Form	5500-SF	Short Form Annu	al Return/Repo Benefit Plai		OMB Nos. 1210-0 1210-0				
	of the Treasury venue Service	This form is required to be file			etirement		2015		
Employee Benefits	ent of Labor Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection		
	Suaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.				
		dentification Information al plan year beginning 01/01/2		and ending 1	2/31/2015				
A This return/re		a single-employer plan		er plan (not multiemployer) employer information in ac	(Filers check	-			
B This return/re	port is	the first return/report an amended return/report	the final return/repo	ort sturn/report (less than 12 m	ionths)				
C Check box if	filing under:	X Form 5558 special extension (enter desc	automatic extensio	n		FVC progr	am		
Part II Ba	asic Plan Inform	mation—enter all requested in							
1a Name of pla					1bThree plan n (PN)1cEffection	ive date of			
Mailing add	ress (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo (EIN)	yer Identif	cation Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HELPING HAND HOUSE				nstructions)	2c Sponsor's telephone number 253-848-6096				
					2d Busine	ess code (s	see instructions)		
4321 2ND ST SW PUYALLUP, WA 9						6242	00		
3a Plan admini	strator's name and	address Same as Plan Spon	sor.		3b Admin	istrator's E	IN		
					JC Admin		elephone number		
	, and the plan numb	blan sponsor has changed since ber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN 4c PN				
·		t the beginning of the plan year			5a		12		
		t the end of the plan year			5b		9		
		count balances as of the end of		•	5c		9		
d(1) Total nur	mber of active partic	cipants at the beginning of the p	lan year		5d(1)		7		
• •		cipants at the end of the plan ye			5d(2)		2		
than 100%	vested	rminated employment during the			5e	ish a d	0		
Under penalties SB or Schedule	of perjury and othe	incomplete filing of this return r penalties set forth in the instru signed by an enrolled actuary, a	ctions, I declare that I ha	ave examined this return/re	port, including	g, if applica			
SIGN Filed		alid electronic signature.	10/12/2016	KEVIN M. BATES					
	nature of plan adı	ministrator	Date	Enter name of individ	lual signing as	s plan adm	inistrator		
SIGN HERE Sig		n/nlan anoraar	Data	Entor nome of individ		omnlesses			
	Inature of employe e (including firm nar	er/pian sponsor me, if applicable) and address (ii	Date nclude room or suite nur	Enter name of individ	Preparer's t				
For Paperwork R	eduction Act Notice :	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)		

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions)					Yes No
-	Are you claiming a waiver of the annual examination and report of		· ,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					X Yes No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined
	rt III Financial Information				521): .		103	
<u>га</u> 7	Plan Assets and Liabilities	1	(a) Baginning	e of Vor				(b) End of Yoor
<u> </u>	Total plan assets	70	(a) Beginning		ar 445			(b) End of Year 68896
	Total plan labilities	. 7a . 7b		00	0			0
	Net plan assets (subtract line 7b from line 7a)	. 70 . 70		83	445			68896
8		. 70	(a) Amou		110	_		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	int		_		(b) Total
	(1) Employers	. 8a(1)			0			
	(2) Participants	. 8a(2)		4	471			
	(3) Others (including rollovers)	. 8a(3)			0			
b	Other income (loss)	. 8b		-1	750			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						2721
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		17	240			
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						17270
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-14549
j	Transfers to (from) the plan (see instructions)	8i			0			
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2F$ 2G 2M 2T 3D	feature co	odes from the List of Pla	an Chai	acteris	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	cterist	ic Coo	les in th	e instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х		
С	Was the plan covered by a fidelity bond?			10c	х			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		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.)	her person ne or all of	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	Х			8981
h	If this is an individual account plan, was there a blackout period? 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 2520.10	•		10i				
j	Did the plan trust incur unrelated business taxable income?			10j		Х		
Part	VI Pension Funding Compliance						•	•

S		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	lo
11a	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	lo

