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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan 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 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 plan number MOSHASSUCK CEMETERY CORPORATION PENSION PLAN (PN) ▶ 001 1c Effective date of plan 09/01/1973 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) 05-0186120 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number MOSHASSUCK CEMETERY CORPORATION 401-723-1087 2d Business code (see instructions) 978 LONSDALE AVENUE 812220 CENTRAL FALLS, RI 02863 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year 10 5_b 10 **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 5c complete this item)..... 5d(1) 10 d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 10 d(2) Total number of active participants at the end of the plan year..... Number of participants who terminated employment during the plan year with accrued benefits that were less \cap 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 true, correct, and complete

0.0.0	Filed with authorized/valid electronic signature.	05/07/2019	GEORGE BOARDMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/07/2019	GEORGE BOARDMAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

b	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 indepei and condit	ndent qualified public a	ccount	ant (IC	(PA)	X	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? X Yes No Not determined							
Ū	If "Yes" is checked, enter the My PAA confirmation number from the					_	. – –	
			Torridan minig for allo p	iaii you			4112010 . (6 00	motraotiono.)
Par	t III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Yea	ır
а	Total plan assets	. 7a	10	02735			103	3490
b	Total plan liabilities	. 7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	10	02735			103	3490
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
	Contributions received or receivable from: (1) Employers	. 8a(1)		0				
	(2) Participants	. 8a(2)		0				
	(3) Others (including rollovers)	. 8a(3)		0				
b	Other income (loss)	. 8b		3668				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					3	3668
	Benefits paid (including direct rollovers and insurance premiums		2042					
	to provide benefits)	. 8d	2913					
	Certain deemed and/or corrective distributions (see instructions)	. 8e	0					
	f Administrative service providers (salaries, fees, commissions) 8f 0							
								2010
	1 Total expenses (add lines 8d, 8e, 8f, and 8g)							
	Net income (loss) (subtract line 8h from line 8c)	. 8i						755
	Transfers to (from) the plan (see instructions)	8j		0				
Par								
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	tic Cod	des in the instructions	:
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amour	nt
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X			100000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X		100000
е	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.)					X		
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	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h				
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 S (Form 5500) and line 11a below)		SB	X Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect ERISA?	on 302 o	ıf 	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, a granting the waiver		the date		ruling
lf :	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?		X Yes	s No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	e		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 which assets or liabilities were transferred. (See instructions.)	(s) to			
1	13c(1) Name of plan(s): 13c(1)	2) EIN(s)		13c(3)	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

File as an attachment to Form 5500 or 5500-SF.

Internal Revenue Code (the Code).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Fo	r calendar plan year 2017 or fiscal plan year beginning 10/01/2017		and ending	g 09/3	30/2018				
	Round off amounts to nearest dollar.								
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable	le cause	is established	d					
	Name of plan	В	Three-dig	git					
	MOSHASSUCK CEMETERY CORPORATION PENSION PLAN		plan num	ber (PN) •	001			
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer	Identific	ation Number (E	EIN)			
	MOSHASSUCK CEMETERY CORPORATION		1 -7 -	05-018	,	,			
E	Type of plan: X Single Multiple-A Multiple-B F Prior year plan si	ize: X 1	00 or fewer	101-	500 More th	an 500			
F	Part I Basic Information								
1	Enter the valuation date: Month 10 Day 01 Year 2017								
2	Assets:								
	a Market value			2a		102716			
	b Actuarial value			2b		102716			
3	Funding target/participant count breakdown	` '	nber of pants		sted Funding Target	(3) Total Funding Target			
	a For retired participants and beneficiaries receiving payment		2		29682	29682			
	b For terminated vested participants		5 11			11326			
	C For active participants		3	3 53188					
	d Total		10	10 94		94782			
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)								
	a Funding target disregarding prescribed at-risk assumptions			4a					
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans t at-risk status for fewer than five consecutive years and disregarding loading factor			4b					
5	Effective interest rate			5		5.55 %			
6	Target normal cost			6		1135			
Sta	tement by Enrolled Actuary								
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and att accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account combination, offer my best estimate of anticipated experience under the plan.								
	SIGN								
	HERE				04/05/201	9			
	Signature of actuary Date								
L	LOUIS G. PRANGE 17-00775								
	Type or print name of actuary			Most	recent enrollme	nt number			
F	PENCERT LTD				630-789-07	00			
7	Firm name 35 N CASS AVENUE		Te	lephone	number (includ	ing area code)			
	VESTMONT, IL 60559-1100								
	Address of the firm								
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in cor	moleting	this schedule	check	the hox and see	, <u> </u>			
	e actuary has not fully reflected any regulation of fulling promulgated under the statute in coll	picting	and doniculate	, oricon	and box and ser	´ ∐			

