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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information									
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018						
A This re	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
		a one-participant plan	a foreign plan								
B This ret	urn/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:	Form 5558	automatic extension		DFVC progra	m					
	· · · · · ·	special extension (enter desc	. ,								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name PUYALLUP		MPLOYEE SAVINGS & PROFIT SI	HARING PLAN & TRUST		1b Three-digi plan numb (PN) ▶						
			1c Effective date of plan 01/01/2003								
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						dentification Number 75-3048821					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PUYALLUP HOME COMFORT, INC.					(EIN) 75-3048821 2c Sponsor's telephone number 253-845-0581						
					2d Business	code (see instructions)					
130 15TH STPUYALLUP,						238220					
,											
3a Plan a	3a Plan administrator's name and address ⊠ Same as Plan Sponsor.				3b Administrator's EIN						
					3c Administrator's telephone number						
					7 Administra	tor o telephone number					
4 16.0					41						
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN						
	or's name				4d PN						
C Plan N	vame										
5a Total	number of participants	s at the beginning of the plan year.			5a	19					
		s at the end of the plan year			5b	19					
		account balances as of the end of		· ·	5c	15					
d(1) Tot	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	12					
		articipants at the end of the plan ye			. 5d(2) 12						
than	100% vested	o terminated employment during the			5e 0						
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car	use is establishe	ed.					
SB or Sche	alties of perjury and of edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.	ctions, I declare that I hav as well as the electronic ve	e examined this return/re ersion of this return/repor	port, including, if t, and to the best	applicable, a Schedule of my knowledge and					
SIGN	Filed with authorized	HENSON SMITH									
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	n administrator					
SIGN	Filed with authorized	d/valid electronic signature.	05/23/2019	HENSON SMITH							
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individual signing as employer or plan							

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								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.									
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r		·	(See instru	ctions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
a	Total plan assets	7a		02481			(0) =110	782922		
	Total plan liabilities	7b		223						
С	Net plan assets (subtract line 7b from line 7a)	7c	12	02258				782922		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) To	otal		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		12580						
	(2) Participants	8a(2)	•	49315						
	(3) Others (including rollovers)	8a(3)		50070						
	Other income (loss)	8b	-	52272						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9623		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4:	26793						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2166						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	8h					428959		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-419336				
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instr	uctions:		
	If the plan provides welfare benefits, enter the applicable welfare for	eature con	les from the List of Pla	n Char	octorio	tic Cod	les in the instru	ctions:		
D	in the plan provides welfare benefits, effer the applicable welfare in	eature coc	ies nom the List of Fia	ii Cilai	acteris	iic Coc	ies in the mshu	Clions.		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	А	mount		
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 Program)	-	•	10a	X			25	74	
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			800	00	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	her person	s by an insurance							
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	X			51	76	
f	Has the plan failed to provide any benefit when due under the pla					Х		31	70	
				10f	V	^				
g	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?			10g	X				73	
	2520.101-3.)	· ·····		10h		X				
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 Sch (Form 5500) and line 11a below)		В		Yes X No
11a	Enter the unpaid minimum required contributions 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 ERISA?				Yes X 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 instructions, and granting the waiver	d enter t Day		of the lette _ Year _	er ruling
lf y	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		lo
	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 control of the PBGC?		[Yes	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): 13c(2)	EIN(s)		13c(3	B) PN(s)

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

2018

This Form is Open to Public Inspection

LP	art 📳 🔝 Annual Report	t Identification Information								
For	calendar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending	12/3	1/2018				
	This return/report is for: This return/report is:	∡ a single-employer plan □ a one-participant plan □ the first return/report □ an amended return/report	a multiple-employer plan a list of participating emp a foreign plan the final return/report a short plan year return/re	loyer information in a	ccordance					
C	Check box if filing under:	Form 5558 special extension (enter descr	• • •			FVC progra	ım			
	art II Basic Plan Inf	ormation enter all requested	<u>information</u>							
1a	Name of plan Puyallup Home Comf	Fort Employee Savings &	Profit Sharing Plan	& Trust	(PN	number i) >	001			
				ective date o /01/2003	f plan					
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Employer Identification Number (EIN) 75–3048821				
	Puyallup Home Comfort, Inc.					2c Sponsor's telephone number (253) 845-0581				
	130 15th Street SE					2d Business code (see instructions) 238220				
	US Puyallup WA 98372									
3a	Plan administrator's name a	and address 🗵 Same as Plan Sp	onsor			ninistrator's ninistrator's	EIN telephone number			
4	If the name and/or EIN of the	ne plan sponsor or the plan name ha	as changed since the last retur	n/report filed for	4b EIN					
	Sponsor's name Plan Name	mos o name, Enq mo plan name a	no tro plan number from the le	streummepon.	4d PN					
		s at the beginning of the plan year			5a		19			
		s at the end of the plan year			5b		19			
С	Number of participants with complete this item)	account balances as of the end of	the plan year (only defined cor	tribution plans	5c		15			
d	1) Total number of active pa	articipants at the beginning of the pla	an year	***************************************	5d(1)		12			
d((2) Total number of active pa	articipants at the end of the plan yea	F 4000000000000000000000000000000000000	*********************	5d(2)		12			
е		terminated employment during the			5e		0			

