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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                  | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>SIMON ROOFING &amp; SHEET METAL CORP 401K PROFIT SHARING</u>                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>02/01/1986</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>02/01/1986</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                        | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>02/01/1986</u>                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>SIMON ROOFING &amp; SHEET METAL CORP</u><br><br><u>70 KARAGO AVE</u><br><u>YOUNGSTOWN, OH 44512</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>34-1430014</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>330-629-7663</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>238100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-1430014</u> | <b>2c</b> Sponsor's telephone number<br><u>330-629-7663</u> | <b>2d</b> Business code (see instructions)<br><u>238100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>34-1430014</u>                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>330-629-7663</u>                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>238100</u>                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                                                                                                            |                                                                                         |                    |                                                                             |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of plan administrator    | 10/11/2013<br>Date | JAMES SIMON<br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of employer/plan sponsor | 10/11/2013<br>Date | JAMES SIMON<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           | Signature of DFE                                                                        | Date               | Enter name of individual signing as DFE                                     |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                                                         |                    | Preparer's telephone number (optional)                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>SIMON ROOFING & SHEET METAL CORP<br><br>70 KARAGO AVE<br>YOUNGSTOWN, OH 44512                                                                                                                                                                      |           | <b>3b</b> Administrator's EIN<br>34-1430014<br><br><b>3c</b> Administrator's telephone number<br>330-629-7663                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                  |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            |           | <b>5</b> 516                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                  | <b>6a</b> | 337                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> | 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                           | <b>6d</b> | 410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                          | <b>6e</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            | <b>6f</b> | 410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                     | <b>6g</b> | 236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                         | <b>6h</b> | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               |           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2R 2T 3D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2012</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                              |                                                                    |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SIMON ROOFING &amp; SHEET METAL CORP 401K PROFIT SHARING</u>                     | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SIMON ROOFING &amp; SHEET METAL CORP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1430014</u> |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
FID.INV.INST.OPS.CO.

04-2647786

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 37 65 71 60         | RECORDKEEPER                                                                                      | 1383                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**(a)** Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                    | (b) Service Codes<br>(see instructions)                                                                                                                                         | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                                                                                                                                                              | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                                                                                                                                                                 |                                           |
| AF GRTH FUND AMER R4 - AMERICAN FUN<br><br>95-2566717                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>0.35% |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                                                                                                                                                                 |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                                                                                                                                                              | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                                                                                                                                                                 |                                           |
| ALGER CAP APPREC I - BOSTON FINANCI     330 W. 9TH STREET<br>KANSAS CITY, MO 66160                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>0.40% |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                                                                                                                                                                 |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                                                                                                                                                              | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                                                                                                                                                                 |                                           |
| BARON PARTNERS - DST SYSTEMS, INC.<br><br>43-1581814                                                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>0.40% |                                           |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DODGE & COX INTL STK - BOSTON FINAN<br>P.O. BOX 8480<br>BOSTON, MA 02266                 | 0.10%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HEARTLAND SEL VAL IV - ALPS FUND SE<br><br>20-3247785                                    | 0.50%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVS SM CAP VAL A - INVESCO INVESTM<br>11 GREENWAY PLAZA, SUITE 100<br>HOUSTON, TX 77046 | 0.50%                                   |                                                                                                                                                                    |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                    | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| IVY ASSET STRATEGY Y - WADDELL & RE                                                                        | 0.35%                                   |                                           |
| 43-1244426                                                                                                 |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| JANUS HIGH YLD BD T - JANUS SERVICE                                                                        | 0.35%                                   |                                           |
| 43-1804048                                                                                                 |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| JPM CORE BOND A - BOSTON FINANCIAL      330 W. 9TH STREET<br>KANSAS CITY, MO 66160                         | 0.50%                                   |                                           |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                                | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                             |                                         |                                           |
| LOOMIS BOND INST - BOSTON FINANCIAL P.O. BOX 8480<br>BOSTON, MA 02266                                                  | 0.20%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                         |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                             |                                         |                                           |
| OPPHMR GLOBAL OPP A - OFI GLOBAL AS TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET, 14TH FLOOR<br>NEW YORK, NY 10281 | 0.50%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                         |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                             |                                         |                                           |
| OPPHMR INTL BOND A - OFI GLOBAL ASS TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET, 14TH FLOOR<br>NEW YORK, NY 10281 | 0.50%                                   |                                           |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                                                | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| OPPHMR VALUE A - OFI GLOBAL ASSET M TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET, 14TH FLOOR<br>NEW YORK, NY 10281 | 0.50%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                                                |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO TOT RETURN ADM - BOSTON FINAN P.O. BOX 8480<br>BOSTON, MA 02266                                                  | 0.27%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                                                |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                                                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIONEER FNDML VAL A - PIONEER INVES                                                                                    | 0.60%                                   |                                                                                                                                                                    |
| 04-2890696                                                                                                             |                                         |                                                                                                                                                                    |

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

|                                                                                |                                                                                                                                                                           |                                                  |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>(a)</b> Enter service provider name as it appears on line 2                 | <b>(b)</b> Service Codes<br>(see instructions)                                                                                                                            | <b>(c)</b> Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                        | 0                                                |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation     | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                  |
| RS PARTNERS A - BOSTON FINANCIAL DA P.O. BOX 8480<br>BOSTON, MA 02266          | 0.55%                                                                                                                                                                     |                                                  |
|                                                                                |                                                                                                                                                                           |                                                  |
| <b>(a)</b> Enter service provider name as it appears on line 2                 | <b>(b)</b> Service Codes<br>(see instructions)                                                                                                                            | <b>(c)</b> Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                        | 0                                                |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation     | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                  |
| SELECTED AMERICAN S - BOSTON FINANC 330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.45%                                                                                                                                                                     |                                                  |
|                                                                                |                                                                                                                                                                           |                                                  |
| <b>(a)</b> Enter service provider name as it appears on line 2                 | <b>(b)</b> Service Codes<br>(see instructions)                                                                                                                            | <b>(c)</b> Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                        | 0                                                |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation     | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                                  |
| SENTINEL SM CO A - SENTINEL ADMINIS                                            | 0.40%                                                                                                                                                                     |                                                  |
| 03-0316212                                                                     |                                                                                                                                                                           |                                                  |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
|                                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WFA SPL MIDCP VL INV - BOSTON FINAN      330 W. 9TH STREET<br>KANSAS CITY, MO 66160 | 0.55%                                                                                                                                                              |                                           |
|                                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                     |                                                                                                                                                                    |                                           |
|                                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                     |                                                                                                                                                                    |                                           |
|                                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2012</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                             |                                                                            |                   |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><u>SIMON ROOFING &amp; SHEET METAL CORP 401K PROFIT SHARING</u></p>                            | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><u>001</u></p> |
|                                                                                                                             |                                                                            |                   |
| <p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/><u>SIMON ROOFING &amp; SHEET METAL CORP</u></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><u>34-1430014</u></p> |                   |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE

