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

2014

This Form is Open to Public Inspection

		entification informatio			10.110.11				
For calendar plan ye	ear 2014 or fisca	al plan year beginning 01/01	<u>/2014</u>	and ending 12	2/31/2014				
A	×	a single-employer plan	<u> </u>		-	his box must attach a list			
A This return/repor	rt is for:	1		yer information in accor	dance with the fo	rm instructions)			
5	Ļ	a one-participant plan	a foreign plan						
B This return/report	t is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check box if filin	x under:	Form 5558	automatic extension		□ DFVC i	orogram			
Crieck box ii iiiiii		special extension (enter des			О.	· ·			
		special extension (enter des	cription)						
Part II Basic	c Plan Inforn	nation—enter all requested	information						
1a Name of plan					1b Three-digi				
SCOTTIE'S PLUMBIN	NG RETIREMEN	NT PLAN			plan numb	oer 001			
					(PN) 1c Effective of				
						01/01/2013			
2a Plan sponsor's	name and addre	ess; include room or suite num	ber (employer, if for a single-	emplover plan)	† _ <u>.</u>	Identification Number			
SCOTTIE'S PLUMBIN	NG & REPAIR, IN	NC.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, , , ,		27-4819781			
					2c Sponsor's	telephone number			
40 NE MIDWAY BLVD						60-675-1402			
OAK HARBOR, WA 9	18277				2d Business code (see instructions				
						238220			
3a Plan administra	ator's name and	address XSame as Plan Spo	nsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
					7.00	ator o toropriorio riambor			
		lan sponsor has changed sinc	e the last return/report filed for	or this plan, enter the	4b EIN	91-1676440			
	•	er from the last return/report. LUMBING & REPAIR, INC.			4c PN	001			
_		the beginning of the plan year	·		5a				
_		the end of the plan year			5b				
		, ,			30				
		count balances as of the end o			5c	4			
•	,	ipants at the beginning of the			5d(1)				
d(0) =						(
		sipants at the end of the plan y			5d(2)				
		ninated employment during the			5e	(
						· A			
		incomplete filing of this return r penalties set forth in the instr							
SB or Schedule MB	completed and	signed by an enrolled actuary							
belief, it is true, corre			<u> </u>						
31314	th authorized/val	id electronic signature.							
HERE Signate	ure of plan adm	ninistrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE	ure of employe	r/plan sponsor	Date	Enter name of individ	lual signing as em	nployer or plan sponsor			
		ne, if applicable) and address				phone number (optional)			
,	-	,		,		, , ,			

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a support of the plan cannot be a supp	an indeper and conditi	ident qualified public accounta	int (IQ	PA)				<u>.</u>	es es	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot de	ermin	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year		
<u>a</u>	Total plan assets	7a	200		_				1	9743	
	Total plan liabilities	7b	000	0						0	
	Net plan assets (subtract line 7b from line 7a)	7c	200)00	-				1	9743	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(1	o) Tot	al		
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	11	143							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1143	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
	Administrative service providers (salaries, fees, commissions)	8f		0							
	Other expenses	8g	14	100							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1400	
i	Net income (loss) (subtract line 8h from line 8c)	8i								-257	
j ·	Transfers to (from) the plan (see instructions)	8j		0							
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe										
10	During the plan year:				Yes	No		Α	moun	t	
а	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		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's 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.)	of the ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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	or se	ection	302 of	ERISA	?	Υ	es 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.	-			, and e	enter th Day			letter ear _	ruling]

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Fo	rm 5500-SF	Short Form Annua		f Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
	arlment of the Treasury emal Revenue Service		Benefit Plan			2014			
	Department of Labor	This form is required to b Retirement Income Security	e filed under sections 104 a Act of 1974 (ERISA), and se		58(a) of				
	Benefits Security Administration	1	nternal Revenue Code (the		1	his Form is Open to Public Inspection			
Pension	Benefit Gusranty Corporation	► Complete all entries in a		ctions to the Form 550	0-SF.	Wilder and the second s			
Part I		Identification Information		· · · · · · · · · · · · · · · · · · ·	40/0"	1/0074			
For calen	dar plan year 2014 or fis	F-1	01/01/2014	and ending		!/2014			
	eturn/report is for:	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating employ a foreign plan the final return/report	an (not mulfiemployer) yer information in accor n/report (less than 12 n	dance with th	king this box must attach a list ne form instructions)			
C Check	k box if filing under:	Form 5558 special extension (enter desc	automatic extension			FVC program			
Part II	Basic Plan Info	rmation enter all requested	information						
1a Nan	ne of plan				(PN) 1c Effect	number			
	n sponsor's name and ad DTTIE'S PLUMBING	Idress; include room or suite numb & REPAIR, INC.	per (employer, if for a single-	employer plan)	2b Emp	loyer Identification Number) 27-4819781			
	¥ ,					2¢ Sponsor's telephone number			
40	NE MIDWAY BLVD, SUITE	: 101				(360) 675-1402 2d Business code (see instructions)			
ne i	OAK HARBOR WA 98277					220			
	······································	nd address 🗓 Same as Plan Sp	oonsor Name	a ((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b Adm	inistrator's EIN			
					3c Adm	inistrator's telephone number			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	91-1676440			
	•	E'S PLUMBING & REPAIR,	INC.		4c PN	001			
		at the beginning of the plan year			5a	6			
b Tota	al number of participants	at the end of the plan year			5b	5			
		account balances as of the end of			5c	4			
	•	ticipants at the beginning of the pl		(149002444)24404044444444	5d(1)	6			
d(2) T	otal number of active par	rticipants at the end of the plan year	ar		5d(2)	5			
Nur		terminated employment during the	plan year with accrued ben		5e	0			
Caution	: A penalty for the late	or incomplete filling of this retu	rn/report will be assessed	unless reasonable ca	use is estal	blished.			
Under p SB or S	enalties of perjury and o	ther penalties set forth in the instr and signed by an enrolled actuary,	uctions, I declare that I have	examined this return/n	eport, includi	ng, if applicable, a Schedule			
SIGN	Land			SCOTT LANGE OR	RYAN LAI	NGE			
HERE	Signature of plan adn	ninistrator	Date #6-1-15	Enter name of individu	ıal signing a	s plan administrator			
	1			SCOTT LANGE OR					
SIGN HERE	Signature of employe	er/plan sponsor	Date / 0 -/-/5	Enter name of individu	ual signing a	s employer or plan sponsor			
		name, if applicable) and address;				s telephone number (optional)			

