Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 Benefit Plan									
		tment of the Treasury nal Revenue Service	This form is required to be filed u		nd 4065 of the Employe	е	2012		
	ployee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form is Open to Public Inspection		
		nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Inspection		
Pa			entification Information		and anding 1	0/24/	2010		
-		ar plan year 2012 or fisca				2/31/2			
		urn/report is for:		1 1 7 1	an (not multiemployer)		a one-participant plan		
ΒΤΙ	his retu	urn/report is:		e final return/report					
_		L			n/report (less than 12 mo	onths	-		
С с	heck b	oox if filing under:		utomatic extension			DFVC program		
_			special extension (enter description)						
Par			nation—enter all requested information	on		41			
	Name o	of plan OOFING DEFINED BEN				10	Three-digit plan number		
RAIND		OUPING DEFINED BEI					(PN) ▶ 002		
						1c	Effective date of plan		
							01/01/2006		
		oonsor's name and address of the solutions,	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 27-3980177		
6825 5	25 SW 21ST COURT, UNIT 2						Sponsor's telephone number 954-370-7879		
DAVIE	AVIE, FL 33317						Business code (see instructions) 238100		
<b>3a</b> F	Plan ad	dministrator's name and	Sponsor Address	3b	Administrator's EIN				
			<u> </u>			_	Administrator's telephone number		
4	lf the e			t roturn/roport filed fo	r this plan, antar the	41-			
	name,	EIN, and the plan numb or's name	lan sponsor has changed since the las per from the last return/report.	r return/report med to	n mis plan, enter the	4b EIN 4c PN			
	· ·		the beginning of the plan year				17		
_			the end of the plan year			5a 5b	12		
			count balances as of the end of the pla			50	12		
					•	5c			
6a	Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	tions.)		X Yes No		
			e annual examination and report of an						
		,	See instructions on waiver eligibility and	,					
-			er line 6a or line 6b, the plan cannot						
		· · ·	incomplete filing of this return/report r penalties set forth in the instructions,						
SB o	r Śche		signed by an enrolled actuary, as well						
SIGN		Filed with authorized/va	lid electronic signature.	10/03/2013	MARC SEGAL				
HER	HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator								
SIGN		Filed with authorized/va	lid electronic signature.	10/03/2013	MARC SEGAL				
HERI		Signature of employe		Date		ual sig	ning as employer or plan sponsor		
Prepa	arer's i	name (including firm nan	ne, if applicable) and address; include i	room or suite number	r (optional)	Prep	parer's telephone number (optional)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
a Total plan assets	7a	33321	2			367588		
<b>b</b> Total plan liabilities	7b		0			0		
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	33321	2			367588		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:			_					
(1) Employers	8a(1)		0					
(2) Participants	8a(2)		0	_				
(3) Others (including rollovers)	8a(3)		0	-				
<b>b</b> Other income (loss)	8b	3512	2			05400		
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			35122				
to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f	74	6					
g Other expenses	8g		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					746		
i Net income (loss) (subtract line 8h from line 8c)	8i					34376		
<b>j</b> Transfers to (from) the plan (see instructions)	8j		0					
Part IV Plan Characteristics								
Part V Compliance Questions								
<b>10</b> During the plan year:				Yes	No	Amount		
<b>a</b> Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correct	tion Program)	10a		Х			
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)				Х				
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		50000		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
<b>e</b> Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefits	s under the plan? (See	10e		X			
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10g		Х			
h If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h		х			
<ul> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	ne required n	otice or one of the	10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					11a			
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> </ul>	requirement	s of section 412 of the Code			11a			
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	requirements , as applicabl	s of section 412 of the Code e.) in this plan year, see instruc	or se	ection (	<b>11a</b> 302 of	Yes No 0 ERISA? Yes No		
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is beir</li> </ul>	requirements as applicabl ng amortized	s of section 412 of the Code e.) in this plan year, see instruc Mon	or se	ection (	<b>11a</b> 302 of	X         Yes         No           0         0           ERISA?         Yes         No           we date of the letter ruling         0		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d						
е		ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	rt VII Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?		Yes X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a								
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to	_					
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)				
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