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances								
	•							(a) C	arryover balance		(b) F	(b) Prefunding balance		
7		_	•		able adjustments (line 13 fro	•				0			195	
8				•	nding requirement (line 35 f	•				0	0			
9	Amount r	emaining	g (line 7 minus line	8)						0			195	
10	Interest c	n line 9 ı	using prior year's	actual retu	rn of <u>11.97</u> %					0			23	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Presen	t value o	f excess contribut	ions (line 3	38a from prior year)								77	
					a over line 38b from prior ye interest rate of5.75								4	
	` '		·	•	edule SB, using prior year's								0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding baland	e							81	
	d Portion	of (c) to	be added to pref	unding bala	ance								0	
12	Other red	luctions i	n balances due to	elections	or deemed elections					0			0	
13	Balance	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)					0			218	
Р	art III	Fun	ding Percenta	ages							•			
14	Funding	arget att	ainment percenta	ge								14	108.14%	
					9							15	108.37%	
16					of determining whether carry							16	96.62%	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage						17	%							
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18					ar by employer(s) and empl									
(1)	a) Date) MM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-E)	Date DD-Y		(b) Amount p employer		(0	Amoui (: emplo	nt paid by ovees	
			, ,		1 7	,		,	, ,	<u> </u>			,	
						Totals		10/b)			0 19(0)	1		
19	Discount	ad ample	war aantributions	ann inntr	ustions for small plan with a			18(b)	haginning of the	voor:	0 18(c)		0	
13					uctions for small plan with a					19a			0	
a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date								0						
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date						0								
20														
							Yes No							
	b If line 2	20a is "Y	es," were required	quarterly	installments for the current	year made	in a	timely ma	anner?				Yes X No	
	C If line 2	20a is "Y	es," see instructio	ns and cor	nplete the following table as	applicable	e:						<u></u>	
		(1)			Liquidity shortfall as of en	d of quarte	r of t							
		(1) 1s	<u>t</u> 0		(2) 2nd 0			(3)	3rd 0			(4) 4th	0	
			U		U				U				U	

P	art V	Assumpti	ons Used to Determine	Funding Target and Tar	get Normal Cost		
21	Discount	rate:			_		
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used
	b Applica	able month (er	nter code)			21b	0
22	Weighted	average retire	ement age			22	67
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	ite
Pa	art VI	Miscellane	ous Items				
24		•		arial assumptions for the current p	•		· ·
25	Has a me	thod change b	been made for the current plar	n year? If "Yes," see instructions	regarding required attach	ment	Yes X No
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instruct	ons regarding required a	attachmen	tX Yes No
27				r applicable code and see instruct		27	
Pi	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years		
			•	ears		28	0
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribu	tions from prior years	29	0
30	Remainin	g amount of u	inpaid minimum required conti	ributions (line 28 minus line 29)		30	0
Pa	art VIII	Minimum	Required Contribution	For Current Year		•	
31			d excess assets (see instruction				
	a Target r	normal cost (li	ne 6)			31a	1135
	b Excess	assets, if app	licable, but not greater than lir	ne 31a		31b	1135
32	Amortizat	ion installmen	its:		Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	tion installment			0	0
	b Waiver	amortization i	installment			0	0
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter grant) and the waived amount	ing the approval	33	
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding balar	nce	Total balance
35			se to offset funding	0		0	0
36	-					36	0
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	0
38			s contributions for current year				
						38a	0
	a Total (excess, if any, of line 37 over line 36)						
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						
40	40						
Pa	rt IX			Pension Relief Act of 2010		5)	
41	If an elect		to use PRA 2010 funding reli				
			_			Г	2 plus 7 years 15 years
	b Eligible	plan year(s) f	or which the election in line 41	la was made			'
42						42	
			•	over to future plan years		43	

