## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annual Report	identification information									
For calend	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015						
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) mployer information in ac							
71 11110101	turin report is for.	a one-participant plan	a foreign plan	projet mieritalier in ac	accordance with the form motificitions)						
<b>B</b> This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram					
D 4 !!		special extension (enter desc	• ,								
Part II		rmation—enter all requested in	formation		1						
1a Name	•				<b>1b</b> Three-digit	_					
PUYALLUP	HOME COMFORT EN	MPLOYEE SAVINGS & PROFIT S	SHARING PLAN & TRUST		plan numbe (PN) ▶	001					
					1c Effective da						
						)1/01/2003					
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0			<b>2b</b> Employer Identification Number (EIN) 75-3048821						
	HOME COMFORT, INC.	e, country, and ZIP or foreign pos C.	tal code (if foreign, see ins	tructions)	2c Sponsor's to	elephone number 3-845-0581					
					2d Business co	de (see instructions)					
130 15TH ST PUYALLUP,				238220							
, 017,2201,	W/(000/2		230220								
3a Plan a	dministrator's name ar	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrate	r's EIN					
					3c Administrato	r's telephone number					
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
	•	mber from the last return/report.			4						
<del></del>	sor's name				4c PN	21					
		at the beginning of the plan year.			5a						
		at the end of the plan year			5b	20					
		account balances as of the end of	. , ,	•	5c	15					
<b>d(1)</b> Tot	al number of active par	rticipants at the beginning of the p	lan year		5d(1)	13					
		rticipants at the end of the plan ye			5d(2)	13					
than	100% vested	terminated employment during the			5e	0					
		or incomplete filing of this retur									
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.									
SIGN		valid electronic signature.	09/01/2016	HENSON SMITH							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan	administrator					
SIGN											
HERE	Signature of emplo		Date	Enter name of individ		· · · · · · · · · · · · · · · · · · ·					
Preparer's	name (including firm n	name, if applicable) and address (i	nclude room or suite numb	per)	Preparer's teleph	one number					

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible.</li> <li>Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibility out answered "No" to either line 6a or line 6b, the plan can be a second to the plan of th</li></ul>	of an independ ty and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not o	determined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) En	d of Yea	ar
a Total plan assets	7a		711	936					792559
<b>b</b> Total plan liabilities				0					
C Net plan assets (subtract line 7b from line 7a)	7с		711	936					792559
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total	
Contributions received or receivable from:     (1) Employers	8a(1)		25	913					
(2) Participants			66	365					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		-1	751					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								90527
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			2	835					
Certain deemed and/or corrective distributions (see instructions)				.000					
f Administrative service providers (salaries, fees, commissions)									
g Other expenses			7	069					
h Total expenses (add lines 8d, 8e, 8f, and 8g)									9904
i Net income (loss) (subtract line 8h from line 8c)									80623
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	on feature cod	les from the List of Pl	an Cha	racteris	stic Co	des in t	he instr	uctions:	
B If the plan provides welfare benefits, enter the applicable welfare	e feature code	s from the List of Pla	n Chara	acterist	ic Coc	les in th	e instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary Fig	duciary Correction	10a	X					62076
<b>b</b> Were there any nonexempt transactions with any party-in-interest									
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					80000
d Did the plan have a loss, whether or not reimbursed by the plar by fraud or dishonesty?	······		10d		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 tl	ne benefits under	10e	X					3200
f Has the plan failed to provide any benefit when due under the p			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amoun				X					6950
h If this is an individual account plan, was there a blackout period 2520.101-3.)	d? (See instruc	ctions and 29 CFR	10g 10h	^	X				0930
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	d the required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10i		Х				
Part VI Pension Funding Compliance			IUJ	<u> </u>	^	Ī			
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Ιп	Yes X No
11a Enter the unpaid minimum required contribution for all years fro						11a		··	<u> </u>
12 Is this a defined contribution plan subject to the minimum fundi							RISA?.	П	Yes X No

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	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP	
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount	······	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A	

