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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Part I		t Identification Information				
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2017	7	and ending 12	2/31/2017	
A This ref	turn/report is for:	X a single-employer plan		an (not multiemployer) (aployer information in ac	_	
D. Trick		a one-participant plan	a foreign plan			
B This reti	urn/report is		the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
	T	special extension (enter description	· · · · · · · · · · · · · · · · · · ·			
Part II		ormation—enter all requested inform	nation		Γ	
1a Name	•				1b Three-digit	
HANDS OF	HOPE 401(K) PLAN				plan number (PN) ▶	001
					1c Effective date of 01/0	1/2013
		loyer, if for a single-employer plan)			2b Employer Identi	fication Number
		om, apt., suite no. and street, or P.O. Bonce, country, and ZIP or foreign postal c		ructions)	(=)	660718
	HOPE HOSPICE, INC		000 (ii 10101g11, 000 ii10.ii	dollono	2c Sponsor's telep	
					2d Business code	(see instructions)
1379 E. 17T					6216	610
IDAHO FALL	LS, ID 83404					
3a Plan a	dministrator's name a	and address X Same as Plan Sponsor	r		3b Administrator's	FIN
Ja Fiarra	anninotrator o namo c	and dudition of their openion	•			
					3c Administrator's	telephone number
		he plan sponsor or the plan name has c			4b EIN	
•	lan, enter the plan sp or's name	onsor's name, EIN, the plan name and	the plan number from th	ne last return/report.	4d PN	
C Plan N					4u FN	
• Harri	iamo					
5a Total	number of participant	ts at the beginning of the plan year			5a	33
		ts at the end of the plan year			5b	30
		n account balances as of the end of the	. , , ,		5c	17
d(1) Tot	al number of active p	articipants at the beginning of the plan	year		5d(1)	31
` '	·	participants at the end of the plan year			5d(2)	25
		o terminated employment during the pla			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable car		
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as we halete				
SIGN		d/valid electronic signature.	05/30/2018	JILL P GARRETT		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan ad	ministrator
SIGN	Filed with authorize	d/valid electronic signature.	05/30/2018	JILL P GARRETT		

Date

Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)					X Yes No
b	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							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot		,					□ 100 □ 110
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year
а	Total plan assets	7a	27	72174				344727
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	2	72174				344727
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		29838				
	(2) Participants	8a(2)	4	43152				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		51849				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						124839
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		50391				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		1895				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						52286
i	Net income (loss) (subtract line 8h from line 8c)	8i						72553
j	Transfers to (from) the plan (see instructions)	8i						
Pai	t IV Plan Characteristics		•					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	structions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	les from the List of Pla	n Chara	acteris	tic Cod	les in the inst	ructions:
_								
Par								
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tiono withi	n the time period		Yes	No		Amount
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest			IVa				
	reported on line 10a.)			10b		X		
				10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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.) Has the plan failed to provide any benefit when due under the plan			10e		X		
				10f		X		
9		-	•	10g		X		
	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 Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X 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 o	f 	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 instructions, ar granting the waiver			of the lette Year _	r 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?		Ye	s X 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 under the control of the PBGC?			Yes X	No					
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Develop Reposit Guarenty Composition

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

..... all antring to accordance with the instructions to the Form 5500-SF.

ОМВ Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

	CHARLE DOIL		Complete an entries in a				
P	art I	Annual Report	Identification Information	01/01/2017	and ending	12/31/201	ī
For (calendar p	lan year 2017 or fisca	al plan year beginning	a multiple-employer plar			
A 1	This retur	√report is for:	x a single-employer plan	a list of participating em	ployer information in ac	cordance with the fo	m (nstructions.)
			a one-participant plan	a foreign plan			
В	This reture	√report is:	the first return/report	the final return/report		_4L_\	
			an amended return/report	a short plan year return	report (less than 12 mo	กนาร)	
C	Check box	df filing under:	Form 5558	automatic extension		DFVC pro	ogram
			special extension (enter descri	iption)			
i de	art II	Basic Plan Info	ormation enter all requested	I Information		1 47	
	Name of		-/			1b Three-digit plan numbe	
. 42		of Hope 401(k) Plan			(PN) ►	001
	Handa	oz dopa verv				1c Effective da 01/01/2	
_			is for a planta appropriate plant				entification Number
2 a			yer, if for a single-employer plan) m, apt., suite no. and street, or P.O). Box)			-0660718
	City or t	own, state or province	e, country, and ZIP or foreign posta	al code (if foreign, see instructi	one)	2c Sponsor's to	elephone number
	Hands	of Rope Hosp	dca, Inc.			(208) 5	
							ode (see Instructions)
	1379	E. 17th St.				621610	
		o Falls ID 83404				3b Administrat	or's FIN
3a	Plan ad	ministrator's name an	nd address X Same as Plan Sp	ponsor		OD Adiliniaadi	010 1211
						3c Administrat	or's telephone number
4	If the na	me and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last return	n/report filed for	4b EIN	
	this plai	n, enter the plan spor	nsor's name, EIN, the plan name ar	id tile plantifichiber from the le	or received by a constant	4d PN	
a	Sponso	r's name					
C	Plan Na	ime				Ì	
_						. 5a	33
5a	i Total n	ımber of participants	at the beginning of the plan year	***********************************		Fla	30
b	Numba	of conticinants with:	account balances as of the end of t	the plan year (only defined cor	tribution plans	5c	17
_	comple	te this item)	rticipants at the beginning of the pla		*************************************	. 5d(1)	31
			rticipants at the end of the plan year	· ·	***************************	5d(2)	25
-	Numba Numba	e of participants who	terminated employment during the	plan year with accrued benefit	s that were	5e	0
0	less tha	an 100% vested	++++=======+++++++++++++=============	***************************************		"	
C	au <u>tion:</u> A	penalty for the late	or incomplete filing of this retu	im/report <u>will</u> be assessed o	(niess reasonable cau	Be is exabisined.	able a Schodule
U	Inder pena B or Sche	ulties of perjury and o dule MB completed,	other penalties set forth in the instru and signed by an enrolled actuary, a	ware I de desemble the the terminal and	amined this fettim/reno	IIT INCIIKNINO. IT ADDUC	knowledge and
- b	elief, it is t	rue, correct, and cor	White the second	15-150/10	JILL P. GARRE		
	SIGN _	MA	www	\ <u>~\~\</u> / `	Enter name of Individ		dministrator
40.00		gnature of plan ad	miplestrator	Date			ATTEN NOVEMBER 1
1.	SIGN	XXXX	Mully-	15 /30//8	JILL P. GARRE		
	HERE S	ignature of employ	emplan sponsor	Date	Enter name of individ	ual signing as emplo	yer or plan sponsor