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 section 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

Pai	rt I Annual Repor	t Identification Information				
For ca	alendar plan year 2017 or f	scal plan year beginning	10/01/201	.7 and ending	09/30/20	18
A Th	nis return/report is for:	a single-employer plan a one-participant plan		yer plan (not multiemploye ting employer information		
B Th	nis return/report is:	the first return/report	the final return/re	eport		
	•	an amended return/report		return/report (less than 1)	2 months)	
www.coon			a chort plant you	Totalin oper (less than 1)		
C C	neck box if filing under:	x Form 5558 special extension (enter descr	automatic extensiption)	sion	☐ DFVC ;	orogram
Par	t II Basic Plan Inf	ormation enter all requested	information			
	Name of plan	omation cinci dii requested	mornador		1b Three-dig	t
1	MOSHASSUCK CEMETER	Y CORPORATION PENSION P	LAN		plan numb (PN) ▶	001
					1c Effective of	
120					09/01/1	
		oyer, if for a single-employer plan)			2b Employer	Identification Number
		om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post		instructions)	(EIN) 05	5-0186120
	MOSHASSUCK CEMETER		, , , ,			telephone number
						723-1087
9	978 LONSDALE AVENU	E			812220	code (see instructions)
	JS CENTRAL FALLS RI 028	63				
		and address X Same as Plan Spo			3b Administra 3c Administra	ator's telephone number
		ne plan sponsor or the plan name ha		아이들 아이들 아이 아이를 가게 살아가 있다면 하는 것이 되었다. 그 아이들 아이들 아이들이 아니다 아니다 아니다 아니다 하는데 아니다.	4b EIN	
	Sponsor's name Plan Name				4d PN	
5a	Total number of participants	s at the beginning of the plan year			5a	10
b T	Total number of participant	s at the end of the plan year			5b	10
		account balances as of the end of			5c	
d(1)	Total number of active pa	articipants at the beginning of the pla	ın year		5d(1)	10
d(2)	Total number of active pa	rticipants at the end of the plan yea	r		5d(2)	10
	11 1000/11	terminated employment during the			5e	0
		e or incomplete filing of this retur				ıd
Unde SB o	er penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I	have examined this return	/report, including, if	applicable, a Schedule
SIG	N / X	7-	5/7/19	George Boardm	an	
HEI	1////	ministrator	Date,	Enter name of indiv	idual signing as plan	administrator
	1/2/11	17-	5/7/19			
SIG	/ · / /	er/plan sponsor	Date			loyer or plan sponsor