SCHEDULE SB			Single-Employer Defined Benefit Plan				_	OMB No. 1210-0110			
	(Fo	orm 5500)		tuarial						2012	
		nent of the Treasury al Revenue Service	<u> </u>							2012	
	Dep	artment of Labor	This schedule is requi Retirement Income Sec						This For	m is Open to Public	
		efits Security Administration efit Guaranty Corporation	Inte	rnal Revenu	ie Code (th	e Code).	Inspection				
<b>F</b>			File as an		nt to Form	5500 or		10/0	1/2212		
		blan year 2012 or fiscal p		01/2012			and ending	g 12/3	1/2012		
		amounts to nearest do	e assessed for late filing of t	this report u	nless reaso	nahle ca	use is establisher	4			
-	ame of pla				11033 10430		_				
		OFING DEFINED BENE	FIT TRUST				B Three-digit		•	002	
							plair riamb		,		
<u> </u>			0 (E 5500 550)								
		OF'S name as shown on II OFING SOLUTIONS, LL	ne 2a of Form 5500 or 5500 . <mark>C</mark>	J-SF			D Employer Id 27-3980177	entificat	ion Number	(EIN)	
Ет	/pe of plar	: 🗙 Single 🗌 Multiple	e-A 🗌 Multiple-B	F P	rior year pla	ın size: 🔉	100 or fewer	101-5	00 More	than 500	
Ра	rtl B	asic Information									
1	Enter the	valuation date:	Month <u>12</u> Da	ay <u>31</u>	_ Year	2012	_				
2	Assets:										
	a Market	value						2a		367588	
	<b>b</b> Actuar	ial value						2b		367588	
3	Funding	target/participant count b	reakdown:	-		<b>(1)</b> N	umber of participa	ants	(2)	Funding Target	
	<b>a</b> For ret	ired participants and ben	eficiaries receiving paymen	t	3a			0		(	
	<b>b</b> For ter	minated vested participa	nts		3b			5		7634	
	<b>C</b> For ac	tive participants:		-							
	(1)	Non-vested benefits			3c(1)					0	
	(2)	Vested benefits			3c(2)					206039	
	(3)	Total active			3c(3)			12		206039	
	<b>d</b> Total				3d			17		213673	
4	If the pla	n is in at-risk status, cheo	k the box and complete line	es (a) and (b	o)						
	<b>a</b> Fundir	g target disregarding pre	scribed at-risk assumptions	;				4a			
			assumptions, but disregard ive consecutive years and c					4b			
5	Effective	interest rate						5		7.11 %	
6	Ū							6		0	
T a	o the best of ccordance w		upplied in this schedule and accompa . In my opinion, each other assumption ed experience under the plan.								
	IGN ERE								09/18/	2013	
		S	Signature of actuary						Date		
AAR	ON VENC	UZIOU							11-02	2291	
		Туре	or print name of actuary					Most r	ecent enrollr	nent number	
PEN	CERT, LT	D							630-7	89-0700	
	N CASS A TMONT,		Firm name				Tele	ephone	number (inc	luding area code)	
			Address of the firm				_				
	actuary ha	as not fully reflected any	regulation or ruling promulg	ated under	the statute	in comple	eting this schedule	, check	the box and	see	

