For	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury rnal Revenue Service					2018				
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to				
Pension Be	enefit Guaranty Corporation	tructions to the Form 55	500-SF.	Public Inspection						
Part I		Identification Information								
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2		0)/19/2019	ing this have severed attach a				
A This re	turn/report is for:	a single-employer plan		mployer information in ac		king this box must attach a ith the form instructions.)				
B This ret	urn/report is									
		the first return/report an amended return/report	\times the final return/report a short plan year retu	rn/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descr		l						
Part II	Basic Plan Info	mation —enter all requested inf	,							
1a Name					1b Three	e-digit				
	•	IPLOYEE SAVINGS & PROFIT SH	HARING PLAN & TRUST		•	number				
				-	(PN)	tive date of plan				
						01/01/2003				
Mailing	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Employer Identification Number (EIN) 75-3048821					
	HOME COMFORT, INC	e, country, and ZIP or foreign post C.	al code (if foreign, see ins	tructions)	2c Sponsor's telephone number 253-845-0581					
				-	2d Business code (see instructions)					
130 15TH ST PUYALLUP,						238220				
,										
3a Plan a	dministrator's name an	ld address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN				
					3c Administrator's telephone number					
4 If the	name and/or FIN of the	plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN					
		nsor's name, EIN, the plan name a								
a Spons C Plan N	or's name Iame				4d PN					
5a Total	number of participants	at the beginning of the plan year			5a	12				
b Total	number of participants	at the end of the plan year			5b	0				
		account balances as of the end of			5c	0				
d(1) Tot	al number of active par	ticipants at the beginning of the pl	an year		5d(1)	12				
d(2) Tot	al number of active par	rticipants at the end of the plan yea	ar		5d(2)	0				
	e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0				
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	ise is estal	olished.				
SB or Sche		ner penalties set forth in the instructed signed by an enrolled actuary, a solution								
SIGN		valid electronic signature.	12/20/2019	HENSON J SMITH						
HERE	Signature of plan ad		Date	Enter name of individu	ual signing :	as plan administrator				
SIGN		valid electronic signature.	12/20/2019	HENSON J SMITH	- -					
HERE	Signature of employ	Ŭ	Date	-	ual signing :	as employer or plan sponsor				
For Paperw		e, see the Instructions for Form 5500			aar orgining i	Form 5500-SF (2018)				

v.171027

b	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the									
	-	е РБСС р	remum ming for this p	ian year_			(See instructions.)			
Pa	Part III Financial Information									
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning o	of Year 82922			(b) End of Year			
	Total plan assets	7a	10	02922	_		0			
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	75	82922			0			
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amoun				(b) Total			
	Contributions received or receivable from:		(a) Alliouli				(b) Total			
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0	_					
	(3) Others (including rollovers)	8a(3)		0	_					
b	Other income (loss)	8b	2	82229						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					82229			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8	56775						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		8376	_					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					865151			
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-782922			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Chara	cteris	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Charac	terist	ic Coo	les in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:			`	Yes	No	Amount			
а	a Was there a failure to transmit to the plan any participant contributions within the time period									

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		X	
С	Was the plan covered by a fidelity bond?	10c	Х		80000
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	
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		5
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	Х		0
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			

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Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)		SB			Y	es 🔉	K No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA?			of			Y	es 🔉	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulir granting the waiver									g
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		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	N	0	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		No)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						< Ye	es 🗌	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s)

	Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	This form is required to be	e filed under sectio	ns 104 a			2018				
	Department of Labor Employee Benefits Security Administration Pencien Benefit Guranty Compression Benefits Security Administration						This Form is Open to Public				
F	Pension Benefit Guaranty Corporation	ctions to the Form 5500	-SF.	mspeaten							
P	art I Annual Report Id	dentification Information									
For	calendar plan year 2018 or fisca	al plan year beginning	01/01/:	2019	and ending	10/1	9/2019				
_	A This return/report is for: Image: state is a single-employer plan Image: a single-employer plan Image: state is a single-employer plan A This return/report is for: Image: state is a one-participant plan Image: state is a list of participating employer information in accordance with the form instructions.) B This return/report is: Image: state is a list of participating employer information in accordance with the form instructions.) B This return/report is: Image: state is a list of participating employer information in accordance with the form instructions.)										
Б		an amended return/report		•	m/report (less than 12 mo	onths)					
C	Check box if filing under:	 Form 5558	automatic ext	ension			DFVC program				
	Γ	special extension (enter desci	ription)			_					
P	art II Basic Plan Infor	mation enter all requested	information								
1a		HIGHOIT - enter an requested				1b Th	ee-diait				
	•	t Employee Savings &	Profit Shari	ng Pla	ın & Trust	pla (Pl	n number ∛) ► 001				
							ective date of plan /01/2003				
2a	Mailing Address (include room	er, if for a single-employer plan) n, apt., suite no. and street, or P.(, country, and ZIP or foreign posl		eoo ineti	uctions)		ployer Identification Number N) 75-3048821				
	Puyallup Home Comfor			366 1130	ucions	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 and address 🔀 Same as Plan Sponsor						3b Administrator's EIN					
						3c Administrator's telephone number					
4						4b EIN					
4		plan sponsor or the plan name ha or's name, EIN, the plan name a									
	Sponsor's name Plan Name					4d PN					
5a	Total number of participants a	t the beginning of the plan year	*****			5a	12				
b c		t the end of the plan year			1	5b	0				
-	complete this item)	***************************************	******	**********		5c	0				
		cipants at the beginning of the pla	•			5d(1)	12				
	•	cipants at the end of the plan yea rminated employment during the			efits that were	5d(2)	0				
е 	less than 100% vested		******	***********	*****	5e	0				
		r incomplete filing of this retur			************************						
SE	ider penalties of perjury and othe or Schedule MB completed and lief, it is true, correct, and compl	er penalties set forth in the instru d signed by an eprolled actuary, lete.	ictions, I declare th as well as the elec	at I have tronic ve	examined this return/rep rsion of this return/report,	ort, includ , and to th	ling, if applicable, a Schedule te best of my knowledge and				
S	IGN Am	XMV/	12/201	19			******				
199944	ERE Signature of plan admit	histrator	Date	1.	Enter name of individua	l signing a	as plan administrator				
			12/20	/19							

HERE Signature of employer/plan sponso	112	Date	Enter name of individual signing as employer or plan sponso
For Paperwork Reduction Act Notice, see th	e instructions for For	m 5500-SF.	Form 5500-SF

Form 5500-SF (2018) v.171027 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

.....

XYes No

b	Are you claiming a waiver of the annual examination and report of a			untar		 ΣΔ\		X Yes]N0	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditi	ons.)						No	
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must ins	stead	use F	Form	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sectio	on 40	21)?	******	.∏Ye	s 🗍 No 🦳 Not de	termined	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year		<u> </u>			(See Instruct		
P	art III Financial Information							,		
7	Plan Assets and Liabilities	1.282	(a) Beginning o	of Yea	ar .	T		(b) End of Year		
а	Total plan assets	. 7a	<u>_</u>	82,9	-		·	(-,,		
b		76	·	027.		+			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	7	82,9	177	-			0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun					(b) Total	0	
а	Contributions received or receivable from:			•						
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0	X				
<u> </u>	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		82,2	29					
<u></u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						82,2	29	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
0	Certain deemed and/or corrective distributions (see instructions)	<u>8d</u>		56,7	75					
f	Administrative service providers (salaries, fees, commissions)	8e					akou kuudataa S			
<u> </u>		<u>8f</u>		8,3	76					
<u>g</u>	Other expenses	8g		uEdro 170 kiulu	terret de la dela					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				865,151				
÷	Net income (loss) (subtract line 8h from line 8c)	81						(782,92	2)	
	Transfers to (from) the plan (see instructions)	8]				24	0.3213			
	art IV Plan Characteristics		·							
aa	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Cl	harac	teristic	: Cod	es in th	e instructions:		
	2A 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Code	s in the	instructions:		
P	art VI Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
æ	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	untary Fid	uclary Correction							
k	Program)			10a		x				
K		Oo not Ir	clude transactions							
C	reported on line 10a.) C Was the plan covered by a fidelity bond?			10b 10c		X			,000	
	Did the plan have a loss, whether or not reimbursed by the plan's fi						000.000		,	
	by fraud or dishonesty?	*******	*******	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or other carrier insurance samice, or other	er persons	by an insurance							
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	ie denetits under	10e	x				5	
f				101		x		- <u>^.</u>		
g				10g	x				0	
h	If this is an individual account plan, was there a blackout period? (S	See instruc	tions and 29 CFR							
1	2520.101-3.)			10h		X	100000			
•	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	nouce or one of the	101				water group and the	ti Biveri	
				101			2004		3:231253	

Form 5500-SF 2018

Page	3	-	

Par	t VI Pension Funding Compliance							
11	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)							
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(in res. complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				Yes X			
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		er the date o	f the lo Yea		g		
If y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<u> </u>	<u></u>		·			
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	12c	1					
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						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗔	No		······		
Part	VII Plan Terminations and Transfers of Assets							
_13a	Has a resolution to terminate the plan been adopted in any plan year?	<u>ا</u>	X Yes		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 control of the PBGC?) 2	XY	es [No	<u>`</u>		
С	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.)							
1;	13c(1) Name of plan(s): 13c(2) EIN				(3) PN(s)			
•••••								