22	^	e	2
а	ч	0	_

Ba Were all of the plan's assests during the plan's year invested in eligible assests? (See Instructions.)											
under 28 CPR 2500,104-467 (See instructions on waiver eligibility and conditions.) If you answered "No*To either line & or line & bit, be plan cannot use Form \$500.\$F and must instead use Form \$500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If Yes' is checked, enter the My PAA confirmation number from the PBGC premium filling for this year. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year (b) End of Year (b) End of Year (b) End of Year (c) End plan assets (subtract line 75 from line 7a) To 102,735 103,490 No 0 No 0 No 102,735 No 0 No 0 No 102,735 No 0 No 0 No 103,490 No 104, Amount (b) Total all incidence, Expenses, and Transfers for this Plan Year (c) Participants Set (c) Partici									•••••	XYes	S No
E if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Part III Financial Information		under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions	s.)						XYes	s No
Part III Financial Information See Instructions. See Instructions. Part III Financial Information See Instructions. See Instructio											
Part III Financial Information (a) Beginning of Year (b) End of Year a Total plan assets and Liabilities 7a								Yes	∐ N	o Not	determined
7 Pian Assets and Liabilities 7a Total plan assets		If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prem	ium filing for this year	1112	610				(See instr	ructions.)
7 Pian Assets and Liabilities 7 Ta 102,735 103,490 103,490 Total plan assets	Pa	rt III Financial Information									
Total plan assets	_	The state of the s		(a) Beginning of	Year				(b) End	of Year	
b Total plan liabilities	_		7a		5 88 5	-					3.490
Net plan assets (aubtract line 7b from line 7a)											
Second Contributions received or receivable from: Contributions (seel instructions) Sa(2) Sa(3) Sa(2) Sa(3)	-	CONTROL OF THE CONTRO		10	2 7	Alleria .				103	100
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Other services (loss) (loss) (loss) (8) Other services (loss) (_		10	V. 10. 1 . 10. 10. 10. 10. 10. 10. 10. 10					(b)		,,,,,,
(2) Participants				(4)							
(3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 3,668 C Total income (loss) 8c 3,668 C Total income (loss) 8c 3,668 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3,668 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 3,668 C Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 9c		(1) Employers	8a(1)								
Other tincome (loss) Section S		(2) Participants	8a(2)			100					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)			0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		3,6	8					
to provide benefits)			8c								3,668
e Certain deemed and/or corrective distributions (see instructions) 8e	d		0,4		2 9	13					
## Administrative service providers (salaries, fees, commissions)	_				_,,,	Some					
g Other expenses						77.5					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	2022	August and the second of the s				13.00					
Net income (loss) (subtract line 8h from line 8c)					033						2 913
Transfers to (from) the plan (see instructions) Sj	<u>n</u>				-	-	-				2000000
Part IV Plan Characteristics Plan Characteristics Plan Characteristic Plan Characteristic Plan Characteristic Plan Characteristic Plan Characteristic Plan Characteristic Codes in the instructions: 1A 3D	<u>+</u>				200,210	0		No. of Lot			733
Part V Compliance Questions	_	Transfer in the second	8)		_	0					
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 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 dishonestly? 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.) 10									n webstrane Sirv	1.0	
Description	9a		ature codes	from the List of Plan Ch	aract	eristic	Code	s in the	instruc	ctions:	
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.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	\rightarrow	1A 3D									
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) D 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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) The 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	b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes f	rom the List of Plan Cha	racte	ristic	Codes	in the	instruct	ions:	
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.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Pa	rt V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	10					Yes	No	N/A		Amount	t
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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) That 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	a	Was there a failure to transmit to the plan any participant contribut	ions within th	ne time period							
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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) The structure of 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		described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fiduo	ciary Correction							
reported on line 10a.)	_				10a		Х				
C Was the plan covered by a fidelity bond?	b				10h		×				
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?	_					v	- A				100 000
by fraud or dishonesty?	_				100	Λ	-				100,000
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?	_	by fraud or dishonesty?			10d		х				
f Has the plan failed to provide any benefit when due under the plan?	е	carrier, insurance service, or other organization that provides some	e or all of the	e benefits under	10e		x				
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.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	-		0000				x		377 mm mm		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	-		and discount of the second				200				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the					9		1				
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	V-				10h						
	i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required n	otice or one of the	10i						