**b** Name of sponsor of entity listed in (a): UNION BOND AND TRUST

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>93-6274329-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2450231</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                                   |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2012 or fiscal plan year beginning <span style="color: blue;">01/01/2012</span> and ending <span style="color: blue;">12/31/2012</span> |                                                                                                   |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">SIMON ROOFING &amp; SHEET METAL CORP 401K PROFIT SHARING</span>                                            | <b>B</b> Three-digit plan number (PN) ►                                                           | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                                   |                                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">SIMON ROOFING &amp; SHEET METAL CORP</span>                        | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color: blue;">34-1430014</span> |                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 820                   | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 337                   | 0               |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 18406                 | 12088           |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 31230                 | 53219           |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 279905                | 230942          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 3036211               | 2450231         |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 5763525               | 7178351         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 175056                | 336939          |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 9305490               | 10261770        |

**Liabilities**

|                                                                           |           |       |        |
|---------------------------------------------------------------------------|-----------|-------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |        |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 77235 | 100518 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 77235 | 100518 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 9228255 | 10161252 |
|-----------------------------------------------------------|-----------|---------|----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 32400      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 742870     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 775270    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 11         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 9089       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 9100      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 1967       |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 254913     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 256880    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 68168      |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 64712      |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 3456      |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -8535      |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -8535     |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 32101     |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 681119    |
| c Other income.....                                                                            | 2c     |            | 8218      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1757609   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 699200 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |        |        |
| (3) Other .....                                                                     | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 699200 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        | 106400 |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        | 11116  |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |        |        |
| (2) Contract administrator fees .....                                               | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other .....                                                                     | 2i(4) | 7896   |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 7896   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 824612 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 932997 |
| l Transfers of assets:                                  |       |  |        |
| (1) To this plan.....                                   | 2l(1) |  |        |
| (2) From this plan .....                                | 2l(2) |  |        |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PEASE & ASSOCIATES

(2) EIN: 36-4267431

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                              | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                         |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                               |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                      |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                         |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)..... |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                           |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                           |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                  | X   |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                     | X   |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                              |                                                                    |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SIMON ROOFING &amp; SHEET METAL CORP 401K PROFIT SHARING</u>                     | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SIMON ROOFING &amp; SHEET METAL CORP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1430014</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                      |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-6568107</u> <u>31-1592130</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                                              |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                      | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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 ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**SIMON ROOFING & SHEET METAL CORP.  
401(k) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2012 AND 2011



**Financial Statements and Supplemental Information**

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**DECEMBER 31, 2012 AND 2011**

**Financial Statements**

|                                                                 |   |
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**Supplemental Information**

|                                                                     |    |
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## PEASE & ASSOCIATES, INC.

CERTIFIED PUBLIC ACCOUNTANTS

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To the Administrative Committee of the  
Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan

### Report of Independent Auditors

We were engaged to audit the accompanying financial statements of the Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan's investment assets as of December 31, 2011 and for the period from January 1, 2012 through February 29, 2012, and Fidelity Management Trust Company, the trustee of the Plan for the period from March 1, 2012 through December 31, 2012, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian held the Plan's investment assets and executed investment transactions as of December 31, 2011 and for the period from January 1, 2012 through February 29, 2012 and the trustee held the Plan's investment assets and executed investment transactions as of December 31, 2012 and for the period from March 1, 2012 through December 31, 2012. The plan administrator has obtained certifications from the custodian and trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the custodian and trustee is complete and accurate.



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**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Pease & Associates, Inc.*

Cleveland, Ohio  
October 7, 2013

**FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION**

**ANNUAL REPORT – INDEX**

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

December 31, 2012 and 2011

The following financial statements of the Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan are included herewith:

Statements of Net Assets Available for Benefits - December 31, 2012 and 2011

Statement of Changes in Net Assets Available for Benefits - Year Ended December 31, 2012

Notes to Financial Statements

The following supplemental schedule of the Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan included in the Annual Report of the Plan on Form 5500 for the year ended December 31, 2012 is included herewith:

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable, and therefore, have been omitted.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2012 AND 2011**

|                                                                                                                | <u>2012</u>                 | <u>2011</u>                |
|----------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|
| <b>ASSETS</b>                                                                                                  |                             |                            |
| Cash, noninterest-bearing                                                                                      | \$ -                        | \$ 820                     |
| Investments, at fair value:                                                                                    |                             |                            |
| Participant directed investments                                                                               | 10,065,784                  | 9,081,806                  |
| Receivables:                                                                                                   |                             |                            |
| Employee contributions                                                                                         | 12,088                      | 18,406                     |
| Employer contributions                                                                                         | -                           | 337                        |
| Participant notes receivable                                                                                   | 230,942                     | 279,905                    |
|                                                                                                                | <u>243,030</u>              | <u>298,648</u>             |
| <b>TOTAL ASSETS</b>                                                                                            | 10,308,814                  | 9,381,274                  |
| <b>LIABILITIES</b>                                                                                             |                             |                            |
| Excess contributions refundable                                                                                | 100,518                     | 77,126                     |
| Loan reimbursement payable                                                                                     | <u>-</u>                    | <u>109</u>                 |
| <b>TOTAL LIABILITIES</b>                                                                                       | <u>100,518</u>              | <u>77,235</u>              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS<br/>AT FAIR VALUE</b>                                                     | 10,208,296                  | 9,304,039                  |
| Adjustment from fair value to contract value<br>for fully benefit-responsive guaranteed<br>investment contract | <u>(47,044)</u>             | <u>(75,784)</u>            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                                                                       | <u><u>\$ 10,161,252</u></u> | <u><u>\$ 9,228,255</u></u> |

See accompanying notes to financial statements.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEAR ENDED DECEMBER 31, 2012**

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

Dividends and interest \$ 256,891

Net appreciation in fair value of investments 716,359

Contributions:

Participant 742,870

Employer 32,400

Interest income on participant notes receivable 9,089

**TOTAL ADDITIONS** 1,757,609

**DEDUCTIONS**

Deductions from net assets attributed to:

Benefits paid to participants 699,200

Deemed distributions 11,116

Corrective distributions 106,400

Administrative expenses 7,896

**TOTAL DEDUCTIONS** 824,612

**NET INCREASE** 932,997

**NET ASSETS AVAILABLE FOR BENEFITS**

**BEGINNING OF YEAR** 9,228,255

**END OF YEAR** \$ 10,161,252

See accompanying notes to financial statements.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2012 AND 2011**

**NOTE 1 – DESCRIPTION OF PLAN**

The following description of the Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**General:** The Plan is a defined contribution plan open to all employees of Simon Roofing & Sheet Metal Corporation and Simon Vross Management, Inc. (collectively known as the “Employer” or the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility:** To be eligible to participate in the Plan, an employee must be at least twenty and one half (20 ½) years of age, have completed one year of eligible service with 1,000 hours of service during the year, and elect to participate in the Plan. Employees may enter the Plan on the first day of the quarter following completion of the eligibility requirements.

