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										
For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014										
A This	return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	er) a one-participant plan					
B This	This return/report is: the first return/report the final return/report									
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths))				
C Che	ck box if filing under:	X Form 5558	automatic extension		DFVC program					
	9	special extension (enter descrip	otion)							
Part	I Basic Plan Info	prmation—enter all requested infor	<u> </u>							
	ne of plan				1b	Three-digit				
		ON PROFIT SHARING RETIREMENT	T PLAN			plan number				
					4-	(PN) •	001			
					10	Effective date o	•			
	n sponsor's name and ac	ddress; include room or suite number	(employer, if for a single-	-employer plan)	2b	Employer Identi (EIN) 91-14	fication Number 88742			
					2c	Sponsor's telep				
	MACHIAS ROAD					425-74	3-2756			
LAKE ST	EVENS, WA 98258				2d	Business code ((see instructions)			
		nd address Same as Plan Sponso	r Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN 88742			
IODERN	SEWER CORPORATION		CHIAS ROAD ENS, WA 98258		3с	Administrator's	telephone number			
						425-743	3-2756			
4 If t	ne name and/or EIN of th	e plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b EIN					
		mber from the last return/report.			4c PN					
	onsor's name	at the beginning of the plan year								
_		s at the beginning of the plan year			5a		3			
		s at the end of the plan year			5b		3			
		account balances as of the end of the		•	5c		3			
		ts during the plan year invested in elig					X Yes No			
		of the annual examination and report of the annual examination and report of the contractions on waiver eligibility.					X Yes □ No			
		either line 6a or line 6b, the plan ca					M 100 L 110			
		fit plan, is it covered under the PBGC					Not determined			
	•	·		<u> </u>						
		or incomplete filing of this return/r ther penalties set forth in the instruction					able a Cabadula			
SB or S		and signed by an enrolled actuary, as								
SIGN	Filed with authorized	/valid electronic signature.	07/15/2015	KIRK WEINZ						
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual sig	ıning as plan adr	ninistrator			
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual sig	ning as emplove	er or plan sponsor			
Prepare	r's name (including firm i			number (optional)						
				ŀ						

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Ye			(b) End of Year					
a	Total plan assets	0.400					(-,		719517	7
b	Total plan liabilities	n liabilities								
	Net plan assets (subtract line 7b from line 7a)	7c	64968	4					719517	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
a	Contributions received or receivable from:	, ,					(3)	, iota		
	(1) Employers	8a(1)	1200	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	6170	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							73707	•
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	387	4						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3874	1
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							69833	3
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	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 Cod	les in t	he instru	ctions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribut	'as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				X		7 411	<u> </u>	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10a 10b		X				
					X					405000
	· · · · · · · · · · · · · · · · · · ·			10c						125000
	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 plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10q		Χ				
h		(See instru	ictions and 29 CFR	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	I notice or one of the	10ii						
Part		1-0		101						
11	Is this a defined benefit plan subject to minimum funding requirem								1 v	
	5500) and line 11a below)							_	Yes	No
	Enter the unpaid minimum required contribution for current year from					11a			1 ,.	
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,			- 4!				£ 11 ·		
	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.		Mon		, and e	enter th Day	ie date d	of the le		iing ——
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				46'	I			
b	Enter the minimum required contribution for this plan year					12b	I			

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	14b Trust's EIN			

EFAST2 Filing Authorization 2013 Form 5500-SF

Name of Plan: Modern Sewer Corporation Profit Sharing Retirement Plan

EIN / PN: 91-1488742

Plan Year Ending: September 30, 2014

PART I. Authorization of Practitioner to Electronically Sign and File

I hereby authorize United Retirement Plan Consultants (URPC) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign and date page 2 of the Form 5500-SF and provide a scanned copy of that signature page to URPC **before** the electronic filing can be initiated;
- URPC will retain a copy of this written authorization in its records;
- URPC 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 2 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- URPC shall not be deemed the Plan Administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.
- This EFAST2 Filing Authorization service will be billed on my next invoice in the amount of \$200.

