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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		rt Identification Informatior								
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016					
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ad						
	·	a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report							
C Observe	hara 26 CP and and an	an amended return/report		urn/report (less than 12 m	_					
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	า	DFVC progra	m				
Part II	Rasic Plan Int	formation—enter all requested in								
1a Name			iioiiiaiioii		1b Three-digi					
					(PN) •					
2a Plan s	sponsor's name (emp	loyer, if for a single-employer plan)			2b Employer	Identification Number				
		oom, apt., suite no. and street, or P.		otrustions)	(EIN)	27-4819781				
	PLUMBING & REPA	nce, country, and ZIP or foreign pos IR, INC.	tal code (il foreign, see in	structions)		telephone number 60-675-1402				
					2d Business	code (see instructions)				
	VAY BLVD, SUITE 10 OR, WA 98277	01			238220					
O/ II C I II II C C	51t, W1 00211									
3a Plan a	administrator's name	and address X Same as Plan Spo	insor		3b Administra	ator's FIN				
		and address Figure as Fian ope			- Administra	ator o Env				
					3c Administra	ator's telephone number				
4					<u> </u>					
		the plan sponsor has changed since number from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN					
	sor's name				4c PN					
5a Total	number of participan	ts at the beginning of the plan year			5a	(
b Total	number of participan	ts at the end of the plan year			5b	(
C Numb		h account balances as of the end of			5c	(
d(1) Tot	tal number of active p	participants at the beginning of the p	lan year		5d(1)	(
d(2) Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	(
		at terminated employment during th			5e	(
Caution: A	A penalty for the late	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca						
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, mplete.								
SIGN	Filed with authorize	d/valid electronic signature.	09/08/2017	RYAN LANGE						
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator				
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as en	nployer or plan sponsor				
Preparer's		name, if applicable) and address (i			Preparer's telep					
	-	· · · · · · · · · · · · · · · · · · ·								

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	Were all of the plan's assets during the plan year invested in eligib		` ,						X	res No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X	res ∏ No			
	If you answered "No" to either line 6a or line 6b, the plan cann		,										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not o	determined			
Pai	t III Financial Information					_							
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year				
а	Total plan assets	7a		54815	5					0			
b	Total plan liabilities	7b		C)					0			
С	Net plan assets (subtract line 7b from line 7a)	7c		54815	j					0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) 1	Total				
	Contributions received or receivable from:	90/1)		5615	,								
	(1) Employers	8a(1) 8a(2)		5886									
	(3) Others (including rollovers)	8a(3)											
	Other income (loss)	8b		3462									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14	963			
	Benefits paid (including direct rollovers and insurance premiums												
	to provide benefits)	8d		68306									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e											
f_	Administrative service providers (salaries, fees, commissions)	8f		4.470									
	Other expenses	8g		1472		60770							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							69778 -54815				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							-04013				
	Transfers to (from) the plan (see instructions)	8j											
	t IV Plan Characteristics												
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:				
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in t	he instr	uctions:				
Par	t V Compliance Questions												
10	During the plan year:				Yes	No	N/A		Amou	ınt			
а	' ', '		·										
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	-	•	10a		X							
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х							
				10b		X							
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X							
е				100									
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e		X							
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X							
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i									

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?					Yes X No		
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling 	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1			
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ILI ,		n-based arbor	d [] "Prior y test	ear" ADP	
				"Curre	ent year est	<u>"</u>	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A	
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