Form	5500-SF	2017

Page 3 -		
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Part	VI	Pension Funding Compliance						
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So		SB	X	Yes		No
11a	Enter th	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					0
12	ERISA'	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect	on 302	of		Yes	X	No
		s," 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 ruggranting the waiver Month DayYear							ruling	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	ne minimum required contribution for this plan year.	12b					
С	Enter th	ne amount contributed by the employer to the plan for the plan year	12c					
d	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)							
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 r	esolution to terminate the plan been adopted in any plan year?	[X Yes		No		
ie –	If "Yes,	"enter the amount of any plan assets that reverted to the employer this year	13a					0
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			/es	X	No	
С	100000000000000000000000000000000000000	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(assets or liabilities were transferred. (See instructions.)	s) to					
1:	sc(1) Na	EIN(s)		13	c(3) F	PN(s)		

MOSHCEM

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Moshassuck Cemetery Corporation Pension Plan 05-0186120 / 001 For the plan year 10/01/2017 through 09/30/2018

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Moshassuck Cemetery Corporation Pension Plan 05-0186120 / 001

For the plan year 10/01/2017 through 09/30/2018

Valuation Date: 10/01/2017

As prescribed in IRC Section 430 **Funding Method:**

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Year Rate % Segment 1 0 - 5 1.76 Segment 2 6 - 20 3.74 Segment 3 > 20 4.63

Segment rates for the Valuation Date as

Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA						
Segment #	Year	Rate %				
Segment 1	0 - 5	4.16				
Segment 2	6 - 20	5.72				
Segment 3	> 20	6.48				

Pre-Retirement - Mortality Table -None

> Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -17C - 2017 Combined

> Cost of Living -None

Lump Sum -U84 - 1984 Unisex at 5%

17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:**

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Moshassuck Cemetery Corporation Pension Plan 05-0186120 / 001

For the plan year 10/01/2017 through 09/30/2018

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 7.5%

Post-Retirement - Interest - 7.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 26 - Schedule of Active Participant Data

Moshassuck Cemetery Corporation Pension Plan 05-0186120/001

For the plan year 10/01/2017 through 09/30/2018

Years of Credited Service

Attained	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.		
Under												
25												
25 to												
29												
30 to												
34												
35 to												
39												
40 to												
44												
45 to			1									
49			'									
50 to												
54												
55 to												
59	Ш	1	I		ı	1	1	- 1		I	1	1
60 to									1			
64									1			
65 to									1			
69									1			
70 &												
up												

Schedule SB, Part V Summary of Plan Provisions

Moshassuck Cemetery Corporation Pension Plan 05-0186120 / 001

For the plan year 10/01/2017 through 09/30/2018

Employer: Moshassuck Cemetery Corporation

Type of Entity - Not for Profit Corporation

EIN: 05-0186120 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 09/01/1973 Year end - 09/30/2018 Valuation - 10/01/2017

Eligibility: All employees excluding non-resident aliens and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of plan year nearest eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 5 years of participation

Early - Attainment of age 62 and completion of 10 years of service

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 3 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the fixed benefit formula below:

times \$200.00 per year of service beginning year 1 limited to 1 year(s)

Accrued Benefit - Pro-rata based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - Accrued Benefit actuarially reduced for early commencement

Death Benefit - Face Amount

Disability Benefit - None

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$220,000

Maximum 401(a)(17) compensation - \$270,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity Guaranteed for 10 Years

Optional Forms: Life Annuity

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-2 0% 3 20% 4 40% 5 60% 6 80% 7 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Moshassuck Cemetery Corporation Pension Plan 05-0186120 / 001

For the plan year 10/01/2017 through 09/30/2018

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Years	Rate %
0 - 5	1.96
6 - 20	3.58
> 20	4.35
	0 - 5 6 - 20