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

By: Date: 7-15-15

Print Name: Kirk Wein Z Title:: President

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 5500.55

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annua	ii kebott identiti	Cation Intormation	roance with ti	ne instructions to the Form	5500-SF				
For calendar plan yea	ır 2013 or fiscal plan y		0/01/2013	and ending		09/30/201	4		
A This return/report	This return/report is for: X a single-employer plan								
B This return/report	is: the fi	rn/report	ei <i>)</i>	a one-partic	apant plan				
	an ar	mended return/report		ear return/report (less than 12	S 11	`			
C Check box if filing		5558	automatic ex		2 months	·			
-	=======================================	Lial extension (enter descript	_	terision		DFVC progr	am		
Part II Basic	Plan Information	l—enter all requested inform	1011)		Maria Desperanta				
Ta Name of plan				74 44 - 44 - 44 - 44 - 44 - 44 - 44 - 4					
MODERN SEWER	CORPORATION	PROFIT SHARING R	ETIREMENT	PT.AM	16	Three-digit			
				T 131 174		plan number (PN) ▶	001		
					1c	Effective date of	I		
2a Plan snonsor's no	mo and address in t					10/01/1990	0		
MODERN SEWER	CORPORATION	ude room or suite number (employer, if for	a single-employer plan)	2b	Employer Ident	ification Number		
						(EIN) 91-148			
2710 N. MACHI	AS ROAD				2c	Sponsor's telep			
						425-743-2			
LAKE STEVENS	WA	98258			2d		(see instructions)		
3a Plan administrator		Same as Plan Sponsor I	Vame Same	e as Plan Sponsor Address	26	221300			
MODERN SEWER	CORPORATION		Посит	ad i idii oponsor Address	30	Administrator's 91-148874			
					3с		telephone number		
2710 N. MACHI	AS ROAD					425-743-27	756		
T 3 T/FT COTTON									
LAKE STEVENS	WA	98258							
4 If the name and/or	EIN of the plan spon	sor has changed since the I	ast return/repo	rt filed for this plan, enter the	Ala	p-101			
name, EIN, and the a Sponsor's name	e plan number from t	he last return/report.		times for this plan, enter the	40	4b EIN			
	articinanta et the head				4c PN				
b Total number of pa	articipants at the begin	nning of the plan year			. 5a		3		
C Number of particin	articipants at the end	of the plan year			. 5b		3		
complete this item	ants with account bal	ances as of the end of the p	ılan year (defin	ed benefit plans do not					
6a Were all of the pla	in's assets during the	plan year invested in all the		ed benefit plans do not	5c		3		
				instructions.)			X Yes No		
	0.101 101 (000 1113(1)	JUDUS UN WAIVEL ENGINNEV S	and conditions	L .			₩ V □		
-	The state of the oc	or mie ob, me pian canno	ot use Form 5:	500-SF and must instead us	a Earna	EEGO	X Yes No		
C If the plan is a defi	ned benefit plan, is it o	covered under the PBGC in:	surance progra	m (see ERISA section 4021)?		Yes TNo T	Not dotormain - d		
Caution: A penalty for	the late or incomple	ete filing of this return/ren	ort will be see	essed unless reasonable ca					
SB or Schedule MB con	npleted and signed by	an enrolled actuary, as we	I as the electro	I have examined this return/re nic version of this return/repo	eport, inc rf. and to	cluding, if applica	ble, a Schedule		
beller, it is true, correct,	and complete.				,	o and best of fifty r	Trowledge and		
SIGN									
HERE Signature	of plan administrato	E.							
SIGN	and the same of th		Date	Enter name of individ	lual sign	ning as plan adm	inistrator		
HERE -	The second secon		7-15	13 Kick 1	100,	<u> </u>			
Preparer's name (includ	of employer/plan spending firm name, if appli	onsor cable) and address; include	Date Parity	Enter name of individ	lual sign	ing as employer	or plan sponsor		
, , , ,		and address, include	room or suite	number (optional)	Prepa	rer's telephone n	number (optional)		
							and the same of th		
					l de la				