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.	1 1	
SIGN Hauton Hand	5/3/19	HENSON SMITH
HERE Signature of plan administrator	Date	Enter name of Individual signing as plan administrator
SIGN HAT A	5/03/19	HENSON SMITH
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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1	⊃age	2

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							XYes No			
b											
	under 29 CFR 2520.104-48? (See instructions on walver eligibility and conditions.)										
_	If you answered "No" to either line 6a or line 6b, the plan cannot										
С	If the plan is a defined benefit plan, is it covered under the PBGC ins										
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(See instructions.)			
P	Part III Financial Information										
7	Plan Assets and Liabilities	13.76	(a) Beginning o	f Yea	r	Τ.		(b) End of Year			
<u>a</u>	Total plan assets	7a	1,2	02,4	81		782,922				
<u>b</u>	Total plan liabilities	7b		2	23						
C	Net plan assets (subtract line 7b from line 7a)	7c	1,2	02,2	58			782,922			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	t				(b) Total			
a	(1) Employers	8a(1)		12,5	80	112					
	(2) Participants	8a(2)		49,3							
	(3) Others (including rollovers)	8a(3)				739	i kalender				
b	Other Income (loss)	8b	(5:	2,27	2)	-592					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				18		9,623			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0.4	4.	26.7	02	65					
е	Certain deemed and/or corrective distributions (see instructions)	8d 8e	4.	26,7	33						
f	Administrative service providers (salaries, fees, commissions)	8f		2,166							
ġ	Other expenses	- Bg		2,1	-	2000	 - Control of the Contro				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		e en		428,959					
Ť	Net income (loss) (subtract line 8h from line 8c)	81			nivîniê way		(419,336)				
Ť	Transfers to (from) the plan (see instructions)	8	Security of the second security of the second secon			Section 1	RADIO NO FINIS	(419,330)			
P	rt IVI Plan Characteristics		l			1 31 1 1000		Person Mariante Come Cambrilla (1920 de 1920 d			
	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Cl	harad	eristic	Code	e in th	a Instructions:			
	2A 2E 2F 2G 2J 2K 2T 3D						iii ui	o madadadna.			
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	aracto	rietic	Code	la the	instructions			
	, , , , , , , , , , , ,		The Color of The Color	a) a oto	Hotic	Coucs) III 111 0	HISBUGIOTIS.			
Pa	nt V≸ Compliance Questions										
10	During the plan year:				Yes	No	NA	Amount			
а	The second of th			Π			a lalanid				
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vol	untary Flo	luciary Correction				10.00				
	Program)		***************************************	10a	x	<u> </u>	3.750	2,574			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not i	rdude transactions	10b		x	2.49.3				
				10c		 		80,000			
d	and planting a road, who does of the reminer code by bid plants i			10d		x		30,000			
θ	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.)			10e	x			5,176			
f				10f		х	2				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	х		3	73			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See Instru	ctions and 29 CFR	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	e required -3	notice or one of the	10i							

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Par	Pension Funding Compliance			*******				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see (Form 5500 and line 11a below)	instructions and	complete Sc	hedule :	SB	☐ Yes	X	No
<u> 11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Forn	n 5500) line 40	********	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of set ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ction 412 of the	Code or section	on 302 (of	☐ Yes	X	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver		Nonth	nd enter		of the letter Year	ruling	l
<u> f</u> }	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	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 the plan year	************************	**************	12¢				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)			12d				
е					Yes No N/A			
Par	VII Plan Terminations and Transfers of Assets							
_13a	Has a resolution to terminate the plan been adopted in any plan year?	****************	4-11-1-1-1-1-1-1-1-1-1	[3	₹ Yes	☐ 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 anot control of the PBGC?)		Yes X	No	***************************************
c	If, during this plan year, any assets or liabilities were transferred from this plan to anot which assets or liabilities were transferred. (See instructions.)			s) to				
1	3c(1) Name of plan(s):	Ī	13c(2) E	IN(s)		13c(3) F	PN(s)	
						,		*