**Contributions:** Participants may make voluntary tax-deductible contributions, by means of a salary deferral agreement, of up to 75% of their compensation, as defined in the Plan and as allowed by law. Plan participants over the age of 50 are also permitted to make additional catch-up contributions to a maximum of \$5,500 in 2012. Participants may also contribute amounts representing distributions from other qualified retirement plans. Participants direct the investment of contributions into various investment options offered by the Plan.

Under the terms of the Plan, the Company may elect to contribute, on an annual basis, a non-elective safe harbor contribution. Non-elective safe harbor contributions must be equal to at least 3% of each eligible employee’s compensation and are required to be made regardless of whether the employee has made a salary deferral. The Company chose not to contribute a non-elective safe harbor contribution during 2012.

In addition to the non-elective safe harbor contribution, the Company may also make discretionary matching and profit sharing contributions. Profit sharing contributions, if any, will be allocated to each eligible employee who is employed on the last day of the Plan year. Profit sharing contributions will be made regardless of whether the employee has made a salary deferral. Profit sharing contributions are allocated as a percentage of participant compensation to all eligible participants, as defined. There were no discretionary matching or profit sharing contributions for 2012.

The Plan complies with the Davis-Bacon Act, which provides that employers are required to make prevailing wage contributions for any participant who is a non-highly compensated employee and who performed services on Davis-Bacon covered work during the calendar year. Prevailing wage contributions totaled \$32,400 for the year ended December 31, 2012.

**Participant accounts:** Each participant’s account is credited with the participant’s contribution and an allocation of (a) the Company’s contributions, if any, and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Vesting:** Each participant is immediately vested in their salary deferral contributions, non-elective safe harbor contributions, and employer prevailing wage contributions plus actual earnings thereon. Participants are 100% vested in discretionary matching and profit sharing contributions after three years of credited service with 0% vesting before that time.

**Forfeitures:** Upon termination of a participant's employment, the employer's discretionary matching and profit sharing contributions to which the participant is not fully vested are forfeited and may be used by the employer first to pay the expenses of administering the Plan and then allocated to the other participants' accounts, at the discretion of the employer.

**Participant notes receivable:** The Plan allows participants to obtain loans from the Plan. These loans are subject to the following general provisions: the maximum amount of loans outstanding is equal to the lesser of \$50,000 or 50% of the participant's account balance with a minimum of \$1,000; the term of any loan may not exceed five years unless the purpose of the loan is to purchase the participant's primary residence. The loans are secured by the participant's entire vested account balance or by other collateral agreed to by the trustees, and are charged interest at a rate comparable to the rate charged by a commercial lender for a similar loan on the date of issuance.

**Payment of benefits:** Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or payment in installments. For termination of service due to other reasons, a participant will also receive the value of the vested interest in his or her account as a lump-sum distribution. In case of hardship, a participant may apply for a distribution described in the plan agreement. For the period January 1, 2012 through February 29, 2012, lump sum distributions are required if the vested balance is \$1,000 or less. For the period March 1, 2012 through December 31, 2012, lump sum distributions are required if the vested balance is \$5,000 or less. Additionally, in-service distributions are permitted for participants meeting certain age and length of service requirements.

**Administrative expenses:** Certain administrative expenses of the Plan are paid by the sponsor and are not included in the statement of changes in net assets available for benefits.

## **NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Recently issued accounting standards:** In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2011-04, "*Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS*". ASU 2011-04 amended ASC 820, "*Fair Value Measurement*", to converge the fair value measurement guidance in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures although certain of these new disclosures are not required for nonpublic entities. The amendments are to be applied prospectively and are effective for 2012. The application of this standard did not have a significant impact on the Plan's financial statements.

**Basis of presentation:** The financial statements are prepared on the accrual basis of accounting.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

**Participant notes receivable:** Participant notes receivable are recorded at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes receivable are written off when deemed uncollectible.

**Investment valuation and income recognition:** The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4, *Fair Value Measurements*, for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a benefit-responsive investment contract through its investment in the Union Bond & Trust Stable Value Fund, a common/collective trust. The statements of net assets available for benefits present the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets available for benefits is prepared on the contract value basis.

Purchases and sales of investments, including gains or losses, are recorded on a trade-date basis. Interest income is recorded when earned, and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Benefit payments:** Benefit payments to participants are recorded when paid.

**Subsequent events:** In preparing these financial statements, management has evaluated events and transactions for potential recognition or disclosure through October 7, 2013, the date the financial statements were available to be issued.

### NOTE 3 – INVESTMENTS

The fair value of investments that represent 5% or more of the Plan's net assets are as follows:

|                                                               | December 31, |              |
|---------------------------------------------------------------|--------------|--------------|
|                                                               | 2012         | 2011         |
| <b><u>Common/collective trust:</u></b>                        |              |              |
| Union Bond & Trust Stable Value Fund                          | \$ 2,497,275 | \$ 3,111,995 |
| <b><u>Registered investment companies (mutual funds):</u></b> |              |              |
| Ivy Asset Strategy Fund - CI Y                                | 692,891      | 552,351      |
| Nationwide Investor Destinations Moderate Fund                | -            | 588,963      |
| Loomis Sayles Bond Fund – Institutional Class                 | 610,248      | -            |

During the year ended December 31, 2012, the Plan's investments (including investments bought, sold, and held during the year) appreciated in fair value as follows:

|                                 |                   |
|---------------------------------|-------------------|
| Common/collective trust         | \$ 32,101         |
| Mutual funds                    | 681,119           |
| Self-directed brokerage account | 3,139             |
|                                 | <u>\$ 716,359</u> |

#### **NOTE 4 – FAIR VALUE MEASUREMENTS**

The Plan follows FASB ASC 820, *Fair Value Measurement*, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels are defined as follows:

Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's investments, reported at fair value within the fair value hierarchy, as of December 31, 2012 and 2011 are as follows:

