	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	•	oyee	OMB Nos. 1210-0110 1210-0089
Inter	nal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee R	etirement	2018
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	Revenue Code (the Co		This Form is Open to Public Inspection	
Pension Be	enefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.	
Part I		Identification Information		and an diam. At		
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2			2/31/2018	ving this hav must attach a
A This ret	turn/report is for:	X a single-employer plan		employer information in ac		king this box must attach a with the form instructions.)
B This retu	urn/report is	a one-participant plan				
		the first return/report	the final return/repor		antha)	
0		an amended return/report		urn/report (less than 12 m	ontns)	
C Check	box if filing under:	X Form 5558	automatic extension	Ì	DFVC p	rogram
		special extension (enter desc				
Part II		ormation—enter all requested in	formation		41	
1a Name	•	ND & KEELER FUNERAL HOME II			1b Three plan	e-digit number
DATES & AI	NDERSON - REDMOI	ND & RELEEK FONERAL HOWE II	NO. 401(R) FEAN		(PN)	
					1c Effec	tive date of plan 08/01/2015
		oyer, if for a single-employer plan)			2b Empl	oyer Identification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	
BATES & AN	DERSON - REDMON	ND KEELER FUNERAL HOME, INC	D.		2C Spor	nsor's telephone number 518-828-3371
					2d Busir	ness code (see instructions)
110 GREEN HUDSON, N						812210
3a Plan a	dministrator's name a	nd address 🗙 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the r	name and/or EIN of th	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN	
this pl	lan, enter the plan spo	onsor's name, EIN, the plan name a				
a Spons C Plan N	or's name Jame				4d PN	
5a Total	number of participants	s at the beginning of the plan year.			5a	2
		at the end of the plan year account balances as of the end of			5b	3
		account balances as of the end of		-	5c	3
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	2
		articipants at the end of the plan ye			5d(2)	3
		o terminated employment during the			5e	
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	use is estat	olished.
SB or Sche	alties of perjury and of edule MB completed a true, correct, and com	ther penalties set forth in the instru nd signed by an enrolled actuary, a nete	ctions, I declare that I hav as well as the electronic v	ve examined this return/re version of this return/report	port, includi t, and to the	ng, if applicable, a Schedule best of my knowledge and
SIGN		d/valid electronic signature.	08/14/2019	THOMAS E. BUCHOL	SKY	
HERE	Signature of plan a		Date	Enter name of individ	ual sianina a	as plan administrator
SIGN						
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor
For Paperw		ce, see the Instructions for Form 5500		•	5 5	Form 5500-SF (2018)

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a							X Yes 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,					
c	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
•	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)
_				····)				(,
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
a	Total plan assets	7a		53328				94565
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c		53328				94565
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		5999				
	(2) Participants	8a(2)		45546				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-	10308				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						41237
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i						41237
j	Transfers to (from) the plan (see instructions)	8i						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2T 3D	feature co	odes from the List of PI	an Cha	racteris	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	les in the instru	ictions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	ļ	Amount
а	Was there a failure to transmit to the plan any participant contribu							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V			10-		х		
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		~		
	reported on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	X			15000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e	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		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		

Х

Х

Х

10<u>g</u>

10h

10i

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

i

2520.101-3.)

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

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So rm 5500) and line 11a below)			B			Yes X	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1	1a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sect SA?			f 			Yes X	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a nting the waiver	nd e	nter Day		te of t	he lette Year	er ruling	
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	r the minimum required contribution for this plan year	1	12b					
с	Ente	r the amount contributed by the employer to the plan for this plan year		12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d					
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes		No	X N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			۱ <u> </u>	′es	XN	lo	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th trol of the PBGC?	e				Yes	< No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(ch assets or liabilities were transferred. (See instructions.)	s) to)					
1	3c(1) Name of plan(s): 13c(2) E	IN(s)			13c(3	B) PN(s)	

