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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	· ·	Complete all entries in accorda	ance with the instruc	tions to the Form 550	<i>1</i> 0-5F.		
Part I	_	Identification Information					
For caler	dar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This r	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This r	eturn/report is:	x the first return/report t	he final return/report				
		an amended return/report	short plan year return	n/report (less than 12 m	onths))	
C Chec	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description)				
Part II	Basic Plan Info	rmation—enter all requested informat	ion				
1a Nam	e of plan				1b	Three-digit	
SCOTTIE'S	PLUMBING RETIREM	IENT PLAN				plan number	004
					10	(PN) ▶ Effective date of	001
					'	01/01/	
	sponsor's name and ad S PLUMBING & REPAIR	dress; include room or suite number (em R, INC.	ployer, if for a single-	employer plan)	2b	Employer Identif	
					2c	Sponsor's telep	
)WAY BLVD, SUITE 101 3OR, WA 98277	1			2d		(see instructions)
	, 				Zu	23822	
3a Plan	administrator's name ar	nd address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the	name and/or FIN of the	e plan sponsor has changed since the las	st return/report filed fo	r this plan enter the	4h	EIN	
		mber from the last return/report.	or rotal and rope of the desired	. and plan, onto all	75	LIIV	
a Spor	sor's name				4c	PN	
5a Tota	I number of participants	at the beginning of the plan year			5a		5
b Tota	I number of participants	at the end of the plan year			5b		5
		account balances as of the end of the pla	• •	•	5c		5
6a We	e all of the plan's assets	s during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
	,	f the annual examination and report of ar		, ,	,		V vos □ No
		? (See instructions on waiver eligibility ar ither line 6a or line 6b, the plan canno					X Yes No
		it plan, is it covered under the PBGC ins					Not determined
C II uit	pian is a defined benef	it plan, is it covered under the FBGC ins	urance program (see	LNISA SECTION 4021)!		Tes LINO L	Not determined
	· · · ·	or incomplete filing of this return/repo					
SB or Sc		her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete.					
SIGN	Filed with authorized/	valid electronic signature.					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	dual sic	ining as employe	er or plan sponsor
Preparer*		name, if applicable) and address; include					number (optional)

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of V	'ear	
<u>.</u>	Total plan assets	7a		0	+		(6) Li	<u> </u>	20000)
	Total plan liabilities	7b		0	+				(
	Net plan assets (subtract line 7b from line 7a)	7c		0					20000)
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(h)	Total		
a	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)	2000	0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							20000)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()
i	Net income (loss) (subtract line 8h from line 8c)	8i							20000)
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics	۰,								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
_										
Par	•									
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				10000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all	•	•			Χ				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (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	ne required	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem								7 voc	X No
44	5500) and line 11a below)							_	Yes	^ NO
	Enter the unpaid minimum required contribution for current year fr					11a		Гг	7 ,,	<u> </u>
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_1! - ·			n al = 1		-44.5	line or
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 ruling granting the waiver Month Day Year									
				-		-,				
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	e MB (For	m 5500), and skip to line 13.			12b		-		

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raye	J		

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			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?	`	es 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 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			
	13c(1) Name of plan(s):	3c(2) E	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
	Name of trust TTIE'S PLUMBING RETIREMENT PLAN		rust's EIN 11676440		