| December 31, 2012                  |                                                                         |                                                     |                                                          |                      |
|------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|----------------------|
|                                    | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant Other<br>Unobservable<br>Inputs<br>(Level 3) | Total                |
| Money market fund                  | \$ -                                                                    | \$ 53,219                                           | \$ -                                                     | \$ 53,219            |
| Common/collective trust            | -                                                                       | 2,497,275                                           | -                                                        | 2,497,275            |
| Mutual funds:                      |                                                                         |                                                     |                                                          |                      |
| Allocation funds                   | 1,754,601                                                               | -                                                   | -                                                        | 1,754,601            |
| Blend funds                        | 939,877                                                                 | -                                                   | -                                                        | 939,877              |
| Bond funds                         | 1,647,784                                                               | -                                                   | -                                                        | 1,647,784            |
| Income funds                       | 4,272                                                                   | -                                                   | -                                                        | 4,272                |
| Growth funds                       | 1,227,485                                                               | -                                                   | -                                                        | 1,227,485            |
| Target retirement funds            | 648,165                                                                 | -                                                   | -                                                        | 648,165              |
| Value funds                        | 956,167                                                                 | -                                                   | -                                                        | 956,167              |
| Self-directed brokerage<br>account | 186,308                                                                 | 150,631                                             | -                                                        | 336,939              |
| Total                              | <u>\$ 7,364,659</u>                                                     | <u>\$ 2,701,125</u>                                 | <u>\$ -</u>                                              | <u>\$ 10,065,784</u> |
| December 31, 2011                  |                                                                         |                                                     |                                                          |                      |
|                                    | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant Other<br>Unobservable<br>Inputs<br>(Level 3) | Total                |
| Money market fund                  | \$ -                                                                    | \$ 31,230                                           | \$ -                                                     | \$ 31,230            |
| Common/collective trust            | -                                                                       | 3,111,995                                           | -                                                        | 3,111,995            |
| Mutual funds:                      |                                                                         |                                                     |                                                          |                      |
| Allocation funds                   | 1,646,050                                                               | -                                                   | -                                                        | 1,646,050            |
| Blend funds                        | 889,778                                                                 | -                                                   | -                                                        | 889,778              |
| Bond funds                         | 1,091,943                                                               | -                                                   | -                                                        | 1,091,943            |
| Emerging markets funds             | 41,141                                                                  | -                                                   | -                                                        | 41,141               |
| Equity precious metal<br>funds     | 14,855                                                                  | -                                                   | -                                                        | 14,855               |
| Growth funds                       | 1,096,832                                                               | -                                                   | -                                                        | 1,096,832            |
| Managed futures funds              | 8,887                                                                   | -                                                   | -                                                        | 8,887                |
| Real estate funds                  | 39,395                                                                  | -                                                   | -                                                        | 39,395               |
| Target retirement funds            | 279,081                                                                 | -                                                   | -                                                        | 279,081              |
| Value funds                        | 655,563                                                                 | -                                                   | -                                                        | 655,563              |
| Self-directed brokerage<br>account | 101,099                                                                 | 73,957                                              | -                                                        | 175,056              |
| Total                              | <u>\$ 5,864,624</u>                                                     | <u>\$ 3,217,182</u>                                 | <u>\$ -</u>                                              | <u>\$ 9,081,806</u>  |

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2012.

The following is a description of the valuation methodologies used for assets measured at fair value, as well as the general classification of such items pursuant to the fair value hierarchy:

### **Level 1 Fair Value Measurements**

The fair value of registered investment companies (mutual funds) is based on quoted net asset values of the shares held by the Plan at year-end.

The fair value of the self-directed brokerage account is based on the asset values of the individual securities included in the account. A portion of the self-directed brokerage account consists of common stocks and exchange traded funds, which are based on quoted market prices reported in the active market in which the individual securities are traded.

### **Level 2 Fair Value Measurements**

The fair value of the money market funds, a portion of which is included in the self-directed brokerage account, is based on observable inputs other than the quoted prices included in Level 1 and thus are based on yields for securities of comparable maturity, quality, and type as obtained from market makers.

The fair value of the common/collective trust is determined by the fund trustee / custodian based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2012 and 2011.

### **NOTE 5 – BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan holds an interest in a fully benefit-responsive investment contract through its investment in the Union Bond & Trust Stable Value Fund, a common/collective trust. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by the trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

### **NOTE 6 – INCOME TAX STATUS**

The trust established under the Plan, which holds the Plan's assets, is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. The Plan has adopted an Internal Revenue Service approved prototype plan. The prototype plan has received a favorable opinion letter from the IRS that it qualifies under IRS Code section 401(a), provided all terms of the plan are followed. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The plan administrator has concluded that as of December 31, 2012, there were no uncertain tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

#### **NOTE 7 – INFORMATION CERTIFIED BY CUSTODIAN AND TRUSTEE**

Nationwide Trust Company, FSB, the custodian of the Plan as of December 31, 2011 and for the period January 1, 2012 through February 29, 2012, and Fidelity Management Trust Company, the trustee of the Plan as of December 31, 2012 and for the period March 1, 2012 through December 31, 2012, hold the Plan's investment assets and execute investment transactions. The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian and trustee:

|                                                 | 2012                 | 2011                |
|-------------------------------------------------|----------------------|---------------------|
| Cash, noninterest-bearing                       | \$ -                 | \$ 820              |
| Participant notes receivable                    | 230,942              | 279,905             |
| Participant directed investments                | 10,018,740           | 9,006,022           |
|                                                 | <u>\$ 10,249,682</u> | <u>\$ 9,286,747</u> |
| Additions to net assets:                        |                      |                     |
| Net appreciation in fair value of investments   | \$ 716,359           |                     |
| Dividends and interest                          | 256,891              |                     |
| Interest income on participant notes receivable | 9,089                |                     |
|                                                 | <u>\$ 982,339</u>    |                     |

#### **NOTE 8 – RELATED PARTY TRANSACTIONS**

Through February 29, 2012, prior to Fidelity Management Trust Company becoming trustee of the Plan, certain shareholders of the Company were trustees of the plan, as defined in the plan agreement.

As of December 31, 2011 certain Plan investments are money market funds and shares of mutual funds managed by Nationwide Fund Advisors, an entity affiliated with Nationwide Trust Company, FSB, the custodian of the Plan for the period January 1, 2012 through February 29, 2012. Therefore, these transactions qualify as party-in-interest transactions. As of December 31, 2012 certain Plan investments are money market funds and shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company ("FMTC"), a related entity, is the trustee of the Plan's investments for the period March 1, 2012 through December 31, 2012. Therefore, these transactions qualify as party-in-interest transactions. Usual and customary fees are paid by the mutual funds for the investment management services.

The Plan issues loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party-in-interest transactions.

#### **NOTE 9 – RISKS AND UNCERTAINTIES**

The participants direct the Plan to invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

#### **NOTE 10 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan subject to the provisions of ERISA; however, each participant would have a nonforfeitable right to his or her total account balance as of the date of termination.

#### **NOTE 11 – EXCESS CONTRIBUTIONS REFUNDABLE**

In March 2013 and February 2012 the Plan refunded excess 2012 and 2011 participant contributions to highly compensated employees. The refunds totaled \$100,518 and \$77,126, respectively. The refunds are recorded as liabilities in the statements of net assets available for benefits at December 31, 2012 and 2011.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2012**