Form 5500-SF 2015

Page **3** - 1

					1						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling				
lf	you c	ompleted 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							
-		the amount contributed by the employer to the plan for this plan year		12c							
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d							
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A				
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No					
		es," enter the amount of any plan assets that reverted to the employer this year		13a							
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou									
	of th	e PBGC?	-			Yes 🗙	No				
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to								
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	Year				
Part	VIII	Trust Information	-								
14a	Name	of trust		14b	Trusťs E	IN					
14c	Nam	e of trustee or custodian		14d	4d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions									
15a	Is th	e plan a 401(k) plan?		Ye	es	No					
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	sed safe ADP/ACP					
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No					
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est						
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No					
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A				
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•								
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or				
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable					
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No					
19	Were	in-service distributions made during the plan year?		Ye	es	No					
	lf "Y€	es," enter amount		19							
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A				

	rm 5500-SF	Short Form Annu	al Return/Repoi Benefit Plan		loyee		OMB Nos 1210-0110 1210-0089
inte	artment of the Treasury ernal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee	Retirement		2015
Ernjsoyeel	Department of Labor Bunofits Security Administration Benefit Guaranty Corporation	Income Security Act of 1974	Revenue Code (Ihe Cod	de).			Form is Open to blic inspection
	·	Complete all entries in a	accordance with the ins	tructions to the Form	5500-SF.		
Part I	ar plan year 2015 or fisc	dentification Information					
T OF GALETIC			01/01/2015	and ending		31/201	
A This re	turn/report is for:	a single-employer plan	a multiple-employer list of participating e a foreign plan	plan (not multiemployer mployer information in a) (Filers cheo accordance w	cking this I iith the for	box must altach a m instructions)
B This ret	urn/report is	the first return/report	the final return/report				
	l	an amended return/report	a short plan year retu	irn/report (less than 12 r	nonths)		
C Check	box if filing under:	X Form 5558	automatic extension		[] c	DEVC prog	gram
		special extension (enter descri					
Part II	Basic Plan Infor	mation—enter all requested info	ormation				
1a Name Helping	ofplan g Hand House 40	3(b) Plan			1b Three plant (PN) 1c Effect	number	001
						01/200	
Mailing	j address (include room,	er, if for a single-employer plan) apt., suile no. and street, or P.O. country, and ZIP or forsign posta	Box)	teuclions)	2b Emplo		ification Number
HELPIN	NG HAND HOUSE	county, and are or lordign posta	r cooc (in foreign, ace inai	ructions)		sor's telep - 848-6	bhorie number 096
4321 2	nd St SW				2d Busin 6242		(see instructions)
PUYALL	UP	WA 98373			4		
3a Plan ad	dministrator's name and	address XSame as Plan Sponso	or,		3b Admir		EIN Ielephone number
4 If the n name, a Sponso	EIN, and the plan numb	lan sponsor has changed since ther from the last return/report.	ne last return/report filed f	or this plan, enter the	46 EIN 46 PN		
		the heating of the state					
b Talala	with the first of participants at	the beginning of the plan year	************************************		5a		12
b Total n	umber of participants at	the end of the plan year		***************************************	5b		9
comple	ete this item)	count balances as of the end of th			5c		9
d(1) Tota	I number of active partic	ipants at the beginning of the plar	n year	1	5d(1)		7
d(2) Tota	I number of active partic	ipants at the end of the plan year			5d(2)		2
ē Numbe	er of participants that ten	punated employment during the p	lan year with accrued be	nefits that were less	5e		and the second second second
Caution: A	penalty for the late or it	noomplete filing of this return/	hease ad liw trong	unlage reasonable enr	in a la antabili	ished.	0
SB or Sched	IDES OF DEFINITY AND BUIER	signed by an enrolled actuary as	ons, I declare that I have	evamined this returnly	and including	a 11 march 11 m	able, a Schedule knowledge and
SIGN	× 104 1VU	181	×19/18/16	KEVIN M. BATE	S		
HERE	Signature of plan adm	(infstcator)	Date	Enter name of individu	ual signing as	s plan adm	inistrator
HERE	Planet, A						
Preparer's n	Signature of employer ame (including firm nam	<pre>//plan sponsor e, if applicable) and address (incl</pre>	Date unle room or suite numbe	Enter name of individu r)	ual signing as Preparer's tr		
							4-
Carl Da							
For Paperwor	k Reduction Act Notice ar	d OMB Control Numbers, see the in	structions for Form 5500-	SF.	_	6	orm 5500-SE (2015)

