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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Be	enent Guaranty Corporation	Complete all entries in	accordance with the ins	structions to the Form 55	500-SF.	•		
Part I	Annual Report	Identification Information						
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015			
A This ref	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) employer information in ac				
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558 Special extension (enter desc	automatic extension	ı	DFVC	program		
Part II	Rasic Plan Info	prmation—enter all requested in	. ,					
1a Name			iomaion		1b Three-digi plan numb (PN) ▶			
					1c Effective of	date of plan 01/01/2013		
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		otructions)	2b Employer (EIN)	Identification Number 27-4819781		
	PLUMBING & REPAIR		ai code (ii foreigh, see ins	structions)		telephone number 360-675-1402		
	/AY BLVD, SUITE 101 DR, WA 98277				2d Business of	code (see instructions) 238220		
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administra	ator's EIN		
					3c Administra	ttor's telephone number		
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	I for this plan, enter the	4b EIN			
	or's name				4c PN			
		at the beginning of the plan year			5a	6		
		at the beginning of the plan year at the end of the plan year			5b	6		
C Numb	er of participants with	account balances as of the end of	the plan year (defined be	nefit plans do not	5c	5		
d(1) Tot	al number of active pa	urticipants at the beginning of the p	lan year		5d(1)	6		
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	6		
than	100% vested	terminated employment during the			5e	0		
		or incomplete filing of this retur						
SB or Sche		ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized	/valid electronic signature.	08/09/2016	RYAN LANGE				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator		
SIGN								
HERE	Signature of emplo		Date			ployer or plan sponsor		
Preparer's	ame (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number							

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eligib 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ ad use	PA) Form	5500.		<u> </u>	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	No	t detern	nined
Part III Financial Information	1 -									
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a		19	9743					548	
b Total plan liabilities	7b		10	0					E 10:	15
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A		9743			4.1	T-4-1	548	15
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(D)) Total		
(1) Employers	8a(1)		9	214						
(2) Participants	8a(2)		26	3268						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b			-410						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								350	72
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
e 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									0
i Net income (loss) (subtract line 8h from line 8c)	8i								350	72
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	the insti	ruction	s:	
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	as from the List of Pla	n Char	actorist	ic Coc	las in th	a inetri	ıctions		-
In the plant provides well are benefits, effect the applicable well are to	cature cout	23 HOM the List of Flat	ii Onait	actorist	.10 000	103 111 111	ic mone	ictions	•	
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C 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 by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan					Х					
g Did the plan have any participant loans? (If "Yes," enter amount a			101		X					
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g 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	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			IUJ	<u> </u>	<u> </u>		<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								T	Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a			103	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	[Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal			
b	Enter th	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No			
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co		Γ	Yes X No			
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>			
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)		
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)		
Dant		Turnet hafe amount on							
Part	Name o	Trust Information		14h 1	Γrust's Ell	N			
ı T a	Name 0	ii iiust		140	TUSES EII	14			
14c	Name	of trustee or custodian				s or custodia e number	an's		
					tolophon	o mambon			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	s	No			
					esign-				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ased safe arbor	∐ ADF test	P/ACP		
450					ethod				
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No			
	2(a)(2)	(ii))?		□ Ra	atio				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No			
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A		

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pa	art I	Annual Report	Identification Information				
For	calend	lar plan year 2015 or fis	scal plan year beginning	01/01/2015	and ending	12/31/2015	
		eturn/report is for:	a single-employer plan a one-participant plan the first return/report	a multiple-employer pl a list of participating el a foreign plan the final return/report			
			an amended return/report	a short plan year retur	n/report (less than 12	months)	
C	Check	box if filing under:	x Form 5558 special extension (enter descr	automatic extension iption)		DFVC pro	gram
Pa	ırt II	Basic Plan Info	ormation enter all requested	information			
-	Nam	e of plan	RETIREMENT PLAN			1b Three-digit plan number	001
			(PN) ▶ 001 1c Effective date of plan 01/01/2013				
2a	Maili	ng Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street or P.C ce, country, and ZIP or foreign post		uctions)	2b Employer Id (EIN) 27-	entification Number 4819781
	7	TTIE'S PLUMBING	ACCOUNTS OF SERVICE MARKETING	iai oodo (ii iorolgii, ooo iilou		2c Sponsor's te (360) 67	
	40	NE MIDWAY BLVD,	SUITE 101			2d Business co 238220	de (see instructions)
	US C	AK HARBOR WA 98277					5 32/38/38/38
3a	Plan	administrator's name a	and address 🗓 Same as Plan Sp	onsor Name		3b Administrate 3c Administrate	r's telephone number
4			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	
а	Spo	nsor's name				4c PN	
5a	Tota	I number of participants	at the beginning of the plan year				6
b			at the end of the plan year			5b	6
С		nd Beell word of Figure Green of the Second of Second of	account balances as of the end of	11.000 11.000 1 The Committee of the Com	CONTROL OF SECURITION SECURITIONS OF SECU	1	5
d(1) To	tal number of active pa	rticipants at the beginning of the pla	an year		5d(1)	6
d(,	•	rticipants at the end of the plan yea			5d(2)	6
е		ber of participants that than 100% vested	terminated employment during the	plan year with accrued ben	efits that were	5e	0
Ca	ution	: A penalty for the late	or incomplete filing of this return	rn/report will be assessed	unless reasonable o	cause is established	
SB	or So	enalties of perjury and on the dule MB completed is true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary, nplete.	actions, I declare that I have as well as the electronic ve	examined this return/ rsion of this return/rep	report, including, if apport, and to the best of	plicable, a Schedule my knowledge and
s	IGN	X		8-9-16	SCOTT LANGE OF		
Н	ERE	Signature of plan adr	ministrator	Date	Enter name of individ	dual signing as plan a	dministrator
1255-1510-1	IGN ERE	Signature of employe	er/nlan snonsor	8-9-16 Date	SCOTT LANGE OF	R RYAN LANGE dual signing as emplo	ver or plan sponsor
			name, if applicable) and address; i	Control of the Contro	the state of the s	Preparer's telepho	
	. E 371 3	(, , , , , , , , , , , , , , , , , , , ,				

