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

	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ictions to the Form 5500)-SF.		
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	al plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	pant plan
B This ref	turn/report is:	the first return/report	the final return/report	i .			
		an amended 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 progra	am
	<u> </u>	special extension (enter descri	· · ·				
Part II		mation—enter all requested info	ormation				T
1a Name		TIDEMENT DI ANI			1b	Three-digit plan number	
CREATIVE	DESIGN BUILDERS RE	TIREMENT PLAN				(PN) ▶	001
					1c	Effective date o	f plan
						10/01	
CREATIVE	DESIGN BUILDERS, IN	ress; include room or suite numbe C.	er (employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 91-16	fication Number 59821
HILINE HON					2c	Sponsor's telep	
	WA 98373-4346				2d	Business code ((see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponso	or Name Same as Pla	ın Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4 If the	name and/or EIN of the	plan sponsor has changed since the	the last return/report filed	for this plan, enter the	4b	EIN	
		ber from the last return/report.					
a Spons	or's name				4c	PN	
5a Total	number of participants a	t the beginning of the plan year			5a		21
		t the end of the plan year		ŀ	5b		24
	er of participants with actete this item)	ecount balances as of the end of the	. , ,	efit plans do not			31
62 Word					5c		
_		during the plan year invested in eli	ligible assets? (See instru	ctions.)			
b Are ye	ou claiming a waiver of t	during the plan year invested in eli he annual examination and report	ligible assets? (See instru t of an independent qualifi	ctions.)	 PA)		X Yes No
b Are you under	ou claiming a waiver of to 29 CFR 2520.104-46?	during the plan year invested in eli he annual examination and report (See instructions on waiver eligibil	ligible assets? (See instru t of an independent qualifi lity and conditions.)	ctions.)led public accountant (IQF	PA)		19
b Are you under	ou claiming a waiver of to 29 CFR 2520.104-46? (answered "No" to eith	during the plan year invested in eli he annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan ca	ligible assets? (See instru t of an independent qualifi lity and conditions.)annot use Form 5500-SF	ctions.)tions.)ed public accountant (IQF	PA) Form	5500.	Yes No X Yes No
b Are you under If you c If the p	ou claiming a waiver of the 29 CFR 2520.104-46? (a answered "No" to eitholan is a defined benefit	during the plan year invested in eline annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan caplan, is it covered under the PBG6	ligible assets? (See instru t of an independent qualifi lity and conditions.)annot use Form 5500-SF C insurance program (see	ctions.)	PA) Form	5500. Yes	X Yes No
b Are you under If you C If the	ou claiming a waiver of the 29 CFR 2520.104-46? (a answered "No" to eithe plan is a defined benefit to penalty for the late or	during the plan year invested in eli he annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan ca plan, is it covered under the PBGG	ligible assets? (See instru t of an independent qualifi lity and conditions.) annot use Form 5500-SF C insurance program (see Ureport will be assessed	ctions.)	PA) Form se is	5500. Yes No established.	Yes No Yes No Not determined
b Are you under If you C If the Caution: A Under pens SB or Sche	ou claiming a waiver of the 29 CFR 2520.104-46? (a answered "No" to eithe plan is a defined benefit to be penalty for the late or alties of perjury and other	during the plan year invested in elicities annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan caplan, is it covered under the PBG incomplete filing of this returnation per penalties set forth in the instructed signed by an enrolled actuary, as	ligible assets? (See instrutt of an independent qualifility and conditions.)annot use Form 5500-SFC insurance program (see u/report will be assessed tions, I declare that I have	ctions.)	Form se is	5500. Yes No established. Including, if applic	Yes No Yes No Not determined Able, a Schedule
b Are younder If you C If the Caution: A Under pens SB or Schebelief, it is	ou claiming a waiver of the 29 CFR 2520.104-46? (a answered "No" to eithe plan is a defined benefit to a penalty for the late or alties of perjury and other edule MB completed and true, correct, and completed and true, correct, and completed and true.	during the plan year invested in elicities annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan caplan, is it covered under the PBG incomplete filing of this returnation per penalties set forth in the instructed signed by an enrolled actuary, as	ligible assets? (See instrutt of an independent qualifility and conditions.)annot use Form 5500-SFC insurance program (see u/report will be assessed tions, I declare that I have	ctions.)	Form se is	5500. Yes No established. Including, if applic	Yes No Yes No Not determined Able, a Schedule