v. 150123

Form 5500-SF 2015		Page 2				
6a Were all of the plan's assets during the plan year invested in eligib	le assets? (S	ee instructions,)				X Yes No
b Are you claiming a waiver of the annual examination and report of	an independe	ent qualified public accounta	ant (IQF	PA)		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann						X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC ir						No Not determined
			021):			
Part III Financial Information				Т		Wrat
7 Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End of Year
a Total plan assets	7a	8	3,445		_	68,896
b Total plan liabilities	7b		()		0
C Net plan assets (subtract line 7b from line 7a)	7c	8	3,445	5		68,896
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	8a(1)		(
(1) Employers			4,471		-1.W.W	
(2) Participants	8a(2)		1,1/1	-		den la ser la ser
(3) Others (including rollovers)	8a(3)		1,750	-		
b Other income (loss)	8b		1,750		2000	0.001
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80		1.2.12			2,721
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	7,240			
e Certain deemed and/or corrective distributions (see instructions)	8e		(- 18 H - 18 - 18
f Administrative service providers (salaries, fees, commissions)	8f		3 (
g Other expenses	8g		(
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17,270
i Net income (loss) (subtract line 8h from line 8c)	8i	Annal March 1994				-14,549
j Transfers to (from) the plan (see instructions)	8j		0			
Part IV Plan Characteristics	1			1		
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2M 2T 3D	feature code	s from the List of Plan Cha	racteris	tic Co	des in t	he instructions:
B If the plan provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Plan Chara	acteristi	c Coc	les in th	e instructions:
Part V Compliance Questions						
10 During the plan year:			Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	/oluntary Fid	uciary Correction		х		

-	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	1945 - B		
С	Was the plan covered by a fidelity bond?	10c	Х				50,000
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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end,)	10g	Х				8,981
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					
j	Did the plan trust incur unrelated business taxable income?	10j		X			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)				dule SB (F	Form	s 🗍 No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	e or se	ection	302 of EB	RISA?	s X No

	Form 5500-SF 2015 Page 3 -						
	(If "Yes," 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				ıg		
If	granting the waiver	Day		Year			
	Enter the minimum required contribution for this plan year	12b					
		12c					
	Enter the amount contributed by the employer to the plan for this plan year	•					
	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		Yes X N	0		
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) the which assets or liabilities were transferred. (See instructions.)	0					
3	13c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) PN	V(s)		
Part	VIII Trust Information						
14a	, Name of trust	14b ⁻	14b Trust's EIN				
14c	Name of trustee or custodian		Trustee's o telephone	or custodiar number	ı's		
Par	TIX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	. 🗌 Ye	S	No			
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba	Design- pased safe ADP/ACP narbor test nethod				
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?			No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	_ Ц ре	atio ercentage st	Aver: bene	age fit test		
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?	Ye	S	No			
17a	Has the plan been timely amended for all required tax law changes?	. 🗌 Ye	S	No	[] N/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adopted	applica	ole code	(See ins	structions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subjert advisory letter, enter the date of that favorable letter and the letter's serial number	ect to a fa	ivorable IR	S opinion o	r		
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	f the pla	n's last favo	orable			
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)?	Ye	ŝ	No			
19	Were in-service distributions made during the plan year?	Ye	s	No			
	If "Yes," enter amount	. 19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	[] Ye	I :S	No	N/A		