_	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	t of Small Emple	oyee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be filed u	under sections 104 and 4				2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (El	RISA), and sections 605 Revenue Code (the Code		Internal	This F	Form is Open to
	enefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	ructions to the Form 55	500-SF.		lic Inspection
For calend	Annual Report lo ar plan year 2014 or fisc	dentification Information cal plan year beginning 01/01/2014	1	and ending 12/	/31/2014	4	
A This ref	turn/report is for:	a single-employer plan a one-participant plan	a multiple-employer p of participating emplo a foreign plan	blan (not multiemployer) (by pyer information in accord	(Filers cl	hecking this bo	
B This retu	urn/report is	the first return/report an amended return/report		rn/report (less than 12 m	onths)	-	
	box if filing under:	Form 5558				DFVC progra	ım
Part II		mation—enter all requested inform	nation		46.9		1
1a Name HELPING H	of plan AND HOUSE 403(B) PL	LAN			р	Three-digit blan number (PN) ►	001
					`	Effective date o	f plan /2009
2a Plan s HELPING HA	ponsor's name and addr AND HOUSE	ress; include room or suite number (employer, if for a single	-employer plan)			fication Number
4321 2ND S					2c S	Sponsor's telep 253-84	hone number 8-6096
PUYALLUP,	WA 98373				2d B	Business code (6242	(see instructions)
					30 A		telephone number
name	, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	last return/report filed for	or this plan, enter the	4b E		
	or's name	at the beginning of the plan year			4c ⊦ 5a		12
		at the end of the plan year					12
C Numb	er of participants with ac	ccount balances as of the end of the	plan year (defined bene	efit plans do not	50 50		12
		icipants at the beginning of the plan			5d(1))	9
d(2) Tot	al number of active parti	icipants at the end of the plan year			5d(2	2)	7
		minated employment during the plan			5e		0
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and othe	r incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as w	eport will be assessed ins, I declare that I have	unless reasonable cau e examined this return/rep	port, incl	luding, if applic	
SIGN		alid electronic signature.	07/09/2015	DUKE PAULSON			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signi	ing as plan adr	ninistrator
SIGN HERE		·					
Preparer's	Signature of employe	er/plan sponsor me, if applicable) and address (inclu	Date de room or suite numbe	Enter name of individe	-		er or plan sponsor number (optional)

l

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 a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accounta ions.)	nt (IC	(PA)		X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in						No Not determined
	t III Financial Information			,.			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	. 7a	(d) Dogining of 100				83445
	Total plan liabilities	. 7b		0			0
	Net plan assets (subtract line 7b from line 7a)	. 7c	650)85			83445
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			~			
	(1) Employers	. 8a(1)		0			
	(2) Participants	. 8a(2)		500			
	(3) Others (including rollovers)	. 8a(3)		54	_		
b	Other income (loss)	. 8b	20)56			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					27110
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	87	20			
-	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		30			
	Other expenses	8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-			8750
	Net income (loss) (subtract line 8h from line 8c)	8i					18360
	Transfers to (from) the plan (see instructions)			0			
<u> </u>	t IV Plan Characteristics	8j		0			
9a b Part	If the plan provides pension benefits, enter the applicable pension 2F 2G 2M 3D If the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions						
10	During the plan year:				Yes	No	Amount
<u>-10</u> a		itions withi	n the time period described in		103		Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		Х	
С	Was the plan covered by a fidelity bond?			10c	X		38000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a			-	Х		2141
9 h				10g	^		2141
	If 10h was answered "Yes," check the box if you either provided th	•		10h		Х	
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				<u></u>		
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	rom Schec	lule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applic	able.)				1