| (a) | (b)                                                  | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity<br>Value | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                                        |             |                      |
| *   | Participant notes receivable                         | 3.25% - 8.25%                                                                                                          | \$ -        | \$ 230,942           |
|     | <b><u>MONEY MARKET FUNDS</u></b>                     |                                                                                                                        |             |                      |
| *   | Fidelity Retirement Money Market                     | Money market fund                                                                                                      |             | 53,219               |
|     | <b><u>COMMON/COLLECTIVE TRUST</u></b>                |                                                                                                                        |             |                      |
|     | Union Bond & Trust Stable Value Fund                 | Common/collective trust<br>(at contract value)                                                                         |             | 2,450,231            |
|     | <b><u>MUTUAL FUNDS</u></b>                           |                                                                                                                        |             |                      |
|     | Alger Cap Appreciation Institutional Fund I          | Mutual fund                                                                                                            |             | 430,272              |
|     | American Funds Growth Fund of America R4             | Mutual fund                                                                                                            |             | 282,691              |
|     | Baron Partners Fund                                  | Mutual fund                                                                                                            |             | 276,376              |
|     | Dodge & Cox International Stock Fund                 | Mutual fund                                                                                                            |             | 449,739              |
| *   | Fidelity Asset Manager 20% Fund                      | Mutual fund                                                                                                            |             | 77,310               |
| *   | Fidelity Asset Manager 40% Fund                      | Mutual fund                                                                                                            |             | 71,246               |
| *   | Fidelity Asset Manager 70% Fund                      | Mutual fund                                                                                                            |             | 368,452              |
| *   | Fidelity Asset Manager 85% Fund                      | Mutual fund                                                                                                            |             | 151,649              |
| *   | Fidelity Advisor Freedom 2010 - C1 A                 | Mutual fund                                                                                                            |             | 91,535               |
| *   | Fidelity Advisor Freedom 2015 - C1 A                 | Mutual fund                                                                                                            |             | 43,322               |
| *   | Fidelity Advisor Freedom 2020 - C1 A                 | Mutual fund                                                                                                            |             | 109,761              |
| *   | Fidelity Advisor Freedom 2025 - C1 A                 | Mutual fund                                                                                                            |             | 158,702              |

See report of independent auditors.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED**

**DECEMBER 31, 2012**

| (a)                                                  | (b)                                          | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity<br>Value | (d)  | (e)           |
|------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------|---------------|
| Identity of Issue, Borrower, Lessor or Similar Party |                                              |                                                                                                                        | Cost | Current Value |
| *                                                    | Fidelity Advisor Freedom 2030 - CI A         | Mutual fund                                                                                                            |      | 66,373        |
| *                                                    | Fidelity Advisor Freedom 2035 - CI A         | Mutual fund                                                                                                            |      | 2,742         |
| *                                                    | Fidelity Advisor Freedom 2040 - CI A         | Mutual fund                                                                                                            |      | 84,133        |
| *                                                    | Fidelity Advisor Freedom 2045 - CI A         | Mutual fund                                                                                                            |      | 20,423        |
| *                                                    | Fidelity Advisor Freedom 2050 - CI A         | Mutual fund                                                                                                            |      | 25,087        |
| *                                                    | Fidelity Advisor Freedom 2055 – CI A         | Mutual fund                                                                                                            |      | 46,087        |
| *                                                    | Fidelity Freedom Income Fund                 | Mutual fund                                                                                                            |      | 4,272         |
| *                                                    | Fidelity Advisor Leveraged Co Stock - CI A   | Mutual fund                                                                                                            |      | 149,445       |
| *                                                    | Fidelity Puritan Fund                        | Mutual fund                                                                                                            |      | 393,053       |
|                                                      | Heartland Select Value Inv                   | Mutual fund                                                                                                            |      | 32,827        |
|                                                      | Invesco Van Kampen Small Cap Value - CI A    | Mutual fund                                                                                                            |      | 166,814       |
|                                                      | Ivy Asset Strategy Fund - CI Y               | Mutual fund                                                                                                            |      | 692,891       |
|                                                      | Janus High Yield Fund                        | Mutual fund                                                                                                            |      | 182,563       |
|                                                      | JP Morgan Core Bond Fund - CI A              | Mutual fund                                                                                                            |      | 371,860       |
|                                                      | Loomis Sayles Bond Fund Institutional Class  | Mutual fund                                                                                                            |      | 610,248       |
|                                                      | Oppenheimer Global Opportunities Fund - CI A | Mutual fund                                                                                                            |      | 150,294       |
|                                                      | Oppenheimer International Bond Fund - CI A   | Mutual fund                                                                                                            |      | 64,729        |
|                                                      | Oppenheimer Value Fund - CI A                | Mutual fund                                                                                                            |      | 315,825       |

See report of independent auditors.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED**

**DECEMBER 31, 2012**

| (a)                                                  | (b) | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity<br>Value | (d)<br>Cost | (e)<br>Current Value |
|------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| Identity of Issue, Borrower, Lessor or Similar Party |     |                                                                                                                        |             |                      |
| Pimco Total Return Fund - CI A                       |     | Mutual fund                                                                                                            |             | 418,384              |
| Pioneer Fundamental Value Fund – CI A                |     | Mutual fund                                                                                                            |             | 291,984              |
| Rs Partners Fund - CI A                              |     | Mutual fund                                                                                                            |             | 98,209               |
| Selected American Shares Fund – CI S                 |     | Mutual fund                                                                                                            |             | 100,263              |
| Sentinel Small Company Fund - CI A                   |     | Mutual fund                                                                                                            |             | 87,853               |
| Vanguard Small Cap Index Fund Signal Shares          |     | Mutual fund                                                                                                            |             | 142,220              |
| Wells Fargo Advantage Special Mid Cap Value Fund.I   |     | Mutual fund                                                                                                            |             | 148,717              |
|                                                      |     |                                                                                                                        |             | 7,178,351            |
| <b><u>OTHER</u></b>                                  |     |                                                                                                                        |             |                      |
| Self-directed brokerage account                      |     | Common stocks, exchange traded funds, money market fund                                                                |             | 336,939              |
|                                                      |     | <b>TOTAL INVESTMENTS</b>                                                                                               |             | <b>\$ 10,249,682</b> |

\* Indicates party-in-interest

**SIMON ROOFING & SHEET METAL CORP.  
401(k) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2012 AND 2011



**Financial Statements and Supplemental Information**

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**DECEMBER 31, 2012 AND 2011**

**Financial Statements**

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**Supplemental Information**

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## PEASE & ASSOCIATES, INC.

CERTIFIED PUBLIC ACCOUNTANTS

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To the Administrative Committee of the  
Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan

### Report of Independent Auditors

We were engaged to audit the accompanying financial statements of the Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan's investment assets as of December 31, 2011 and for the period from January 1, 2012 through February 29, 2012, and Fidelity Management Trust Company, the trustee of the Plan for the period from March 1, 2012 through December 31, 2012, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian held the Plan's investment assets and executed investment transactions as of December 31, 2011 and for the period from January 1, 2012 through February 29, 2012 and the trustee held the Plan's investment assets and executed investment transactions as of December 31, 2012 and for the period from March 1, 2012 through December 31, 2012. The plan administrator has obtained certifications from the custodian and trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the custodian and trustee is complete and accurate.