Pa	art II 🛛 I	Beginning of Year	Carryov	ver Prefunding Baland	es							
_					_	<b>(a)</b> C	arryover balance		(b)	Prefundi	ng balance	
7		<b>v v v v</b>		icable adjustments (line 13 fi				0			330	
8				funding requirement (line 35				0			0	
9	Amount re	emaining (line 7 minus li	ne 8)				0			330		
10	Interest o	n line 9 using prior year'	s actual re	ual return of0.50%				0			-2	
11	Prior year	's excess contributions t	to be adde	d to prefunding balance:								
	<b>a</b> Presen	t value of excess contrib	utions (line 38a from prior year)								346	
				interest rate of <u>5.69</u> %							0	
	<b>C</b> Total av	ailable at beginning of cu	rrent plan y	ear to add to prefunding balan	ce						346	
	<b>d</b> Portion	of (c) to be added to pre	efunding b	alance							0	
12	Other red	uctions in balances due	to election	s or deemed elections				0			0	
13	Balance a	at beginning of current ye	ear (line 9 ·	+ line 10 + line 11d – line 12)	)			0			328	
P	art III	Funding Percent	ages									
14	Funding t	arget attainment percent	tage							14	171.86 %	
15	Adjusted	funding target attainmen	t percenta	ge						15	154.32 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.								16	133.94 %			
17	If the curr	ent value of the assets o	of the plan	is less than 70 percent of the	e funding targ	et, enter su	uch percentage			17	%	
P	art IV	Contributions an	d Liquid	lity Shortfalls								
18	Contributi	ons made to the plan for	r the plan y	vear by employer(s) and emp	oloyees:							
(N	( <b>a)</b> Date 1M-DD-YY	(b) Amount p (Y) employer				Date (b) Amount paid by D-YYYY) employer(s)			(c) Amount paid by employees			
					Totals ►	18(b)		0	18(c)		0	
19	Discounte	ed employer contribution	s – see ins	structions for small plan with	a valuation da	ate after th	e beginning of the	-				
			•	nimum required contributions				19a			0	
				djusted to valuation date				19b			0	
				uired contribution for current y	ear adjusted t	o valuation	date	19c			0	
20	•	contributions and liquidi	-							F	1	
				the prior year?							Yes 🗙 No	
	<b>b</b> If line 2	0a is "Yes," were require	ed quarterl	y installments for the current	year made ir	n a timely r	nanner?				Yes No	
	C If line 2	0a is "Yes," see instruct	ions and co	omplete the following table a								
		(1) 1st		Liquidity shortfall as of er (2) 2nd	nd of quarter					(4) 4th		
		(1) 100				(3) 3rd			(4) 4th			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and	Targe	t Normal Cost				
21	Disco	ount rate:								
	<b>a</b> Se	egment rates:	1st segment: 5.54%	2nd segment: 6.85%		3rd segment: 7.52 %		N/A, full yiel	d curve	used
	<b>b</b> Ap	plicable month (	enter code)				21b			4
22	Weig	hted average ret	tirement age				22			67
23		ality table(s) (see		rescribed - combined		scribed - separate	Substitu	ite		
Ра	rt VI	Miscellane				L				
24	Has a	a change been n	nade in the non-prescribed ad	ctuarial assumptions for the o	current	plan year? If "Yes," see	instructions	s regarding require	d	_
25			- h						Yes	X No
25 26		-	e been made for the current p o provide a Schedule of Active	-					Yes Yes	× No No
27			to alternative funding rules, er						163	
						0 0	27			
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contrib	ution	s For Prior Years				
28	Unpa	aid minimum requ	uired contributions for all prior	r years			28			0
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior ye (line 19a)						29			0
30	30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)									0
Ра	rt VII	I Minimum	Required Contribution	n For Current Year						
31	Targ	et normal cost a	nd excess assets (see instrue	ctions):						
	<b>a</b> Tar	get normal cost	(line 6)				31a			0
	<b>b</b> Exc	cess assets, if ap	pplicable, but not greater thar	1 line 31a			31b			0
32	Amor	rtization installme	ents:			Outstanding Bala	nce	Install	ment	
	<b>a</b> Net	t shortfall amortiz	zation installment				0			0
	<b>b</b> Wa	aiver amortization	n installment				0			0
33	lf a w (Mon		approved for this plan year, e Day Year				33			0
34	Total	funding requirer	ment before reflecting carryov	ver/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance		Prefunding balar	nce	Total ba	alance	
35			use to offset funding		0		0			0
36	Addit	ional cash requi	rement (line 34 minus line 35	)			36			0
37			ed toward minimum required		•		37			0
38	Prese	ent value of exce	ess contributions for current y	ear (see instructions)						
	<b>a</b> Tot	al (excess, if any	y, of line 37 over line 36)				38a			0
	<b>b</b> Por	rtion included in	line 38a attributable to use of	prefunding and funding star	ndard c	arryover balances	38b			0
39	Unpa	aid minimum requ	uired contribution for current	vear (excess, if any, of line 3	6 over l	ine 37)	39			0
40   Unpaid minimum required contributions for all years										
Pa	rt IX	Pension	Funding Relief Under	Pension Relief Act of	f 2010	(See Instructions)				
41	lf an e	election was mad	de to use PRA 2010 funding i	elief for this plan:						
	<b>a</b> Sch	nedule elected					[	2 plus 7 years	15 y	ears
	<b>b</b> Eligible plan year(s) for which the election in line 41a was made						200	08 2009 201	0 2	2011
42	Amou	int of acceleratio	on adjustment				42			
43	Exces	ss installment ac	celeration amount to be carri	ed over to future plan years.			43			