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - U84 - 1984 Unisex

Post-Retirement - Interest - 5%

Mortality Table - U84 - 1984 Unisex

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

		File as an attachm	ent to Form 5500 or	5500-SF.						
	plan year 2017 or fiscal p		/2017	and ending	09/30/201	.8				
	Round off amounts to nearest dollar.									
_		assessed for late filing of this report	unless reasonable ca	use is established.						
A Name of p				B Three-digit						
Moshassuc	k Cemetery Corpor	ation Pension Plan		plan number (PN) ▶ 001						
					SAME SOME STREET, SOME DE LA COLLEGIO					
C Plan spons	sor's name as shown on li	ne 2a of Form 5500 or 5500-SF		D Employer ider	ntification Numb	er (EIN)				
Moshassuc	k Cemetery Corpor	ation		05-	-0186120					
E Type of pla	an:X Single Multiple	-A Multiple-B	Prior year plan size:[2	X 100 or fewer	101-500 M	fore than 500				
Part I	Basic Information									
1 Enter th	e valuation date:	Month 10 Day 01	Year <u>2017</u>							
2 Assets:										
a Marke	et value				2a	102,71				
b Actua	rial value	*******************************		• • • • • • • • • • • • • • • • • • • •	2b	102,71				
3 Funding	target/participant count b	reakdown:	(1) Number of participants	(2) Vested F Targe		(3) Total Funding Target				
a For re	tired particinants and bene	eficiaries receiving payment	2		29,682	29,68				
		nts	5		11,326	11,32				
	• •		3		53,188					
			10		94,196	94,78				
		k the box and complete lines (a) and	(b)	<u> </u>		•				
·		scribed at-risk assumptions	• •		4a					
b Fundi	ng target reflecting at-risk	assumptions, but disregarding transit ve consecutive years and disregardir	ion rule for plans that		4b					
_		***************************************	.X		5	5.55 %				
6 Target r	normal cost	•••••			6	1,13				
To the best of m accordance with	r Enrolled Actuary by knowledge, the information supplicable law and regulations. In er my best estimate of anticipated	lied in this schedule and accompanying schedule my opinion, each other assumption is reasonable experience under the plan.	s, statements and attachmen taking into account the exp	ts, if any, is complete and refrence of the plan and re	l accurate. Each pres easonable expectation	ribed assumption was applied in ns) and such other assumptions, in				
SIGN HERE		Thui A Brown	<i></i>		04/05/2	2019				
		ignature of actuary			Date	e				
	Louis G. Prange				17-0077	75				
	Туре с	r print name of actuary	N	lost recent enro	llment number					
	Pencert LTD			(630) 789	-0700					
	735 N Cass Avenu	Firm name le		Telep	hone number (i	ncluding area code)				
110	Wostmont	TT 60550 1100								
US	Westmont	IL 60559-1100 Address of the firm								
If the actuary h	nas not fully reflected any r	egulation or ruling promulgated unde	r the statute in comple	eting this schedule,	check the box	and see				
						·····				