Form 5500-SF	Short Form A		Report of Small Emplo	oyee	OMB Nos 121	10-0110
Department of the Treasury Internal Revenue Service		Benefit			2018	
Department of Labox Employee Benefils Security Administration			s 104 and 4065 of the Employee F ections 6057(b) and 6058(a) of the (the Code)			n to
Pension Benefit Guaranty Corporation	Complete all entri		(the Code). In the instructions to the Form 55(00-SF.	Public Inspectio	
	Identification Inform					
For calendar plan year 2018 of			and ending	12/3	1/2018	
	X a single-employer p		Itiple-employer plan (not multiemploye			n a
A This return/report is for:		fist c	f participating employer information i	in accord	lance with the form instruction	s.)
	a one-participant p	lan a for	eign plan			
B This return/report is	the first return/rep	ort the f	inal return/report			
	an amended return	n/report ash	ort plan year return/report (less th	nan 12 i	months)	
C Check box if filing under:	Korm 5558	L auto	matic extension		DFVC program	
	special extension (
	rmation - enter all requ	ested information				
1a Name of plan					Three-digit	
BATES & ANDERSON		KEELER FUN	ERAL		blan number	
HOME INC. 401(K)) PLAN				PN) ► 001	
				10 6	Effective date of plan	
14.77					08/01/2015	
2a Plan sponsor's name (emp Mailing address (include r					Employer Identification Nu	mber
City or town, state or prov	ince, country, and ZIP or	foreign postal code (if f	oreign, see instructions)		EIN) 812910507	
BATES & ANDERSON -	REDMOND KEELER,	FUNERAL HOME,	INC.	2c 3	Sponsor's telephone num	ber
110 GREEN STREET			-	0.1	518-828-3371	
HUDSON	NY 1	2534		2d 6	Business code (see instruc	lions)
20 Discussion in internet and	and address X Same	as Dian Soonsas		24	812210	_
3a Plan administrator's name	and address 🔝 Same	as Plan Sponsor		30 /	Administrator's EIN 812910507	
				20		
				367	Administrator's telephone 518-828-3371	numbe
4				4b 8		-
4 If the name and/or EIN of the this plan, enter the plan spon				1.5		
 a Sponsor's name 	1301 3 Harrie, Chit, the plan har	no ano tre plan nambai no		4d F	PN	
C Plan Name			*			
5a Total number of participar	ats at the beginning of the	nlan year		5a	2	
				5b	3	
C Number of participants with						
plans complete this item).				5c	3	
				5d(1)	2	
d(2) Total number of active				5d(2)		
			with accrued benefits that were			
	, ,		100 R 100400 R. 100 R 10 1000 R 10000	5e		
			pe assessed unless reasonable ca	use is (established.	
SB or Schedule MB complyied an	d signed by an enrolled actu	nstructions, I declare that I pary, as well as the electron	have examined this return/report, includ ic version of this return/report, and to the	ing, il ap e best of	plicable, a Schedule my knowledge and	
balief, it is true, conset and comply	11-					
SIGN // MUL	m	12, Aug 2019	THOMAS E. BUCHOI	SKY		
SIGN HEDE	1		THEFT WE DOULD	- LAND		
HERE Signature of plan a	dministrator	Date	Enter name of individual sign	ing as	plan administrator	
and the set of picture	ameno Al Calendaria di I					
SIGN						
HERE						
Signature of emplo	oyer/plan sponsor	Date	Enter name of individual sign	ning as	employer or plan spor	sor
For Paperwork Reduction Act No					Form 5500-SF	

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X Yes No

6a	Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No

	-												
under 29 (CFR 2520,104-46? (See	instructions on waiver eligibility and condition	ons.)	• •	• •	• •	 • •	•	• •	• •	•	• •	٠

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_ (See instructions.)

Part III Financial Information 7 Plan Assets and Liabilities		(a) Beginning of Year			(b)	End of Year
	7a	53328				94565
and the second se	75					
b Total plan liabilities	70	53328				94565
C Net plan assets (subtract line 7b from line 7a)		(a) Amount				(b) Total
a Contributions received or receivable from:						
	8a(1)	5999				
(1) Employers	8a(2)	45546				
 (2) Participants	8a(3)					
b Other income (loss)	86	-10308				
	8c					41237
C Total income (add lines 8a(1), 8a(2), 8a(3), and 80) d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
 Benefits paid (including direct followers and insufatic promotion of protection) Certain deemed and/or corrective distributions (see instructions) 						
f Administrative service providers (salaries, fees, commissions).	8f					
g Other expenses	89					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						
Net income (loss) (subtract line 8h from line 8c)						41237
Transfers to (from) the plan (see instructions)	8i					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension b If the plan provides welfare benefits, enter the applicable welfare						
Part V Compliance Questions				<u>ь.</u> г	. 1	Automa
10 During the plan year:				Yes	No	Amount
2 Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-1027 (See instructions and DOU's Voluntary Fiduciary)	within the lin	ne period described in gram)	10a		x	
b Were there any nonexempt transactions with any party-in-inte	resl? (Do no	ot include transactions				
reported on line 10a.)			106		X	
C Was the plan covered by a fidelity bond?			10c	X		1500
d. Did the place have a loss whether or not reimbursed by the pl						

d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	x	
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.)	10e	x	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3.)	10h	x	
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	10i		

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			-
Page	3	-	
3-			

Part VI	Pension Funding Compliance			
	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet edule SB (Form 5500) and line 11a below)		Yes	s X No
11a Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	l.,	
12 Is th section (If "	ns a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or on 302 of ERISA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	10000		
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction		enter the date of av Yea	
rulin	ng granting the waiver	U		51
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12b	1	
and the second sec	r the minimum required contribution for this plan year	120		
	tract the amount contributed by the employer to the plantor this part year tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	124		
	negative amount in line 120 monthine and unt in line 120. Enter die result (enter a minus orgin to die leiter	12d		
e Will	Ihe minimum funding amount reported on line 12d be met by the funding deadline?	125	Yes No	X N/A
Part VII				
and the second s	a resolution to terminate the plan been adopted in any plan year?		Yes X	No
If "Y	/es," enter the amount of any plan assets that reverted to the employer this year	13a		1111
b Wei	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc Irol of the PBGC?	ler the		res 🔀 No
C lf, d	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p ch assets or liabilities were transferred, (See instructions.)	plan(s) to	о 	
) Name of plan(s); 13c(2) EIN	l(s)	13c(3) PN(s)