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**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Pease & Associates, Inc.*

Cleveland, Ohio  
October 7, 2013

## **FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION**

### **ANNUAL REPORT – INDEX**

#### **SIMON ROOFING & SHEET METAL CORP. 401(K) PROFIT SHARING PLAN**

December 31, 2012 and 2011

The following financial statements of the Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan are included herewith:

Statements of Net Assets Available for Benefits - December 31, 2012 and 2011

Statement of Changes in Net Assets Available for Benefits - Year Ended December 31, 2012

Notes to Financial Statements

The following supplemental schedule of the Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan included in the Annual Report of the Plan on Form 5500 for the year ended December 31, 2012 is included herewith:

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable, and therefore, have been omitted.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2012 AND 2011**

|                                                                                                                | <u>2012</u>                 | <u>2011</u>                |
|----------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|
| <b>ASSETS</b>                                                                                                  |                             |                            |
| Cash, noninterest-bearing                                                                                      | \$ -                        | \$ 820                     |
| Investments, at fair value:                                                                                    |                             |                            |
| Participant directed investments                                                                               | 10,065,784                  | 9,081,806                  |
| Receivables:                                                                                                   |                             |                            |
| Employee contributions                                                                                         | 12,088                      | 18,406                     |
| Employer contributions                                                                                         | -                           | 337                        |
| Participant notes receivable                                                                                   | 230,942                     | 279,905                    |
|                                                                                                                | <u>243,030</u>              | <u>298,648</u>             |
| <b>TOTAL ASSETS</b>                                                                                            | 10,308,814                  | 9,381,274                  |
| <b>LIABILITIES</b>                                                                                             |                             |                            |
| Excess contributions refundable                                                                                | 100,518                     | 77,126                     |
| Loan reimbursement payable                                                                                     | <u>-</u>                    | <u>109</u>                 |
| <b>TOTAL LIABILITIES</b>                                                                                       | <u>100,518</u>              | <u>77,235</u>              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS<br/>AT FAIR VALUE</b>                                                     | 10,208,296                  | 9,304,039                  |
| Adjustment from fair value to contract value<br>for fully benefit-responsive guaranteed<br>investment contract | <u>(47,044)</u>             | <u>(75,784)</u>            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                                                                       | <u><u>\$ 10,161,252</u></u> | <u><u>\$ 9,228,255</u></u> |

See accompanying notes to financial statements.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEAR ENDED DECEMBER 31, 2012**

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

Dividends and interest \$ 256,891

Net appreciation in fair value of investments 716,359

Contributions:

Participant 742,870

Employer 32,400

Interest income on participant notes receivable 9,089

**TOTAL ADDITIONS** 1,757,609

**DEDUCTIONS**

Deductions from net assets attributed to:

Benefits paid to participants 699,200

Deemed distributions 11,116

Corrective distributions 106,400

Administrative expenses 7,896

**TOTAL DEDUCTIONS** 824,612

**NET INCREASE** 932,997

**NET ASSETS AVAILABLE FOR BENEFITS**

**BEGINNING OF YEAR** 9,228,255

**END OF YEAR** \$ 10,161,252

See accompanying notes to financial statements.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2012 AND 2011**

**NOTE 1 – DESCRIPTION OF PLAN**

The following description of the Simon Roofing & Sheet Metal Corp. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**General:** The Plan is a defined contribution plan open to all employees of Simon Roofing & Sheet Metal Corporation and Simon Vross Management, Inc. (collectively known as the “Employer” or the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility:** To be eligible to participate in the Plan, an employee must be at least twenty and one half (20 ½) years of age, have completed one year of eligible service with 1,000 hours of service during the year, and elect to participate in the Plan. Employees may enter the Plan on the first day of the quarter following completion of the eligibility requirements.

**Contributions:** Participants may make voluntary tax-deductible contributions, by means of a salary deferral agreement, of up to 75% of their compensation, as defined in the Plan and as allowed by law. Plan participants over the age of 50 are also permitted to make additional catch-up contributions to a maximum of \$5,500 in 2012. Participants may also contribute amounts representing distributions from other qualified retirement plans. Participants direct the investment of contributions into various investment options offered by the Plan.

Under the terms of the Plan, the Company may elect to contribute, on an annual basis, a non-elective safe harbor contribution. Non-elective safe harbor contributions must be equal to at least 3% of each eligible employee’s compensation and are required to be made regardless of whether the employee has made a salary deferral. The Company chose not to contribute a non-elective safe harbor contribution during 2012.

In addition to the non-elective safe harbor contribution, the Company may also make discretionary matching and profit sharing contributions. Profit sharing contributions, if any, will be allocated to each eligible employee who is employed on the last day of the Plan year. Profit sharing contributions will be made regardless of whether the employee has made a salary deferral. Profit sharing contributions are allocated as a percentage of participant compensation to all eligible participants, as defined. There were no discretionary matching or profit sharing contributions for 2012.

The Plan complies with the Davis-Bacon Act, which provides that employers are required to make prevailing wage contributions for any participant who is a non-highly compensated employee and who performed services on Davis-Bacon covered work during the calendar year. Prevailing wage contributions totaled \$32,400 for the year ended December 31, 2012.

**Participant accounts:** Each participant’s account is credited with the participant’s contribution and an allocation of (a) the Company’s contributions, if any, and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

**Vesting:** Each participant is immediately vested in their salary deferral contributions, non-elective safe harbor contributions, and employer prevailing wage contributions plus actual earnings thereon. Participants are 100% vested in discretionary matching and profit sharing contributions after three years of credited service with 0% vesting before that time.

**Forfeitures:** Upon termination of a participant's employment, the employer's discretionary matching and profit sharing contributions to which the participant is not fully vested are forfeited and may be used by the employer first to pay the expenses of administering the Plan and then allocated to the other participants' accounts, at the discretion of the employer.

**Participant notes receivable:** The Plan allows participants to obtain loans from the Plan. These loans are subject to the following general provisions: the maximum amount of loans outstanding is equal to the lesser of \$50,000 or 50% of the participant's account balance with a minimum of \$1,000; the term of any loan may not exceed five years unless the purpose of the loan is to purchase the participant's primary residence. The loans are secured by the participant's entire vested account balance or by other collateral agreed to by the trustees, and are charged interest at a rate comparable to the rate charged by a commercial lender for a similar loan on the date of issuance.

**Payment of benefits:** Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or payment in installments. For termination of service due to other reasons, a participant will also receive the value of the vested interest in his or her account as a lump-sum distribution. In case of hardship, a participant may apply for a distribution described in the plan agreement. For the period January 1, 2012 through February 29, 2012, lump sum distributions are required if the vested balance is \$1,000 or less. For the period March 1, 2012 through December 31, 2012, lump sum distributions are required if the vested balance is \$5,000 or less. Additionally, in-service distributions are permitted for participants meeting certain age and length of service requirements.

**Administrative expenses:** Certain administrative expenses of the Plan are paid by the sponsor and are not included in the statement of changes in net assets available for benefits.

## **NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Recently issued accounting standards:** In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2011-04, "*Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS*". ASU 2011-04 amended ASC 820, "*Fair Value Measurement*", to converge the fair value measurement guidance in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures although certain of these new disclosures are not required for nonpublic entities. The amendments are to be applied prospectively and are effective for 2012. The application of this standard did not have a significant impact on the Plan's financial statements.