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Form 5500-SF

Scottie's Plumbing

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Pensio	on Benefit Guaranty Corporation	- ▶	- c	omplete all entries in acc	ore	dance with the instr	ruct	ions to the Form ES	nn_er	lr	spection
	art		lder	ntifi	ication Information	<u></u>	Janes Will Blo Hist.	uo.	JUIS to the FULL GO.	JU-or.	· · · · · · · · · · · · · · · · · · ·	
Fo	r cale	endar plan year 2016 or fis					01/01/2016		and ending	12	/31/2016	
		return/report is for:	_ a	a one	gle-employer plan	a list of participating employer information in accomparticipant plan a foreign plan						x must attach m instructions.)
D	Trus	гешти/героп із:	片		rst return/report mended return/report	X	the final return/report a short plan year retu		/report (less than 12 n	nonths)		
С	Chec	ck box if filing under:	∺		5558 ial extension (enter descript		automatic extension	I			DFVC progra	ım
P	art I	Basic Plan Info	ma	tior	n — enter all requested inf	for	mation					
1a	Nar	me of plan					71000			1b 1	hree-digit	
	SC	OTTIE'S PLUMBING	RET:	TRE	MENT PLAN					p (i	olan number PN) ►	001
2a		in sponsor's name (employ	ver if	f for	o gingle employee at a			<u></u>		0	ffective date o 1/01/2013	
	Mai City	illing Address (include roor y or town, state or province	m, ap e, cou	ot., si untry	uite no. and street, or P.O. I /, and ZIP or foreign postal	Во	x) de (if foreign, see ins	struc	ctions)	1	mployer Identi EIN) 27-48:	fication Number 19781
	SC	OTTIE'S PLUMBING	& RF	EPA	IR, INC.					(ponsor's telepi (360) 675-:	1402
	40	NE MIDWAY BLVD,	SUI:	TE :	101						Business code (138220	(see instructions)
		OAK HARBOR WA 98277										
3a Plan administrator's name and address			dress	s 🔼 Same as Plan Sponsor				3b Administrator's EIN				
										3c A	dministrator's t	elephone number
4	If the	ne name and/or EIN of the ne, EIN, and the plan num	plan ber fi	spor	nsor has changed since the the last return/report.	a la	st return/report filed f	for t	this plan, enter the	4b E	IN	
а		onsor's name								4c Pi	N	
5a	Tota	al number of participants a	at the	beg	inning of the plan year		111000 144777 15000		******************	5a		6
þ	Tota	al number of participants a	at the	end	of the plan year				********************	5b		0
С.	Nun com	mber of participants with a nplete this item)	ccour	nt ba	alances as of the end of the plan year (only defined contribution plans				5c	5c 0		
d(,1) To	otal number of active parti	cipan	nts at	at the beginning of the plan year					5d(1)	6	
					at the end of the plan yeard employment during the plan year with accrued benefits that were				5d(2)	5d(2) 0		
e	less	than 100% vested	••••••		plete filing of this return/report will be assessed unless reasonable caus				5e		0	
Un SB	ider po 3 or Sc	enalties of perjury and oth	her pe nd sign	enalti ned	plete filing of this return/n ies set forth in the instructio by an enrolled actuary, as v	ons	I declare that I have	e ev	ramined this return/res	nort inclu	ding if conline	able, a Schedule knowledge and
	IGN	Soll	<u></u>			_	9-8-17		Scott Luna	je		
н	ERE	Signature of plan admir	nistra	ator			Date		nter name of individua	ıl signing	as plan admin	istrator
	IGN	12/1	<u></u>	=			9-8-17	Ľ	Scott Lunge			
		Digitalara of chipiofchi			nsor plicable) and address (inclu		Date	<u> Er</u>	nter name of individua			
Sk	cip ti	his question	me,	и ар	plicable) and address (inclu	nge	: room or suite numbe	er)			er's telephone r this questi	
						$\overline{}$						

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	•••••	•••••	•••••	•••••	•••••	X Yes	□No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an					,	•••••	•••••	X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno								_	_
С	If the plan is a defined benefit plan, is it covered under the PBGC ins							□ No	Not o	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	5	54,8	15					0
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	5	54,8	15					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) ·	Total	
а	Contributions received or receivable from:		` '							
	(1) Employers	8a(1)		5,6						
	(2) Participants	8a(2)		5,8	86					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		3,4	62					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14	,963
d	Benefits paid (including direct rollovers and insurance premiums	8d		58,3	06					
_	to provide benefits)			30,3						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		1 1	70					
<u>g</u>	Other expenses	8g		1,4	12					770
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								,778
÷	Net income (loss) (subtract line 8h from line 8c)	8i				-	(54,815)			
	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2R 2T 3D	ature cod	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	s from the List of Plan Cha	aracte	ristic (Codes	in the	instructio	ons:	
Pá	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribut	ions withir	n the time period				1071		7	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		· ·							
	Program)		••••••	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х				
c				10c		х				
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х				
_ 0	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (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			10i						

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Par	t VI	Pension Funding Compliance				_		
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)			SB		Yes 2	No
11a	-	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the					Yes 2	No
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see	-		er the date Day	of the Ye		ing ——
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.		,			
b	Enter t	ne minimum required contribution for this plan year	•••••	, 12b				
С	Enter t	ne amount contributed by the employer to the plan for the plan year	•••••	12c				
d		et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)		12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	•••••	. [] Yes [No		//A
Par	t VII	Plan Terminations and Transfers of Assets		_				
_13a	Has a	esolution 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	••••••	. 13a				0
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro	•		x	Yes	□ No)
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideassets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to				
1	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	c(3) PN	(s)
Dar	t VIII	Trust Information - Skip These Questions						
		-		141	3 T	INI		
140	Name	or trust		141) Trust's E	IIN		
140	Name	of trustee or custodian		140	Trustee of telephone			
Par	t IX	IRS Compliance Questions - Skip These Questions						
15a	Is the p	lan a 401(k) plan? If "No," skip b.		Yes			No	
15k		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha	rbor		"Prior y test	ear" ADP
				"Curren			N/A	
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age 🔲	Avera	age fit test	□ N/A
16k		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(plan year by combining this plan with any other plan under the permissive aggregation rules?	' II I	Yes			No	
17a	If the p	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable lier/	RS opinion I	etter or a	dvisory let	ter, en	ter the d	ate of
17k		an is an individually-designed plan that received a favorable determination letter from the IRS	, enter the d	ate of th	e most rec	ent de	terminati	on
18	Define Were a	I Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not s?			☐ Yes		No	
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			☐ Yes		No	