b Are younder If you C If the Caution: A Under pens SB or Schebelief, it is	ou claiming a waiver of the 29 CFR 2520.104-46? (a answered "No" to eithe plan is a defined benefit to a penalty for the late or alties of perjury and other edule MB completed and true, correct, and completed and true, correct, and completed and true.	during the plan year invested in elime annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan caplan, is it covered under the PBGO incomplete filing of this returnated signed by an enrolled actuary, as ete.	ligible assets? (See instrutt of an independent qualifility and conditions.) annot use Form 5500-SF C insurance program (see u/report will be assessed tions, I declare that I have s well as the electronic ve	ctions.)	Form se is	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
b Are younder If you C If the Caution: A Under pens SB or Schebelief, it is SIGN HERE	ou claiming a waiver of the 29 CFR 2520.104-46? (a answered "No" to eithe claim is a defined benefit to be proposed to be prop	during the plan year invested in elime annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan caplan, is it covered under the PBGO incomplete filing of this returnated signed by an enrolled actuary, as ete.	ligible assets? (See instrutt of an independent qualifility and conditions.)	ctions.)	Form se is	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
b Are you under If you c If the Caution: A Under pens SB or Schebelief, it is	ou claiming a waiver of the 29 CFR 2520.104-46? (a answered "No" to eithe claim is a defined benefit to be proposed to be prop	during the plan year invested in elicible annual examination and report (See instructions on waiver eligibile or line 6a or line 6b, the plan caplan, is it covered under the PBG or incomplete filing of this returnater penalties set forth in the instruct disigned by an enrolled actuary, as ete.	ligible assets? (See instrutt of an independent qualifility and conditions.)	ctions.)	Form se is oort, ir, and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
b Are younder If you C If the Caution: A Under penselief, it is SIGN HERE	ou claiming a waiver of the 29 CFR 2520.104-46? It answered "No" to eithe claim is a defined benefit. A penalty for the late or alties of perjury and other claims of perjury and other claims. Filed with authorized/value is a signature of plan add. Signature of employed.	during the plan year invested in elicible annual examination and report (See instructions on waiver eligibile or line 6a or line 6b, the plan caplan, is it covered under the PBG or incomplete filing of this returnater penalties set forth in the instruct disigned by an enrolled actuary, as ete.	ligible assets? (See instru t of an independent qualifi lity and conditions.) annot use Form 5500-SF iC insurance program (see lifeport will be assessed tions, I declare that I have s well as the electronic ve	ctions.)	Form se is , and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
b Are younder If you C If the Caution: A Under penselief, it is SIGN HERE	ou claiming a waiver of the 29 CFR 2520.104-46? It answered "No" to eithe claim is a defined benefit. A penalty for the late or alties of perjury and other claims of perjury and other claims. Filed with authorized/value is a signature of plan add. Signature of employed.	during the plan year invested in eli he annual examination and report (See instructions on waiver eligibil ner line 6a or line 6b, the plan ca plan, is it covered under the PBGo incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, as ete. alid electronic signature. ministrator er/plan sponsor	ligible assets? (See instru t of an independent qualifi lity and conditions.) annot use Form 5500-SF iC insurance program (see lifeport will be assessed tions, I declare that I have s well as the electronic ve	ctions.)	Form se is , and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year		
	Total plan assets	. 7a	(a) Beginning 61 1ea				(b) End o	76650	5	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	68221	0				76650	5	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	al		
	Contributions received or receivable from:		(a) Amount				(6) 10	·ai		
	(1) Employers	. 8a(1)								
	(2) Participants	. 8a(2)	4674	13						
	(3) Others (including rollovers)	8a(3)	1673	33						
b	Other income (loss)	. 8b	7053	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						13400	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	4953	7						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	17	5						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						4971	2	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						8429	5	
j	Transfers to (from) the plan (see instructions)	- 8j								
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructiv	ons:		
	2A 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:		
Par	V Compliance Questions			,	1	1				
10	During the plan year:				Yes	No	ρ	mount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
				40-	Χ				150	0000
				10c			 		150	0000
d	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10q	Χ				1/	1992
— 9		-		iug					14	992
•	2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	; <u> </u>	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th		e letter ru 'ear	ıling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul					⊔ay		oui		
	Enter the minimum required contribution for this plan year	•	•			12b	Ī			
	piur your ogariou oontribution for this piur your									