Pa	art III Financial Information	recoverable with the short of excessions.		***************************************	***************************************	The second second			
7	Plan Assets and Liabilities		f . h Ph		1	TO THE RESERVE OF THE PERSON O			
а		7a	(a) Beginning of Year			(b) End of Year			
b	Total plan liabilities	7b		649684			719517		
	Net plan assets (subtract line 7b from line 7a)	7c		5496	0				
8		Income Expenses and Transfers for this Disay V			84		719517		
а	Contributions received or receivable from:		(a) Amount			(b) Total			
CHICAGONOMONOMON	(1) Employers	8a(1)	12000						
***************************************	(2) Participants	8a(2)		- Control of the Cont					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		6170	07				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					73707		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	AAAAAAA	387	74				
<u>g</u>	Other expenses	8g		- Common of the					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				***************************************	3874		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					69833		
12 12 13 14 14 14 14	Transfers to (from) the plan (see instructions)	8j							
-	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan Characteristics	eature cod	les from the List of Plan Char	acteris	tic Co	odes in	the instructions:		
Part		ature code	es from the List of Plan Chara	cteristi	с Сос	les in t	he instructions:		
10	During the plan year:				Yes	No	Amount		
MANAGEMENT OF THE PARTY OF THE	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)					Х	Autount		
0	were there any nonexempt transactions with any party-in-interest? on line 10a.)	' (Do not in	nclude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			100	Х	*************	125000		
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity hon	d that was some direction	10c		Х	125000		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o	er persons	by an insurance carrier,	100		X			
f	Has the plan failed to provide any boxoft when the		***************************************	10e					
q	Has the plan failed to provide any benefit when due under the plan.	<i>f</i>		10f		Χ			
	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g	_	X			
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		Х			
ETERNIS CONTRACTOR	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required r	notice or one of the	10i					
Part	3					·L			
-	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)					ule SB	(Form Yes No		
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	n Schedul	e SB (Form 5500) line 39		1	112			
12	Is this a defined contribution plan subject to the minimum funding re	equirement	ts of section 412 of the Code	or sec	tion o	02 of 5	RISA? Yes X No		
·	(if res, complete line 12a or lines 12b, 12c, 12d, and 12e below a	e annlicah	lo \						
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	in this plan year, see instruct	tions, a	nd er	l nter the Dav			
IT Y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	VIB (Form	5500), and skip to line 13.			Day_	Year		
b	Enter the minimum required contribution for this plan year		The state of the s	**************************************	T	2b	A STATE OF THE PROPERTY OF THE		

	Form 5500-SF 2013 Page 3 -				
<u>U</u>	Enter the amount contributed by the employer to the plan for this plan year	12c	T		
***************************************	negative amount) 126 from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			***************************************
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	T	 		
Part	VII Plan Terminations and Transfers of Assets	······	Yes	s No I	N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?	-			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes X	No	
b	Were all the plan assets distributed to participants and the plan assets and the plan assets and the plan assets and the plan assets and the plan asset and the plan asset and the plan assets and the plan asset and	13a			
-	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				
C	if during this plan year, any assets or liabilities were transforred from this at a second response to the second		<u></u>	Yes X	No
	t and other (occ man uchoris,)	0			
1	3c(1) Name of plan(s):	c(2) E	IN(s)	13c(3) PN	1/0)
		(/		130(3)111	(5)
		-	-		January, Company
The same of the sa					
-		Maria and Assessment			

Part '	/III Trust Information (optional)				
14a N	ame of trust	Ah Ti	ust's EIN	\I	
		-FIG 11	uoto EIN	V	