## 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

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I   Annual Report Identifica								
For calendar plan year 2015 or fiscal plan year	r beginning	01/01/2015	and ending	12/31/2015				
A This return/report is for:  a one-p  B This return/report is:  the first	articipant plan	a list of participating a foreign plan the final return/report	olan (not multiemployer) ( employer information in a urn/report (less than 12 m	ccordance with the fo				
C Check box if filing under:	extension (enter description	automatic extension		DFVC prog	ram			
Part II Basic Plan Information	enter all requested infor	mation						
1a Name of plan Puyallup Home Comfort Emplo	oyee Savings & Pro	fit Sharing Pl	an & Trust	1b Three-digit plan number (PN) ►  1c Effective date	Market State Control of the Control			
2a Plan sponsor's name (employer, if for a s Mailing Address (include room, apt., suite City or town, state or province, country, a	e no. and street or P.O. Box	() de (if foreign, see ins	ructions)	01/01/200 <b>2b</b> Employer Ider (EIN) 75-3	ntification Number 048821			
Puyallup Home Comfort, Inc.				2c Sponsor's tele (253) 845	-0581			
130 15th Street SE				2d Business code (see instructions) 238220				
US Puyallup WA 98372  3a Plan administrator's name and address	w			3b Administrator's EIN				
4 If the name and/or EIN of the plan sponsoname, EIN, and the plan number from the		st return/report filed f	or this plan, enter the	4b EIN	s telephone number			
a Sponsor's name				4c PN				
5a Total number of participants at the beginn				5a	21			
b Total number of participants at the end of	the plan year			5b	20			
C Number of participants with account balan complete this item)		•••••••	efit plans do not	5c	15			
d(1) Total number of active participants at the	ne beginning of the plan yea	ar		5d(1)	13			
d(2) Total number of active participants at the	e end of the plan year	••••••	***************************************	5d(2)	13			
e Number of participants that terminated er less than 100% vested	nployment during the plan y	ear with accrued ber	efits that were	5e	0			
Caution: A penalty for the late or incomple	te filing of this return/rep	ort will be assessed	unless reasonable cau	se is established.				
Under penalties of perjury and other penalties SB or Schedule MB completed and signed by belief, it is true, correct, and complete.	set forth in the instructions	, I declare that I have	examined this return/rep	ort, including, if appli	cable, a Schedule y knowledge and			
SIGN Henry Acros	10	9/1/10	HENSON SMITH					
HERE Signature of plan administrator	110	Date	Enter name of individua	l signing as plan adm	injetrator			
	1	9/11	HENSON SMITH	i signing as plan adir	iii ii sti atoi			
HERE Signature of employer/plan spons	or	Date	Enter name of individua	Leigning as ampleyed	or plan aparear			
Preparer's name (including firm name, if appli				Preparer's telephone				

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						X Yes No
b	Are you claiming a waiver of the annual examination and report of a	n independ	ent qualified public accou	untant	(IQP	A)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at	nd conditio	ns.)					•••••	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno								<del>-</del>
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	n 402	1)?	•••••	Yes	∐ No L	Not determined
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of	Year
a	Total plan assets	7a	7:	11,9	36				792,559
b	Total plan liabilities	7b			0				
-	Net plan assets (subtract line 7b from line 7a)	7c		11,9	36	_			792,559
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b) Tot	al
а	(1) Employers	8a(1)	2	25,9	13				
	(2) Participants	8a(2)		66,3	65				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	(1	1,75	1)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							90,527
d	Benefits paid (including direct rollovers and insurance premiums	0.4		2,8	25				
	to provide benefits)	8d		2,0	33				
-		8e 8f							
	Administrative service providers (salaries, fees, commissions)			7,0	60				
_	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g		7,0	09				0.004
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9,904
-	Net income (loss) (subtract line 8h from line 8c)	8i e:							80,623
	Transfers to (from) the plan (see instructions)	8j							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Codes	s in the i	nstructions	1
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Aı	mount
а	Was there a failure to transmit to the plan any participant contributi	ons within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fidu	uciary Correction						
	Program)			10a	X	-			62,076
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c	х				80,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f								
-	by fraud or dishonesty?		7 • N. C. S. C. C. S. C.	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of th	e benefits under	10e	x				3,200
f	Has the plan failed to provide any benefit when due under the plan			10f		х			-,
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	х				6,950
<del>9</del>	If this is an individual account plan, was there a blackout period? (\$	150	- 1	rog					6,930
	2520.101-3.)			10h		х			
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			10i					
j	Did the plan trust incur unrelated business taxable income?			10j		х			
Par	t VI Pension Funding Compliance								-6
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes X No
11a	Enter the unpaid minimum required contribution for current year fro						11a	L	
70.00	Is this a defined contribution plan subject to the minimum funding re		,				)2 of EE	DICA2	Yes X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.  Month  D		e date of the le Year	etter ruling	3
granting the waiver. Month D  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ay			
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 of a	120			
negative amount)	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes N	0 🗆 N	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 No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ntrol		res X	No
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.)				
13c(1) Name of plan(s):	(2) EIN(	s) 1:	3c(3) PN(	(s)
	2			
Part VIII Trust Information				
14a Name of trust	<b>14b</b> Tr	ust's EIN		
14c Name of trustee or custodian	11d Touris and a state of the last			
14C Name of trustee of custodian	14d Trustee or custodian's telephone number			
Part IX IRS Compliance Questions				
15a Is the plan a 401(k) plan:	Yes	s 🗆	No	
		sign-		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer	bas bar	hor	ADP/ACF	5
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		thod	test	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year	☐ Yes	·	No	
testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)-				
2(a)(2)(ii))?	D-4			
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Rat	centage 🔲	Average	
4Ch S	Tes	st	Benefit To	est
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes	;	No	
17a Has the Plan been timely amended for all required law changes?	☐ Yes	; 🗆	No 🗆	] N/A
	e applica	ble code	_ (See	
instructions for tax law changes and codes).  17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is subject to	a favora	ible IRS opinio	on or	
advisory letter, enter the date of that favorable letter / / and the letter's serial number.				
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter the date determination letter / /	oi pian'	s iast favorable	е	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	;	No	
19 Were in-service distributions made during the plan year?	Yes	s 🔲	No	
If Yes, enter amount	19			
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whether or	10			