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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension	Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the instru	ctions to the Form 5500	O-SF.		
-	art I	<u> </u>	Identification Information					
For	calen	dar plan year 2013 or fis	cal plan year beginning	01/01/2013	and ending	12	2/31/2013	
A	This r	eturn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	L	a one-particip	oant plan
В	This r	eturn/report is:	x the first return/report	the final return/report				
			an amended return/report	a short plan year retu	m/report (less than 12 m	onths)		
С	Check	box if filing under:	Form 5558	automatic extension		Γ	DFVC progra	ım
		J	special extension (enter description)	tion)		_	_	
Б	art II	Pacic Plan Info	rmation enter all requested in		· · · · · · · · · · · · · · · · · · ·			
		ne of plan	III audi enter an requested in	Юппаноп		1b	Three-digit	
		•	DESCRIPTION DI AM			;	plan number	001
	SCC	TTIE'S PLUMBING	RETIREMENT PLAN				(PN) ▶ Effective date o	001
						1	01/01/2013	i pian
<u>2a</u>	Plan	sponsor's name and ad	dress; include room or suite number	(employer, if for a single	-employer plan)	2b	Employer Identi	fication Number
	SCC	TTIE'S PLUMBING	& REPAIR, INC.			ł	(EIN) 91-16	
						2c	Sponsor's telep	hone number
	40	NE MIDWAY BLVD,	SUITE 101				(360) 675-	
						1	Business code 238220	(see instructions)
$\frac{\text{US}}{3\text{a}}$		HARBOR	WA 98277	И [П.С	Diag Carana Address		Administrator's	r-ta i
ೌ ಡ	Piar	i administrator's name ar	nd address X Same as Plan Spon	isor Name Same as i	rian Sponsor Address	JU	Administrators	EIIN
						20	A due in internal and	6 - 1 1
						30	Administrators	telephone number
4	If the	e name and/or EIN of the	e plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN	
	nam	e, EIN, and the plan num	nber from the last return/report.					
_a		nsor's name	***************************************			4c	PN	***************************************
			at the beginning of the plan year			5a		5
b		• •	at the end of the plan year			5b	 	5
c			account balances as of the end of the	, , ,	•	5c		5
6a	Wer	e all of the plan's assets	during the plan year invested in eligi	ible assets? (See instruct	ions.)		************	X Yes No
b			the annual examination and report of		d public accountant (IQF	PA)		
			(See instructions on waiver eligibility	- *************************************				X Yes No
_			ther line 6a or line 6b, the plan can it plan, is it covered under the PBGC					Not determined
	11 1111	e plan is a delined benen	t plan, is it covered under the FBGC	msurance program (see	LNISA SECTION 4021):			
			or incomplete filing of this return/		······································			
			ther penalties set forth in the instructi nd signed by an enrolled actuary, as					
		is true, correct, and com		Well as the electrothe ve	ision of this return epon	i, and t	o the best of my	Knowicage and
		Reference of the second	- Commence of the Commence of		SCOTT LANGE OR	RYAN	LANGE	***************************************
	IGN IERE	Signature of plan adm		Date 422/6	Enter name of individua			nietrotor
-		Signature or plan aum	mistrator	14-72-11-	SCOTT LANGE OR		······································	HISHALUI
38633	IGN		2 2	77/16	Supplies programme and the supplies of the sup			
	IERE	Signature of employer	rrpian sponsor name, if applicable) and address; inc	Date	Enter name of individua			number (optional)
-1	chare	s name (moluumy miii i	iame, ii applicable) and address, inc	idde room of Suite Hullio	ar (ohaonar)	Liebs	arer a reiehilinie	maniner (ohtinitat)
								·

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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
а	Total plan assets	. 7a		0	20,000				10
b	Total plan liabilities	. 7b		0	0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c		0				20,00	10
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al	
	Contributions received or receivable from: (1) Employers	. 8a(1)	20,00	00					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	. 8a(3)		0					
b	Other income (loss)	. 8b		0					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						20,00	10
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses	. 8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							0
į	Net income (loss) (subtract line 8h from line 8c)	. 8i						20,00	0
1	Transfers to (from) the plan (see instructions)	. 8j		0					
Pa	rt IV Plan Characteristics								
Б	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pa	Part V Compliance Questions								
10	During the plan year:			,	Yes	No	Aı	nount	
	Was there a failure to transmit to the plan any participant contribur 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		х			-
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		х			
<u>c</u>	Was the plan covered by a fidelity bond?	**********	026664764748647886664778788647474747474747	10c	Х			10	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			***************************************
ė	Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		х			
de la	Has the plan failed to provide any benefit when due under the plan	n?	**************************************	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х			
	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					
Par	t VI Pension Funding Compliance		***************************************	· I	L	L	J		
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
44-	5500) and line 11a below)				T	11a		100 E	
	Is this a defined contribution plan subject to the minimum funding						PISA2	Yes 2	Z No
12				360	.iOi1 3U	Z UI E	-1 (1O/A! ***	169 E	-1 140
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei			ions,	and er	nter th	e date of the	letter ruling	
	granting the waiver						ау		
if	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	MB (Form	n 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	***********	DEGALDERGERON ESONO CONTRACTOR DO CONTRACTOR	*******		12b			

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	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?	☐ Y	es X N	0
	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 coof the PBGC?	ontrol	[Yes X No
С	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): 13c	(2) EIN	(s)	13c(3) PN(s)
Parl	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		