/report.	4d PN				
C Plan N	Name								
52 Total	number of porticinent	a at the hearinging of the plan year			5a	6			
_		s at the beginning of the plan year. s at the end of the plan year			5b	6			
<b>C</b> Numb	per of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c	6			
	•	articipants at the beginning of the p			5d(1)	5			
` '	•	articipants at the end of the plan ye	•		5d(2)	5			
<b>e</b> Numb	ber of participants who	terminated employment during the	e plan year with accrued b	enefits that were less	5e	0			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca					
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.							
SIGN	Filed with authorized	d/valid electronic signature.	04/27/2018	JENNIFER GAFFNEY	·				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing a	s plan administrator			
SIGN									
HERE	Signature of emplo		Date	Enter name of individ	lual signing a	s employer or plan sponsor			
For Paperw	ork Reduction Act Noti	ce, see the Instructions for Form 550	0-SF.			Form 5500-SF (2017)			

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b	<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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year</li></ul>							Yes No	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	oremium filing for this p	lan yea	r			(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	. 7a		61423				110841	
<u>b</u>	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c		61423				110841	
88	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	
а	Contributions received or receivable from:	. 8a(1)		17886					
	(1) Employers	8a(2)		17339					
	(2) Participants	8a(3)		0					
	Other income (loss)	8b		14193					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		11100				49418	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0			43		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					0		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					4941		
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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 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	Х			20000	
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X			
е	<b>e</b> 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			10e	X			90	
f	f Has the plan failed to provide any benefit when due under the plan? 10f				Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s 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			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 Sch (Form 5500) and line 11a below)		В	. 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 or section ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
lf y	you 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?		Yes	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 control of the PBGC?			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(s) which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## 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

2017

This Form is Open to **Public Inspection** 

Part I	Annual Repor	t Identification Informatio	n				
For calend	dar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20	)17	
A This re	eturn/report is for:	X a single-employer plan		an (not multiemployer) (F nployer information in acc	_		
		a one-participant plan	a foreign plan				
<b>B</b> This ret	turn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	ı .	
		special extension (enter des					
Part II		ormation—enter all requested	information		41		
1a Name	•				1b Three-digit plan numbe	r 001	
Gaffney	Funeral Home	e 401(k) Plan		1	(PN)		
					1c Effective da 01/01/20		
		loyer, if for a single-employer plan				lentification Number	
		om, apt., suite no. and street, or P nce, country, and ZIP or foreign po		ructions)	(EIN) 46-1		
	y Memorial, 1		, ,		2c Sponsor's t 253-572-	elephone number	
1000 0	W 1 !			1		ode (see instructions)	
1002 S	. Yakima Aven	iue			812210		
Tacoma		WA 98405-48	29				
3a Plan a	administrator's name	and address 🛛 Same as Plan Sp	oonsor,		3b Administrate	or's EIN	
					3c Administrate	or's telephone number	
		he plan sponsor or the plan name consor's name, EIN, the plan name			4b EIN		
a Spon	sor's name	,	·		4d PN		
C Plan	Name						
<b>5a</b> Total	number of participan	ts at the beginning of the plan yea	Γ		5a	6	
		ts at the end of the plan year		The state of the s	5b	6	
C Num		h account balances as of the end	of the plan year (only defined		5c	6	
	,	participants at the beginning of the			5d(1)	5	
<b>d(2)</b> To	tal number of active p	participants at the end of the plan	year		5d(2)	5	
		no terminated employment during			5e	0	
Caution:	A penalty for the late	e or incomplete filing of this retu	urn/report will be assessed	l unless reasonable cau		d.	
SB or Sch	edule MB completed	other penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I have , as well as the electronic ve	e examined this return/repersion of this return/report	oort, including, if a , and to the best o	pplicable, a Schedule of my knowledge and	
SIGN <	true, correct, and cor	July .	4-27-18	Jennifer Gaffn	ey		
HERE	Signature of plan	administrator	Date	Enter name of individu		n administrator	
SIGN							
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as emi	oloyer or plan sponsor	
Ear Danan		tion son the Instructions for Form 55				Form 5500-SF (2017)	

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1"	а	ч	$\overline{}$	-

С	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 lifyou answered "No" to either line 6a or line 6b, the plan cannulated 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	an independand condition of use For use property of the proper	dent qualified public a ons.) <b>m 5500-SF and must</b> ogram (see ERISA se	ccounta instea ction 4	ant (IC  I <b>d use</b> 021)?	PA) Form 5		
				,			(\\	
Par					- 1		Wew areas	
	Plan Assets and Liabilities		(a) Beginning o	61,			(b) End of Year 110,841	
	Total plan assets	7a		ο1,	423		110,041	
	Total plan liabilities	7b		C 1	422		110 041	
77	Net plan assets (subtract line 7b from line 7a)	7c		61,	423		110,841	
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	-	- 15 1	(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		17,	886			
	(2) Participants	8a(2)		17,	339			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		14,	193			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					49,418	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
	Certain deemed and/or corrective distributions (see instructions)	8e			0			
	Administrative service providers (salaries, fees, commissions)	8f			0			
	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
_	Net income (loss) (subtract line 8h from line 8c)	8i	1 - 3 - 3				49,418	
	Transfers to (from) the plan (see instructions)					HART WEIGHT A THE COMPANY OF THE COMPANY		
<u> </u>	t IV Plan Characteristics	8j			1			
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2T 3D							
10	During the plan year:				Yes	No	Amount	
a		/oluntary Fi	duciary Correction	10a		х	Allouit	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		20,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х		
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	Х		90	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i			A A A A A A A A A A A A A A A A A A A	

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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 co (Form 5500) and line 11a below)	mplete Sche	edule S	В	Yes	No 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 Coc ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	nth	l enter t Day		of the letter ru Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let 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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	t under the			Yes X I	No
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 plan(s)	to			
- 1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)