	Form 5500-SF Short Form Annual Return/Report of Small Employee							OMB Nos. 1210-0110 1210-0089		
	Depart	ment of the Treasury		Benefit Plan	- 1 1005 -filhe Employee		2	012		
		nal Revenue Service	This form is required to be Retirement Income Security A	ct of 1974 (ERISA), and s	ection 6057(b) and 6058(a)	of		s Open to Public		
_	oyee Be	nefits Security Administration		ernal Revenue Code (the			In	spection		
Pe	ension B	enefit Guaranty Corporation	Complete all entries in acc	ordance with the Instru	ctions to the Form 5500-3	5F. ]		······		
Pa	rtl	Annual Report I	dentification Information	01/01/2012	and ending	12	/31/2012	· · · · · · · · · · · · · · · · · · ·		
		ar plan year 2012 or fisc			lan (not multiemployer)	Г	a one-particip	ant plan		
A 1	'his rei	turn/report is for:	x a single-employer plan		ian (not mutterripioyer)	L	1 a one-particip	an pan		
B 1	'his re	turn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retu	m/report (less than 12 mor	ntns)	1			
<b>C</b> (	Check	box if filing under:	<b>x</b> Form 5558	automatic extension		L	DFVC progra	im		
		-	special extension (enter descri	ption)						
De	rt II	Basic Plan Info	rmation enter all requested i	nformation				F		
		e of plan					Three-digit blan number			
	Dair	bow Roofing Def	ined Benefit Trust				PN) ►	002		
							Effective date o	•		
			·····				01/01/2006			
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Rainbow Roofing Solutions, LLC						Employer Ident (EIN) 27-39	ification Number 80177		
							Sponsor's telep (954) 370-			
	6825 SW 21st Court, Unit 2						2d Business code (see instructions) 238100			
US	Dav	ie	FL 33317 nd address X Same as Plan Spo		Plan Sponsor Address	3b	Administrator's	EIN		
3a	Plan	administrator's name ar	nd address [X] Same as Flan Spo							
4	If the name	name and/or EIN of the e, EIN, and the plan num	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN			
а		nsor's name				4c PN				
<b>5a</b>	Tota	number of participants	at the beginning of the plan year	********		<u>5a</u>		17		
þ			at the end of the plan year			5b		12		
С	Num	ber of participants with	account balances as of the end of	the plan year (defined be	nefit plans do not	5c				
69			s during the plan year invested in e					X Yes No		
b			f the annual examination and repor			A)				
	unde	or 29 CFR 2520.104-46?	? (See instructions on waiver eligib	ility and conditions.)				X Yes No		
	lf yo	u answered "No" to el	<u>ther line 6a or line 6b, the plan c</u>	annot use Form 5500-S	F and must instead use F	orm !	5500.			
C٤	ution	: A penalty for the late	or incomplete filing of this retu	m/report will be assesse	d unless reasonable cau	se is	established.			
SE	3 or So	enalties of perjury and o hedule MB completed a is true, correct, and com	ther penalties set forth in the instru- and signed by an enrolled actuary, nplete.	actions, I declare that I ha as well as the electronic	ve examined this return/rep version of this return/report	ort, ir , and	to the best of n	licable, a Schedule ny knowledge and		
	IGN	1-4	1	10/3/13	Marc Segal	-				
	ERE	Signature of plan adn	ninistrator	Date	Enter name of individual	signi	ng as plan adm	ninistrator		
-		1_1	$\sim$	10/3/13	Marc Segal					
	ign Iere	Signature of employe	v/nlan enoneor	Date	Enter name of individual	signi	ng as employe	r or plan sponsor		
			name, if applicable) and address;		and the second se	-	and the second	e number (optional)		
			······							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