	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	1-0.46		-	1050	n less				
b	Are you claiming a waiver of the appual exemination and assets of	assets? (S	see instructions.)	*********	••••••	••••••			X Yes	No
~	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 If you answered "No" to either line 6a or line 6b, the plan cannot	nd condition	ns.)	-4				•••••	x Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in:	Surance nr	aram (soo EDISA sooti	istead	use F	orm	5500.			
D		- Surance pre	gram (see LINISA secti	1011 402	21)?	*******	Yes	□ No	Not deterr	mined
7										
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Year	
a b	Total plan liabilities	7a	400	19,7	743	_			54,815	5
-	Total plan liabilities	7b	WORLD CO.		0		- wik		(0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		19,7	43				54,815	5
a	Contributions received or receivable from:		(a) Amour	nt			7-5-5 (6-5-5-5)	(b) T	otal	
-	(1) Employers	8a(1)		9,2	14					
	(2) Participants	8a(2)		26,2						
-	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		(41	.0)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							35,072)
d	Benefits paid (including direct rollovers and insurance premiums								33,072	
е	to provide benefits)	8d			0					
f	Certain deemed and/or corrective distributions (see instructions)	8e			0					
-	Administrative service providers (salaries, fees, commissions)	8f			0	1				
	Other expenses	8g			0					
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0)
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i				4		To progress the	35,072	
Ba	rt IV Plan Characteristics	8j			0					
	The second secon									
Ja	If the plan provides pension benefits, enter the applicable pension feet 2E 2F 2G 2J 2K 2R 3D	ature codes	from the List of Plan C	haract	eristic	Code	es in the	instructio	ns:	
-										
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes f	rom the List of Plan Ch	aracte	ristic (Codes	in the i	nstruction	s:	
							0.77			
	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	,	Amount	
а	Was there a failure to transmit to the plan any participant contribution	ons within t	ne time period					100000		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volume Program)									
b	Were there any nonexempt transactions with any party-in-interest?	/D		10a		х				
	reported on line 10a.)	(Do not inc	lude transactions	10b		х				
C	Was the plan covered by a fidelity bond?			10c		x		W		
d	Did the plan have a loss, whether or not reimbursed by the plan's fic	delity bond	that was caused	100	+					
	by traud or dishonesty?		••••••	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other	r nersons h	v an insurance						7	
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of the	benefits under							
f				10e	+	Х				
- T	Has the plan 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? (Section 2520.101-3.)	•••••	***************************************	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required no	ntice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j	1	7				
Par	VI Pension Funding Compliance			. 0)						
11	Is this a defined benefit plan subject to minimum funding requiremen	nts? (If "Yes	," see instructions and	comple	ete So	hedu	le SB (F	orm		
11a	Enter the unpaid minimum required contribution for current year from	n Cohodul	CD /Farr- 5500 " :-	*********		77.5			Yes X	No
12	Is this a defined contribution plan subject to the minimum for all	a vire	ob (Form 5500) line 40				11a			
	Is this a defined contribution plan subject to the minimum funding red	quirements	or section 412 of the Co	ode or	section	on 302	2 of ERI	SA?	Yes X	No_

Form 5500-SF 2015 Page 3-			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, soo instru	ctions, and	enter the date	of the letter ruling
VIOLIT		Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b Enter the minimum required contribution for this plan year	•••••	12b	
c 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 o negative amount)		12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	**************		□ 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?		X Yes	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	0.000	13a	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to	•••••	Yes X No
13c(1) Name of plan(s):	42-	(2) EIN/a)	42-(0) DVV
	130	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		441	
2		14b Trust's E	IN
14c Name of trustee or custodian		14d Trustee	or custodian's
		telephone r	
Part IX IRS Compliance Questions			-
Production Co.		~	
15a is the plan a 401(k) plan:		Yes	No
15b If "Yes" how does the 401(k) plan satisfy the pandicaring at its		Design-	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emperatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	oloyer	based safe	The American Section (Section 1997)
	•••••	method	test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year		Yes	Пма
testing method" for nonnighly compensated employees (Treas, Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(m)		res	∐ No
2(a)(2)(ii))?			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410	0(b)·	Ratio	Average
		Percentage Test	Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	1	Yes	No
17a Has the Plan been timely amended for all required law changes?	***********	Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted			
INSTRUCTIONS for tax law changes and codes)		applicable cod	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that is advisory letter, enter the date of that favorable letter	subject to a	a favorable IRS	opinion or
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please enter determination letter / /	r the date	of plan's last fa	vorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	een [Yes	□No
10 Word in coming distribution			
If Yes, enter amount	-	Yes	☐ No
20 Were minimum required distributions made to 5% owners who have attained ago 70.1/ (recordless of the the	or r	19	
not retired) as required under section 401(a)(9)?	~' L	Yes	☐ No ☐ N/A