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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 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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210 1210	-0110 -0089	
	tment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Re	etirement	2014		
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 ((ERISA), and sections 6057 Revenue Code (the Code)		Internal	This Form is Open to Public Inspection		
Pension Be	nefit Guaranty Corporation	Complete all entries in a Internation	ccordance with the instru	ictions to the Form 55	00-SF.			
	ar plan year 2014 or fisc		01/01/2014	and ending	12/	31/2014		
	Field Josef	a single-employer plan	(***)			king this box must attach	a list	
A This ret	urn/report is for:	a one-participant plan	hind	er information in accord	-	-		
B This retu	rn/report is	the first return/report	the final return/report					
	[an amended return/report	a short plan year return	/report (less than 12 m	onths)			
C Check b	oox if filing under:	Form 5558	automatic extension		D	FVC program		
	[special extension (enter descri	ption)					
Part II	Basic Plan Inform	mation—enter all requested info	ormation					
1a Name					1b Thre	-		
Helping	Hand House 40	3(b) Plan				number 001		
					(PN)	tive date of plan		
						01/2009		
	oonsor's name and addr HAND HOUSE	ess; include room or suite numbe	r (employer, if for a single-e	employer plan)		oyer Identification Number 91-1275046	er	
4321 2r	nd St SW					nsor's telephone number		
TJZI ZI.					Contraction of the second s	-848-6096 ness code (see instruction	20)	
PUYALLU	ΙP	WA 98373			624	,	15)	
3a Plan ad	dministrator's name and	address XSame as Plan Sponso	pr.		3b Adm	nistrator's EIN		
A 1616-1-1						inistrator's telephone nun		
name,	EIN, and the plan numb	plan sponsor has changed since the sponsor has changed since the last return/report.	ne last return/report filed to	r this plan, enter the	4b EIN			
a Sponso		the beginning of the slop year			4C PN			
		t the beginning of the plan year t the end of the plan year			5a		12	
					5b		12	
comple	ete this item)	count balances as of the end of the			5c		12	
d(1) Tota	al number of active partion	cipants at the beginning of the pla	in year		5d(1)		9	
		cipants at the end of the plan year			5d(2)		7	
		ninated employment during the pl			5e		0	
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return. r penalties set forth in the instruct signed by an enrolled actuary, as ste	tions, I declare that I have e	examined this return/rep	port, includi	ng, if applicable, a Sched		
SIGN	chilm 1	aut	This	DUKE PAULSON				
HERE	Signature of plan add		Date	Enter name of individ	ual signing	as plan administrator		
SIGN								
HERE	Signature of employe		Date	Enter name of individ	ual signing	an amplayor of plan apop		
Preparer's		me, if applicable) and address (inc				as employer or plan spon s telephone number (optio		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form	5500	-SF	201	4
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Pan	Δ	/
uy	<u> </u>	-

6a	Were all of the plan's assets during the plan year invested in eligible	e 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			
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use Fo	rm 5500-SF and must instead use Fo	orm 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC inst	surance p	rogram (see ERISA section 4021)?	. Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	65085	83445

a	Total plan assets	7a	65085	83445
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	65085	83445
8	Income, Expenses, and Transfers for this Plan Year	13-11	(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	5500	
12 22	(3) Others (including rollovers)	8a(3)	19554	
b	Other income (loss)	8b	2056	the state of the s
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		27110
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8720	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	30	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		8750
I	Net income (loss) (subtract line 8h from line 8c)	8i		18360
j	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2M 3D

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

-			(h.)		
10	During the plan year:		Yes	No	Amount
а	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)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		38000
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		х	
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.)	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.)	10g	X		2141
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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			an China an
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below).				
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection	302 of E	RISA? Yes 🔣 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	, and e	enter the	e date of the letter ruling

granting the waiver, _____ Day _____ Year _____

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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			
	Enter the amount contributed by the employer to the alex for this alex year	12c	1		
	Enter the amount contributed by the employer to the plan for this plan year	120	-		
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 of the PBGC?	control		ΠY	es 🛛 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	3c(1) Name of plan(s):	3c(2) E	EIN(s)	130	(3) PN(s)
	Sc(1) Name or pran(s):	3C(2) E	:IN(S)	130	c(3) F

rust Information (optional)	
rust	14b Trust's EIN