#### **Financial Information** Part III (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 7 367,588 333,212 7a Total plan assets ..... а 0 0 7b Total plan liabilities ..... b 367,588 333,212 Net plan assets (subtract line 7b from line 7a) ..... 7c (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 0 8a(1) (1) Employers ..... 0 8a(2) (2) Participants ..... 0 (3) Others (including rollovers) ..... 8a(3) 35,122 Other income (loss) ..... 8h 35,122 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) ... 8d 0 8e Certain deemed and/or corrective distributions (see instructions) ... е 746 Administrative service providers (salaries, fees, commissions) 8f 0 8a Other expenses ..... 746 Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h h 34,376 Net income (loss) (subtract line 8h from line 8c) ..... 81 0 Transfers to (from) the plan (see instructions) ..... **8**j Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 18 1G If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V Compliance Questions Yes No Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in я х 10a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported b 10b х on line 10a.) 10c x 50,000 C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d х 10d or dishonesty? ..... Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See x 10e instructions.) ..... Has the plan failed to provide any benefit when due under the plan? ..... 10f х 10g X Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h х 2520.101-3.) ..... If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10 Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 X Yes No 5500) and line 11a below) ...... 11a Enter the amount from Schedule SB line 39 ..... 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Yes X No 12 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling а granting the waiver ...... Month \_\_\_\_ Dav 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

Page 3-

Form	5500-	SF	2012	

C Enter the amount contributed by the employer to the plan for this pla	an year	*****	12c					
<ul> <li>d Subtract the amount in line 12c from the amount in line 12b. Enter the amount in line 12b. Enter the amount in line 12b.</li> </ul>	e left of a	12d						
e Will the minimum funding amount reported on line 12d be met by th	Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part VII Plan Terminations and Transfers of Assets	· · · · · · · · · · · · · · · · · · ·							
13a Has a resolution to terminate the plan been adopted in any plan yea	ur?	*****	Yes	X No				
If "Yes," enter the amount of any plan assets that reverted to the en			13a					
<b>b</b> Were all the plan assets distributed to participants or beneficiaries,	the second tensor tenso							
<ul> <li>C If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)</li> </ul>	n this plan to another plan(s), iden	tify the plan(s) to	0					
13c(1) Name of plan(s):		130	<b>(2)</b> EIN(s)	130	(3) PN(s)			
Part Vill Trust Information (optional)			1	1				