2

Pa	rt II Be	ginning of Year	Carryover a	nd Prefunding Bal	ances						
						(a) Carryover balance (b) Prefunding balar					ling balance
7				e adjustments (line 13 fr				0			195
8				ng requirement (line 35 t				o			0
9											195
10	Interest on li	ne 9 using prior year	r's actual return	of <u>11.97</u> %				0			23
11	Prior year's	excess contributions	to be added to p	orefunding balance:							
	a Present v	alue of excess contr	ributions (line 38	a from prior year)			Laboration and an artist of the				77
			•	ver line 38b from prior yenterest rate of5 . 7.5							
											4
		·	-	le SB, using prior year's			e der Obliger), ekster for i Digen av de der de generaliste d				0
				ar to add to prefunding b							81
						1 18					0
12				deemed elections		2. Shiriya (1800)		0	 		0
				10 + line 11d - line 12)				0			218
mandalassa m	0.072 - 1.00 - Z.00 ZZ.072 (2.00 000)	unding Percent	· · · · · · · · · · · · · · · · · · ·								
-chelemaniké										14	108.14 %
										15	108.37 %
	Prior year's f	unding percentage f	or purposes of d	etermining whether carry	over/pref	unding bala	ances may be used	to redu	ce	16	96.62 %
17				ss than 70 percent of the					•••••	17	%
Pa	rt IV C	ontributions ar	nd Liquidity :	Shortfalls							
A1000311-000110-110	<u> </u>	······································		by employer(s) and empl	ovees:						
	(a) Date VI-DD-YYYY)	(b) Amount p employer(paid by	(c) Amount paid by employees	(8) Date D-YYYY)	(b) Amount p employer				ount paid by Noyees
									:		
					ļ						
										F	
					Totals				₀ 18(c)		00
		•		ions for small plan with a			· · · —				
	_		•	n required contributions	-	-	<u> </u>	19a			0
	b Contribution	ons made to avoid re	estrictions adjust	ed to valuation date	•••••	• • • • • • • • • • • • • • • • • • • •		19b			0
			-	ed contribution for curre	nt year ac	justed to v	aluation date	19c	ornalez di Sansas	Vella skuski vela	0
		ntributions and liquid						Ĺ			3
	-	_	· · · · · · · · · · · · · · · · · · ·	rior year?				•••••	• • • • • • • • • •	<u>[</u> 2	Yes No
		•	-	tallments for the current	=		ly manner?			79393033	Yes X No
	C If line 20a	is "Yes," see instruc		ete the following table as						egil siki i se	
	(1)	1st		uidity shortfall as of end (2) 2nd	or quarte	r of this pla	an year 3rd	[((4) 4	:h
	<u> </u>					<u>>-/</u>				. , .	
			1.								

Pa	art V Assumption	ons Used To Determin	e Funding Target and Targ	et Normal Cost		
21				****		
	a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48		N/A, full yield curve used
		***************************************		······································	21b	0
					22	6"
23	Mortality table(s) (se	e instructions)	rescribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI Miscellane	eous items				
24			ctuarial assumptions for the curren			
			plan year? If "Yes," see instructions			
			e Participants? If "Yes," see instruc		d attachme	nt X Yes No
27			nter applicable code and see instru		27	
Pa			um Required Contribution		<u> </u>	
28	Section and the section of the secti		r years	·····	28	C
29			rd unpaid minimum required contrib			
					29	C
6/03/13/56/2010	WERKSON ARTHURS		ontributions (line 28 minus line 29)		30	C
Pai	rt VIII Minimum	Required Contribution	For Current Year			······································
31_		nd excess assets (see instruc				
					31a	1,135
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b	1,135
	Amortization installm			Outstanding Bala	ance	Installment
			• • • • • • • • • • • • • • • • • • • •		0	0
			* * * * * * * * * * * * * * * * * * * *		0	C
33			nter the date of the ruling letter gra) and the waived amount.		33	
34	Total funding requiren	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding Bala	nce	Total balance
35	Balances elected for requirement	use to offset funding	o		0	0
36	Additional cash requi	rement (line 34 minus line 35)		36	0
37			contribution for current year adjuste		37	0
38	Present value of exce	ess contributions for current y	ear (see instructions)			***************************************
;	a Total (excess, if an	y, of line 37 over line 36)			38a	0
	b Portion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	38b	0
	Unpaid minimum requ	39	0			
1 - 455 1 1 1 1 1 1 1 1 1 1 1 1 1	S0000000000000000		s		40	0
Par	20/(2220/(223)		Pension Relief Act of 2010	(See Instructions)		
41	If an election was mad	le to use PRA 2010 funding re	elief for this plan:			
	a Schedule elected.		• • • • • • • • • • • • • • • • • • • •		<u> </u>	2 plus 7 years 🔲 15 years
	b Eligible plan year(s)) for which the election in line	41a was made		. 🔲 200	820092010 2011
42 /	Amount of acceleration	n adjustment			42	
43 (Excess installment acc	celeration amount to be carrie	d over to future plan years		43	