Scottie's Plumbing

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6a	Were all of the plan's assets during the plan year invested in eligible	accete? (Can instructiona)				***************************************	Feb.	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
-	· · · · · · · · · · · · · · · · · · ·						X Yes	lNo	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								,, ,,
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section 402	1)?	[Yes	No	Not deter	mined
	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	·	Т		b) End o	f Year	<u></u>
a	Total plan assets	7a	20,0	-	\vdash	V		19,74	
b	Total plan liabilities	7b	<u> </u>	0	1	······································			<u> </u>
С	Net plan assets (subtract line 7b from line 7a)	7c	20,0		1			19,74	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		
а	Contributions received or receivable from: (1) Employers	8a(1)		0		i	: '		
	(2) Participants	Ba(2)		0		·			
	(3) Others (including rollovers)	8a(3)		0	 		· · · · · · · · · · · · · · · · · · ·		
	Other income (loss)	8b	1,1		1	- i-			<u></u>
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1-			1,14	3
d	Benefits paid (including direct rollovers and insurance premiums	A 1			1	;			
	to provide benefits)	8d		0	 				
	Administrative service providers (salaries, fees, commissions)	8e 8f		0	 	·	· · · · · · · · · · · · · · · · · · ·		
	Other expenses	8g	1,4		- 				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1,721	-	 			1,400	
	Net income (loss) (subtract line 8h from line 8c)	Bi			 			(257)	
	Transfers to (from) the plan (see instructions)	8j	<u> </u>	0	┪┈	- [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>, </u>
Pa	rt IV Plan Characteristics					,		- i	
9a	If the plan provides pension benefits, enter the applicable pension fer	alure code	s from the List of Plan Characte	eristic	Code	s in the	instruction	ns:	
_	2E 2F 2G 2J 2K 2R 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feat	lure codes	from the List of Plan Character	istic (Codes	in the in	structions	s:	
	AV I a li a li			·····					
	rt V Compliance Questions				·				
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution.			·	Yes	No	A	mount	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ons within arv Correc	the time period described in ction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	iclude transactions reported						
	on line 10a.)			10b		х			
	, , , , , , , , , , , , , , , , , , , ,	************	***************************************	10c		х		-	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bon	d, that was caused by fraud	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other								
	insurance service, or other organization that provides some or all or	f the bene	fits under the plan? (See						
	instructions.)			10e		X			/
f	Has the clan failed to provide any benefit when due under the plan	?	******************************	10f		x			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х			
h	If this is an individual account plan, was there a blackout period? (5	See instruc	clions and 29 CFR		1		• • • •		,
	2520.101-3.)			10h		X			
,	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	1				
Par				L, 0, 1	L		·		
11	Is this a defined benefit plan subject to minimum funding requireme	nta 2 /16 IN/							
• •	5500) and line 11a below)	::::::::::::::::::::::::::::::::::::::	es, see instructions and compl	ete S	cneau	6 2R (L	orm	Yes X	l No
11a	Enter the unpaid minimum required contribution for current year from			*******					
12	Is this a defined contribution plan subject to the minimum funding re		The state of the s	-		of ERI	SA? T	Yes X	No
•	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is being	amortize	d in this plan year, see instructi	ons. a	nd en	ler the d	ate of the	letter ruling	
	granting the waiver	************	Mor	ıth _		. Day		Year	

p.5

	Form 5500		Page 3-		
	ou completed	ine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	, and skip to line 13.		
b	Enter the minir	num required contribution for this plan year	*************************************	12b	
<u>C</u>	Enter the amou	int contributed by the employer to the plan for this plan year		12c	
d	Subtract the an negative amou	nount in line 12c from the amount in line 12b. Enter the result (enter	a minus sign to the left of a	12d	
e	Will the minimu	m funding amount reported on line 12d be met by the funding deadli	ne?	Г	es No NA
Part		Terminations and Transfers of Assets			
13a	Has a resolution	n to terminate the plan been adopted in any plan year?		Yes	X No
	If "Yes," enter t	ne amount of any plan assets that reverted to the employer this year	200310821.0001020011400100010001001010101010101010	13a	[44] [10]
b	Were all the pla	n assets distributed to participants or beneficiaries, transferred to an	other plan, or brought under the go	ntral	☐ Yes 🕱 No
	If during this pla	in year, any assets or liabilities were transferred from this plan to and liabilities were transferred. (See instructions.)	other plan(s), identify the plan(s) to		L) Tes & NU
1	3c(1) Name of p	lan(s):	130	(2) EIN(s)	13c(3) PN(s)
					135(0)
Part	VIII Trust	Information (optional)			
14a N	ame of trust			14b Trus	t's EIN
					