14a Name of trust

14b Trust's EIN

							OMB	No. 1210-0110	
	SCHEDULE SB	Single-Employer				-			
	(Form 5500)	Actuaria	i Infori	natior	า		2012		
	Department of the Treasury Internal Revenue Service	This askedute is service the ball	In 11						
	Department of Labor nployee Benefits Security Administration	This schedule is required to be fi Retirement Income Security Act o Internal Reven	f 1974 (ER	ISA) and s	ection 6059 of th	e _		is Open to Public	
	Pension Benefit Guaranty Corporation	► File as an attachme	nt to Form	1 5500 or 4	5500-SF.				
	calendar plan year 2012 or fiscal p	lan year beginning 01/01/			and endin	ig 12	/31/2012		
	Round off amounts to nearest do								
		e assessed for late filing of this report	unless reas	onable ca	use is establishe	ed.			
	lame of plan				B Three-dig	it			
Rai	nbow Roofing Defined Be	nefit Trust			plan numl	ber (PN)	) 🕨	002	
CF	lan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer Id	lentifica	tion Number (I	=IN)	
	nbow Roofing Solutions,					7-398	•		
					2		<u> </u>	······································	
Εт	ype of plan: 🔀 Single 🔲 Multiple	-A 🗌 Multiple-B 🛛 🚺 🖡 F F	Prior year p	lan size: 🛛	100 or fewer	]101-5	500 🗌 More	than 500	
P	Int Basic Information								
1	Enter the valuation date:	Month 12 Day 31	Year	2012	·				
2	Assets:	month Day		2012					
						2a		367,588	
						2b		367,588	
3	Funding target/participant count b	reakdown		(1) Ni	umber of particip	ante	(2) 5	Funding Target	
		eficiaries receiving payment	3a		amber of particip	0	(4)		
	b For terminated vested participar		3b			5		7,634	
	C For active participants:					899.99	State Parts		
			3c(1)		Sector Sector			0	
	(2) Vested benefits							206,039	
	• •					12	3	206,039	
						17		213,673	
4	If the plan is in at-risk status, chec	k the box and complete lines (a) and (		1					
		scribed at-risk assumptions	, ,		·	4a			
	b Funding target reflecting at-risk	assumptions, but disregarding transition ve consecutive years and disregarding	on rule for p	plans that	have been in	4b			
5		to consecutive years and disregarding	· · · · · · · · · · · · · · · · · · ·			5		7.11 %	
6		*****	· · · · · · · · · · · · · · · ·			6		0	
	ement by Enrolled Actuary								
T a	o the best of my knowledge, the information su	pplied in this schedule and accompanying schedul In my opinion, each other assumption is reasonab	es, statements le (taking into a	and attachme account the e	ents, if any, is complet xperience of the plan a	e and acci and reasor	urate. Each presrib	ed assumption was applied in ) and such other assumptions, in	
200200000	IGN								
H	ERE			·			09/18/201	3	
	Aaron Venouziou	ignature of actuary					Date 11-02291		
		or print name of actuary		····		Most re	ecent enrollme	nt number	
	Pencert, LTD						30) 789-07		
		Firm name			Tel	ephone	number (inclu	ding area code)	
	735 N Cass Avenu	le							
	US Westmont	IL 60559							
		Address of the firm							
	actuary has not fully reflected any r	regulation or ruling promulgated under	the statute	in comple	eting this schedul	le, chec	k the box and	see	

1000

Page 2		
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Pa	Reginning of Yea	r Carryover Prefunding Balance	es				
_				) Carryover balance	()	o) Prefundi	ng balance
7	Balance at beginning of prior ye year)	ance at beginning of prior year after applicable adjustments (line 13 from prior r)					330
8		prior year's funding requirement (line 35			0		c
9		s line 8)			0		330
10		ar's actual return of0.50%			0		(2)
11	Prior year's excess contribution	s to be added to prefunding balance:					de la contraction
	a Present value of excess con	tributions (line 38a from prior year)					346
	b Interest on (a) using prior ye otherwise provided (see inst	ar's effective interest rate of <u>5.69</u> % (	except as				0
		of current plan year to add to prefunding b					346
	d Portion of (c) to be added to	prefunding balance					0
12		ue to elections or deemed elections			0		0
		year (line 9 + line 10 + line 11d - line 12)			0		328
Pa	Int III Funding Percen	ntages					
		entage				. 14	126.50 %
		ent percentage					154.32 %
	Prior year's funding percentage	for purposes of determining whether carrent	vover/prefunding bai	lances may be used t	to reduce	16	133.94 %
17		s of the plan is less than 70 percent of the				. 17	<u> </u>
		nd Liquidity Shortfalls				I	
		for the plan year by employer(s) and empl	lovees'				
	(a) Date (b) Amount M-DD-YYYY) employe	paid by (c) Amount paid by	(a) Date (MM-DD-YYYY)	(b) Amount p employer			unt paid by oyees
10. A			Totals ► 18(b)		0 18	(c)	0
19		ons see instructions for small plan with a		r the beginning of the	year:		
		d unpaid minimum required contribution fr		······ [ '	19a		0
	<b>b</b> Contributions made to avoid a	restrictions adjusted to valuation date	•••••	······ [_'	19b		0
		d minimum required contribution for curre	nt year adjusted to v	valuation date '	19c		0
20	Quarterly contributions and liqui	•					
	a Did the plan have a "funding :	· •	•••••	• • • • • • • • • • • • • • • • • • • •	•••••		Yes 🗶 No
		ired quarterly installments for the current	-	ly manner?			] Yes 🔲 No
	C If line 20a is "Yes," see instru	ctions and complete the following table as					
	(1) 1st	Liquidity shortfall as of end (2) 2nd				(4) 4th	
-	(1) 131		(3)	3rd		<u>(+) 4(</u>	1