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6a Were all of the plan's assets during the plan year invested in eligi	ble assets? (See	Instructions.)				
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	y and conditions.	,,				XYes [
If you answered "No" to either line 6a or line 6b, the plan ca						
c If the plan is a defined benefit plan, is it covered under the PBGC			?		Yes	
If "Yes" is checked, enter the My PAA confirmation number from	the PBGC premi	um filing for this year				(See instruction
Part III Financial Information				_		,
7 Plan Assets and Liabilities	9876 to 1000 1000 1000 to 1000 to	(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7 <u>a</u>	272,	174			344,72
b Total plan liabilities	7b	<u> </u>		1		·
C Net plan assets (subtract line 7b from line 7a)		272,:	L74	\top		344,72
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
Contributions received or receivable from:				25 Ng A		
(1) Employers		29,1		\$4.50 3.80		
(2) Participants		43,:	1.52	37.5		
(3) Others (including rollovers)				2.275,72		
b Other income (loss)		51,8	349	147.74.	Agranda (Princis) Principal (Princis)	grija (n. j. 2006). Di sing finali katilim na Andrica kali maka ili katili Maka katilika kali katilika na katili katilim katili katilim katilim katilim Maka katilim
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		. man in Language	3		124,83
d Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d	50,3	391	123		telet tollkier og det
	8e			494	S (2/5)	
e Certain deemed and/or corrective distributions (see instructions)			0	97 (A) (7)	an and Arthur Salahan. And Arthur Salahan	
f Administrative service providers (salaries, fees, commissions)	8f	71 (395	3 . 3	A 44 (A) (A)	u final film (Austrian), and office and or a large configuration.
Other expenses	- T	a y a. Si aliki katan da da sa	es riveri	2975. S	<u> </u>	(3) (2) (4) (3) (3) (4) (4) (5) (5) (6) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
h Total expenses (add lines 8d, 8e, 8f, and 8g)	- 1	i Parigo (1905), por la propia de la propia d La porta de la propia de la prop	1. 200 mg	70		52,280
Net fncome (loss) (subtract line 8h from line 8c)	81		value of the	79 19240	nengasuse	72,55:
Transfers to (from) the plan (see Instructions)	8}			No. (American	A CONTRACTOR	n is the transfer of the same
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension	n feature codes fr	om the List of Plan Characteri	stic Co	des in	the ins	tructions;
2A 2E 2F 2G 2J 3D 3H						
b if the plan provides welfare benefits, enter the applicable welfare	feature codes fro	m the List of Plan Characterist	ic Cod	es in t	he instr	uctions:
Part V Compliance Questions						
10 During the plan year:			Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contri	butions within the	(Irne period	1	1	2.79 (1.77) 2.79 (2.77)	
described in 29 CFR 2510.3-102? (See instructions and DOL's					27.50	
Program)	_	l an		х	1 20 20 2	
b Were there any nonexempt transactions with any party-in-interes					200	
reported on line 10a.)			•	х	12.2	
C Was the plan covered by a fidelity bond?			:	х	100000	
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	•	1		x		
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of the b	eneffts under	,	x		
f Has the plan failed to provide any benefit when due under the p	lan?			ж		
		40-		x	7 5 8 5 V	
h If this is an individual account plan, was there a blackout period	l? (See instruction	ns and 29 CFR			98.65 28.65 28.65	
1 If 10h was answered "Yes," check the box if you either provided	the required not	ice or one of the		ж	0.6/48/5 0.8/5/5/5 0.6/5/5/5	
exceptions to providing the notice applied under 29 CFR 2520.	101-3	10i			13-25	

Form 5500-SF 2017 Page 3 -Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes X No (Form 5500 and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? -----Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 If 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 C Enter the amount contributed by the employer to the plan for the plan year 12c þ Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No 🔲 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the ☐ Yes X No control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)