Page	3 -		1
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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?	Y	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 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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Filing Authorization for the 2013 Form 5500-SF

Name of Plan: Creative Design Builders Retirement Plan

EIN / PN: 91-1659821/001

Plan Year Ending: December 31, 2013

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:	Gred Behr Jared Behr	Date: 4-25-14
h-		

PART II Acknowledgement of Receipt of Authorization

On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For PPA: Multiplicate Date: 417/2014

Jennifer Virant, Retirement Plan Administrator

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information				
· _ · · · · · · · · · · · · · · · · · ·	01/2013	and ending	12/31	/2013
A This return/report is for:	multiple-employer p	olan (not multiemployer)	a one	e-participant plan
B This return/report is: the first return/report t	ne final return/report			
an amended return/report a	short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under: Form 5558	utomatic extension		DFVC	C program
special extension (enter description				
Part II Basic Plan Information—enter all requested informat	on			
1a Name of plan			1b Three-di	-
CREATIVE DESIGN BUILDERS RETIREMENT PLAN			plan nur	mber 001
			1c Effective	
			10/01,	
2a Plan sponsor's name and address; include room or suite number (em	ployer, if for a single	-employer plan)	2b Employe	er Identification Number
CREATIVE DESIGN BUILDERS, INC.				1-1659821
HILINE HOMES				r's telephone number
11306 62ND AVE. E.				40-1849
PUYALLUP WA 98373-4346			20 Business 23611	s code (see instructions)
3a Plan administrator's name and address XSame as Plan Sponsor Na	me XSame as Pla	n Sponsor Address	3b Administ	
			3c Administ	trator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the las	t return/report filed f	or this plan, enter the	4b EIN	
name, EIN, and the plan number from the last return/report.			40. 511	
a Sponsor's name Total number of participants at the beginning of the plan year			4c PN	
b Total number of participants at the beginning of the plan year			5a	21
C Number of participants with account balances as of the end of the pla			5b	31
complete this item)			5c	19
6a Were all of the plan's assets during the plan year invested in eligible				X Yes No
b Are you claiming a waiver of the annual examination and report of an				₩ Vaa □ Na
under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot				X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC insi				No Not determined
The first of dominal policies plant, to it dovoted direct the 1 Boo made	station program (see	ENON SCORON 4021/1	П тез П	No Not determined
Caution: A penalty for the late or incomplete filing of this return/repo				
Under penalties of perjury and other penalties set forth in the instructions, SB or Schedule MB completed and signed by an enrolled actuary, as well				
belief, it is true, correct, and complete.			, 4.14 10 110 200	or my knowledge and
Sign In Cont But	x 4-25-14	JARED BEHR		
SIGN X Chred Sun				
Signature of plan administrator	Date	Enter name of individu	ual signing as p	olan administrator
SIGN HERE				
Signature of employer/plan sponsor	Date	Enter name of individu		employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include	room or suite numbe	er (optional)	Preparer's tele	ephone number (optional)

Par	t III Financial Information									_
7	Plan Assets and Liabilities	HARRY	(a) Beginning of Yea	ar .	T		(b) End o	f Year		
a	Total plan assets	7a		8221	.0		327		7665	05
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	6	8221	.0				7665	05
8	Income, Expenses, and Transfers for this Plan Year	1 (Y ₁ - 1	(a) Amount				(b) To	tal		
	Contributions received or receivable from:				132	View.		3.0	- 1	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		4674	_		18.	511_15		_
	(3) Others (including rollovers)	8a(3)		1673	_				(L =0)	
<u>_b</u>	Other income (loss)	8b		7053	1		PENN T		- 4	- (
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1					1340	27
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4953	7			Ņ. Ü	ř.	N.
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				11.8		116. 2		_
_ <u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f		17	5	15		- W.		. 8
	Other expenses	8g				1		C BXIL		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>					497	12
	Net income (loss) (subtract line 8h from line 8c)	8i		V.					842	95
	Transfers to (from) the plan (see instructions)	8j			J.	181		T+	100	
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of Plan Char	acteris	tic Co	odes in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Chara	cteristi	ic Cod	des in 1	the instructio	ns:		_
										_
Part	V Compliance Questions									
10	During the plan year:				Yes	No	-	mount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?	************		10c	Х				1500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				_
e	Were any fees or commissions paid to any brokers, agents, or oth			-						
	insurance service, or other organization that provides some or all	of the bene	fits under the plan? (See	40.		x				
	instructions.)			10e			-			_
	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 er	nd.)	10g	Х				1499	92
h 	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х				
ī	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				4		
Part	VI Pension Funding Compliance					-				_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							∏ Yes	Пи	— о
	Enter the unpaid minimum required contribution for current year fr					11a		had		_
12	Is this a defined contribution plan subject to the minimum funding						ERISA2 T	Yes	X N	0
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI SE	GUUII	JUZ 01	LINGAY	11 168	MI IN	<u> </u>
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	d in this plan year, see instru		and e				ıling	_
lf.	granting the waiveryou complete lines 3, 9, and 10 of Schedule			ui-	_	Day		ear		_
	Enter the minimum required contribution for this plan year	- Income to a				12b				_
	- its at initial requires contribution for the plant Journal					or researched				

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С	Enter the amount contributed by the employer to the pla	an for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line negative amount)	, , ,		12d			
е	Will the minimum funding amount reported on line 12d	be met by the funding deadline?	iratudominioniamo		Yes	No	N/A
Part	VII Plan Terminations and Transfers of	Assets				-111	
13a	Has a resolution to terminate the plan been adopted in any	plan year?		Y	es X No	, , , , , , , , , , , , , , , , , , ,	
	If "Yes," enter the amount of any plan assets that rever	ted to the employer this year		13a			
b	Were all the plan assets distributed to participants or be of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were tra which assets or liabilities were transferred. (See instruc		s), identify the plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)		<u>-</u>				
	Name of trust			14h Tr	ust's EIN		
i Tu	rame of trust			וו טדו	uoto EIIV		