Pa	rt V Assumpti	ons Used To Determine	Funding Target and Targ	et Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %		N/A, full yield curve used	
	b Applicable month	(enter code)			21b	4	
22					22	67	
23	Mortality table(s) (se			cribed - separate	] Substitut	le	
Par	t VI Miscellan	eous items					
			ctuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required	
	attachment		• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		Yes 🗶 No	
25	Has a method chan	ge been made for the current p	plan year? If "Yes," see instructions	regarding required attac	chment	Yes 🗶 No	
26	Is the plan required	to provide a Schedule of Activ	e Participants? If "Yes," see instruc	tions regarding required	attachmer	nt 🗶 Yes 🗌 No	
27	If the plan is subject	t to alternative funding rules, er	nter applicable code and see instru	ctions regarding	27		
	attachment	<u></u>					
Pa	rt VII   Reconcil	iation of Unpaid Minim	um Required Contribution	s For Prior Years			
28			years		28	0	
29			rd unpaid minimum required contrib		29	0	
30	Remaining amount	of unpaid minimum required co	ontributions (line 28 minus line 29)		30	0	
Pa	rt VIII Minimun	n Required Contribution	n For Current Year				
31	Target normal cost	and excess assets (see instruc	ctions):				
	a Target normal cos	st (line 6)			31a	0	
			1 line 31a		31b	0	
32	Amortization install	ments:		Outstanding Bala	ance	Installment	
-					0	0	
	b Waiver amortizati	on installment			0	0	
33	If a waiver has been	n approved for this plan year, e	nter the date of the ruling letter gra	nting the approval	33		
	(Month	Day Year	) and the waived amount .			0	
34	Total funding require	ement before reflecting carryove	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0	
			Carryover balance	Prefunding Bala	ince	Total balance	
35	Balances elected for	or use to offset funding					
			0		0	0	
36	Additional cash req	uirement (line 34 minus line 35	)		36	0	
37	Contributions alloca (line 19c)	ated toward minimum required	contribution for current year adjuste	ed to valuation date	37	0	
38	Present value of ex	cess contributions for current y	vear (see instructions)				
	a Total (excess, if a	any, of line 37 over line 36)			38a	0	
			f prefunding and funding standard of		38b	0	
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39						
		equired contribution for all year			40		
			Pension Relief Act of 2010	(See Instructions	)		
41		ade to use PRA 2010 funding					
						2 plus 7 years 🔲 15 years	
	b Eligible plan year	(s) for which the election in line	e 41a was made		. 🗌 20	08 2009 2010 2011	
42					42		
-			ed over to future plan years		43		

## Schedule SB, Part V Summary of Plan Provisions

### **Rainbow Roofing Defined Benefit Trust**

27-3980177 / 002

#### For the plan year 1/1/2012 through 12/31/2012

Employer: Type of Entity -	Rainbow Roofing Solutions, LLC Limited Liability Company (LLC) EIN: 27-3980177 TIN: 65-0554161 Plan #: 002 Plan Type: Defined Benefit				
<u>Dates:</u>	Effective - 1/1/2006 Year end - 12/31/2012 Valuation - 12/31/2012				
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union				
	Minimum age - 21 Months of service - 12				
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000				
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction				
	First of month coincident with or next following attainment of age 65 and completion of 5 years of participation Not provided				
Average Compensation: Top Heavy Minimum Benefit -	Highest 3 consecutive years of participation Highest 5 consecutive top heavy years of participation				
Plan Benefits: Retirement -	Frozen benefit formula				
Accrued Benefit -	Frozen accrued benefit				
Death Dear (1	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) 417(e) Minimum				
	Present Value of Accrued Benefit				
Top Heavy Minimum:	None				
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$200,000 Maximum 401(a)(17) compensation - \$250,000				
Normal Form:					
Optional Forms:					
	Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit				
<u>Vesting Schedule:</u>	Years         Percent           0-1         0%           2         20%           3         40%           4         60%           5         80%           6         100%				