**Basis of presentation:** The financial statements are prepared on the accrual basis of accounting.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

**Participant notes receivable:** Participant notes receivable are recorded at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes receivable are written off when deemed uncollectible.

**Investment valuation and income recognition:** The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4, *Fair Value Measurements*, for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a benefit-responsive investment contract through its investment in the Union Bond & Trust Stable Value Fund, a common/collective trust. The statements of net assets available for benefits present the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets available for benefits is prepared on the contract value basis.

Purchases and sales of investments, including gains or losses, are recorded on a trade-date basis. Interest income is recorded when earned, and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Benefit payments:** Benefit payments to participants are recorded when paid.

**Subsequent events:** In preparing these financial statements, management has evaluated events and transactions for potential recognition or disclosure through October 7, 2013, the date the financial statements were available to be issued.

### NOTE 3 – INVESTMENTS

The fair value of investments that represent 5% or more of the Plan's net assets are as follows:

|                                                               | December 31, |              |
|---------------------------------------------------------------|--------------|--------------|
|                                                               | 2012         | 2011         |
| <b><u>Common/collective trust:</u></b>                        |              |              |
| Union Bond & Trust Stable Value Fund                          | \$ 2,497,275 | \$ 3,111,995 |
| <b><u>Registered investment companies (mutual funds):</u></b> |              |              |
| Ivy Asset Strategy Fund - CI Y                                | 692,891      | 552,351      |
| Nationwide Investor Destinations Moderate Fund                | -            | 588,963      |
| Loomis Sayles Bond Fund – Institutional Class                 | 610,248      | -            |

During the year ended December 31, 2012, the Plan's investments (including investments bought, sold, and held during the year) appreciated in fair value as follows:

|                                 |                   |
|---------------------------------|-------------------|
| Common/collective trust         | \$ 32,101         |
| Mutual funds                    | 681,119           |
| Self-directed brokerage account | 3,139             |
|                                 | <u>\$ 716,359</u> |

#### **NOTE 4 – FAIR VALUE MEASUREMENTS**

The Plan follows FASB ASC 820, *Fair Value Measurement*, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels are defined as follows:

Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's investments, reported at fair value within the fair value hierarchy, as of December 31, 2012 and 2011 are as follows:

| December 31, 2012                  |                                                                         |                                                     |                                                          |                      |
|------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|----------------------|
|                                    | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant Other<br>Unobservable<br>Inputs<br>(Level 3) | Total                |
| Money market fund                  | \$ -                                                                    | \$ 53,219                                           | \$ -                                                     | \$ 53,219            |
| Common/collective trust            | -                                                                       | 2,497,275                                           | -                                                        | 2,497,275            |
| Mutual funds:                      |                                                                         |                                                     |                                                          |                      |
| Allocation funds                   | 1,754,601                                                               | -                                                   | -                                                        | 1,754,601            |
| Blend funds                        | 939,877                                                                 | -                                                   | -                                                        | 939,877              |
| Bond funds                         | 1,647,784                                                               | -                                                   | -                                                        | 1,647,784            |
| Income funds                       | 4,272                                                                   | -                                                   | -                                                        | 4,272                |
| Growth funds                       | 1,227,485                                                               | -                                                   | -                                                        | 1,227,485            |
| Target retirement funds            | 648,165                                                                 | -                                                   | -                                                        | 648,165              |
| Value funds                        | 956,167                                                                 | -                                                   | -                                                        | 956,167              |
| Self-directed brokerage<br>account | 186,308                                                                 | 150,631                                             | -                                                        | 336,939              |
| Total                              | <u>\$ 7,364,659</u>                                                     | <u>\$ 2,701,125</u>                                 | <u>\$ -</u>                                              | <u>\$ 10,065,784</u> |

  

| December 31, 2011                  |                                                                         |                                                     |                                                          |                     |
|------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|---------------------|
|                                    | Quoted Prices in<br>Active Markets for<br>Identical Assets<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant Other<br>Unobservable<br>Inputs<br>(Level 3) | Total               |
| Money market fund                  | \$ -                                                                    | \$ 31,230                                           | \$ -                                                     | \$ 31,230           |
| Common/collective trust            | -                                                                       | 3,111,995                                           | -                                                        | 3,111,995           |
| Mutual funds:                      |                                                                         |                                                     |                                                          |                     |
| Allocation funds                   | 1,646,050                                                               | -                                                   | -                                                        | 1,646,050           |
| Blend funds                        | 889,778                                                                 | -                                                   | -                                                        | 889,778             |
| Bond funds                         | 1,091,943                                                               | -                                                   | -                                                        | 1,091,943           |
| Emerging markets funds             | 41,141                                                                  | -                                                   | -                                                        | 41,141              |
| Equity precious metal<br>funds     | 14,855                                                                  | -                                                   | -                                                        | 14,855              |
| Growth funds                       | 1,096,832                                                               | -                                                   | -                                                        | 1,096,832           |
| Managed futures funds              | 8,887                                                                   | -                                                   | -                                                        | 8,887               |
| Real estate funds                  | 39,395                                                                  | -                                                   | -                                                        | 39,395              |
| Target retirement funds            | 279,081                                                                 | -                                                   | -                                                        | 279,081             |
| Value funds                        | 655,563                                                                 | -                                                   | -                                                        | 655,563             |
| Self-directed brokerage<br>account | 101,099                                                                 | 73,957                                              | -                                                        | 175,056             |
| Total                              | <u>\$ 5,864,624</u>                                                     | <u>\$ 3,217,182</u>                                 | <u>\$ -</u>                                              | <u>\$ 9,081,806</u> |

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2012.

The following is a description of the valuation methodologies used for assets measured at fair value, as well as the general classification of such items pursuant to the fair value hierarchy:

### **Level 1 Fair Value Measurements**

The fair value of registered investment companies (mutual funds) is based on quoted net asset values of the shares held by the Plan at year-end.

The fair value of the self-directed brokerage account is based on the asset values of the individual securities included in the account. A portion of the self-directed brokerage account consists of common stocks and exchange traded funds, which are based on quoted market prices reported in the active market in which the individual securities are traded.

### **Level 2 Fair Value Measurements**

The fair value of the money market funds, a portion of which is included in the self-directed brokerage account, is based on observable inputs other than the quoted prices included in Level 1 and thus are based on yields for securities of comparable maturity, quality, and type as obtained from market makers.

The fair value of the common/collective trust is determined by the fund trustee / custodian based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2012 and 2011.