Service is calculated using all years of service except years prior to plan effective date

## Schedule SB, Part V Summary of Plan Provisions

**Rainbow Roofing Defined Benefit Trust** 

27-3980177 / 002

For the plan year 1/1/2012 through 12/31/2012

#### Present Value of Accrued Benefit: Based on 417(e) Minimum

#### <u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	2.07
	Segment 2	6 - 20	4.45
	Segment 3	> 20	5.24

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

#### Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

## Schedule SB, Part V

# Statement of Actuarial Assumptions/Methods

**Rainbow Roofing Defined Benefit Trust** 

27-3980177 / 002

For the plan year 1/1/2012 through 12/31/2012

			.,2012 (						
Valuation Date:	12/31/2012								
Funding Method:	As prescribed in IRC	As prescribed in IRC Section 430							
Age	Eligibility age at last	birthday and	d other ages	at nearest birthday	/				
Retrospective Compensation	- Highest 3 consecutiv	ve vears of r	participation						
	Assumed form of pay the greater of the pre Applicable Mortality distribution, which is b) 417(e) Minimum	yment for fu esent value Table. Lump	inding is lum of accrued b p sum on 41	enefit computed us 7(e) Minimum rates	sing funding so s will not exce	egment rates ar ed 415 maximu	nd 417(e) m allowable		
Interest Rates	Segment rates for th Val Date as permitte			Segment rates as permitted under IF					
	Segment #	Year	Rate %	Segment #	Year	Rate %			
	Segment 1	0 - 5	1.77	Segment 1	0 - 5	5.54			
	Segment 2	6 - 20	4.67	Segment 2	6 - 20	6.85			
	Segment 3	> 20	5.78	Segment 3	> 20	7.52			
Pre-Retirement -	Mortality Table - Turnover/Disability - Salary Scale - Expense Load - Ancillary Ben Load -	None None None None None							
Post-Retirement -	Mortality Table - Cost of Living - Lump Sum -	None G94 - 19 or	994 Group A	Target - Combined nnuity Reserving F le Mortality Table f	Proj 2002, Sca	lle AA (unisex) a	at 5%		
Asset Valuation Method:	Fair market value of	assets adju	isted for con	ributions under IR(	C 430(g)(4)				
Discrimination Test Assumption	IS:								
HCE Determination -	Based on all employ	ees							
Otherwise Excludable -	Otherwise Excludabl	e HCEs are	e included wi	th the Not Otherwis	se Excludable	employees			
410(b)/401(a)(4) Testing:									
Pre-Retirement -	Interest -	8.5%							
Post-Retirement -		8.5% Applicable <b>I</b>	Mortality Tab	le - IRC 417(e)(3)					
Permissively Aggregated Plans -	Tested as a Single F	lan							
Compensation -	Use current compen	sation to ca	lculate the b	enefit accrual rate	(annual metho	od)			
Testing Age -	Normal retirement ag	ge or attaine	ed age, if old	er					
Normal Form for MVAR -	Joint with 50% Survi	vor Benefits	6						

## Schedule SB, line 26 -Schedule of Active Participant Data

Rainbow Roofing Defined Benefit Trust 27-3980177/002

For the plan year 1/1/2012 through 12/31/2012

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29		1								
30 to 34										
35 to 39		1	-1							
40 to 44		1 1	2							
45 to 49		1	1							
50 to 54		1								
55 to 59			2							
60 to 64										
65 to 69										
70 & up		1								

## Schedule SB, line 22 -Description of Weighted Average Retirement Age

Rainbow Roofing Defined Benefit Trust 27-3980177 / 002 For the plan year 1/1/2012 through 12/31/2012

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.