### **NOTE 5 – BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan holds an interest in a fully benefit-responsive investment contract through its investment in the Union Bond & Trust Stable Value Fund, a common/collective trust. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by the trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

### **NOTE 6 – INCOME TAX STATUS**

The trust established under the Plan, which holds the Plan's assets, is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. The Plan has adopted an Internal Revenue Service approved prototype plan. The prototype plan has received a favorable opinion letter from the IRS that it qualifies under IRS Code section 401(a), provided all terms of the plan are followed. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The plan administrator has concluded that as of December 31, 2012, there were no uncertain tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

#### **NOTE 7 – INFORMATION CERTIFIED BY CUSTODIAN AND TRUSTEE**

Nationwide Trust Company, FSB, the custodian of the Plan as of December 31, 2011 and for the period January 1, 2012 through February 29, 2012, and Fidelity Management Trust Company, the trustee of the Plan as of December 31, 2012 and for the period March 1, 2012 through December 31, 2012, hold the Plan's investment assets and execute investment transactions. The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian and trustee:

|                                                 | 2012                 | 2011                |
|-------------------------------------------------|----------------------|---------------------|
| Cash, noninterest-bearing                       | \$ -                 | \$ 820              |
| Participant notes receivable                    | 230,942              | 279,905             |
| Participant directed investments                | 10,018,740           | 9,006,022           |
|                                                 | <u>\$ 10,249,682</u> | <u>\$ 9,286,747</u> |
| Additions to net assets:                        |                      |                     |
| Net appreciation in fair value of investments   | \$ 716,359           |                     |
| Dividends and interest                          | 256,891              |                     |
| Interest income on participant notes receivable | 9,089                |                     |
|                                                 | <u>\$ 982,339</u>    |                     |

#### **NOTE 8 – RELATED PARTY TRANSACTIONS**

Through February 29, 2012, prior to Fidelity Management Trust Company becoming trustee of the Plan, certain shareholders of the Company were trustees of the plan, as defined in the plan agreement.

As of December 31, 2011 certain Plan investments are money market funds and shares of mutual funds managed by Nationwide Fund Advisors, an entity affiliated with Nationwide Trust Company, FSB, the custodian of the Plan for the period January 1, 2012 through February 29, 2012. Therefore, these transactions qualify as party-in-interest transactions. As of December 31, 2012 certain Plan investments are money market funds and shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company ("FMTC"), a related entity, is the trustee of the Plan's investments for the period March 1, 2012 through December 31, 2012. Therefore, these transactions qualify as party-in-interest transactions. Usual and customary fees are paid by the mutual funds for the investment management services.

The Plan issues loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party-in-interest transactions.

#### **NOTE 9 – RISKS AND UNCERTAINTIES**

The participants direct the Plan to invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

#### **NOTE 10 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan subject to the provisions of ERISA; however, each participant would have a nonforfeitable right to his or her total account balance as of the date of termination.

#### **NOTE 11 – EXCESS CONTRIBUTIONS REFUNDABLE**

In March 2013 and February 2012 the Plan refunded excess 2012 and 2011 participant contributions to highly compensated employees. The refunds totaled \$100,518 and \$77,126, respectively. The refunds are recorded as liabilities in the statements of net assets available for benefits at December 31, 2012 and 2011.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2012**

| (a) | (b)                                                  | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity<br>Value | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                                        |             |                      |
| *   | Participant notes receivable                         | 3.25% - 8.25%                                                                                                          | \$ -        | \$ 230,942           |
|     | <b><u>MONEY MARKET FUNDS</u></b>                     |                                                                                                                        |             |                      |
| *   | Fidelity Retirement Money Market                     | Money market fund                                                                                                      |             | 53,219               |
|     | <b><u>COMMON/COLLECTIVE TRUST</u></b>                |                                                                                                                        |             |                      |
|     | Union Bond & Trust Stable Value Fund                 | Common/collective trust<br>(at contract value)                                                                         |             | 2,450,231            |
|     | <b><u>MUTUAL FUNDS</u></b>                           |                                                                                                                        |             |                      |
|     | Alger Cap Appreciation Institutional Fund I          | Mutual fund                                                                                                            |             | 430,272              |
|     | American Funds Growth Fund of America R4             | Mutual fund                                                                                                            |             | 282,691              |
|     | Baron Partners Fund                                  | Mutual fund                                                                                                            |             | 276,376              |
|     | Dodge & Cox International Stock Fund                 | Mutual fund                                                                                                            |             | 449,739              |
| *   | Fidelity Asset Manager 20% Fund                      | Mutual fund                                                                                                            |             | 77,310               |
| *   | Fidelity Asset Manager 40% Fund                      | Mutual fund                                                                                                            |             | 71,246               |
| *   | Fidelity Asset Manager 70% Fund                      | Mutual fund                                                                                                            |             | 368,452              |
| *   | Fidelity Asset Manager 85% Fund                      | Mutual fund                                                                                                            |             | 151,649              |
| *   | Fidelity Advisor Freedom 2010 - C1 A                 | Mutual fund                                                                                                            |             | 91,535               |
| *   | Fidelity Advisor Freedom 2015 - C1 A                 | Mutual fund                                                                                                            |             | 43,322               |
| *   | Fidelity Advisor Freedom 2020 - C1 A                 | Mutual fund                                                                                                            |             | 109,761              |
| *   | Fidelity Advisor Freedom 2025 - C1 A                 | Mutual fund                                                                                                            |             | 158,702              |

See report of independent auditors.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED**

**DECEMBER 31, 2012**

| (a) | (b)                                                  | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity<br>Value | (d)  | (e)           |
|-----|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------|---------------|
|     | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                                        | Cost | Current Value |
| *   | Fidelity Advisor Freedom 2030 - CI A                 | Mutual fund                                                                                                            |      | 66,373        |
| *   | Fidelity Advisor Freedom 2035 - CI A                 | Mutual fund                                                                                                            |      | 2,742         |
| *   | Fidelity Advisor Freedom 2040 - CI A                 | Mutual fund                                                                                                            |      | 84,133        |
| *   | Fidelity Advisor Freedom 2045 - CI A                 | Mutual fund                                                                                                            |      | 20,423        |
| *   | Fidelity Advisor Freedom 2050 - CI A                 | Mutual fund                                                                                                            |      | 25,087        |
| *   | Fidelity Advisor Freedom 2055 – CI A                 | Mutual fund                                                                                                            |      | 46,087        |
| *   | Fidelity Freedom Income Fund                         | Mutual fund                                                                                                            |      | 4,272         |
| *   | Fidelity Advisor Leveraged Co Stock - CI A           | Mutual fund                                                                                                            |      | 149,445       |
| *   | Fidelity Puritan Fund                                | Mutual fund                                                                                                            |      | 393,053       |
|     | Heartland Select Value Inv                           | Mutual fund                                                                                                            |      | 32,827        |
|     | Invesco Van Kampen Small Cap Value - CI A            | Mutual fund                                                                                                            |      | 166,814       |
|     | Ivy Asset Strategy Fund - CI Y                       | Mutual fund                                                                                                            |      | 692,891       |
|     | Janus High Yield Fund                                | Mutual fund                                                                                                            |      | 182,563       |
|     | JP Morgan Core Bond Fund - CI A                      | Mutual fund                                                                                                            |      | 371,860       |
|     | Loomis Sayles Bond Fund Institutional Class          | Mutual fund                                                                                                            |      | 610,248       |
|     | Oppenheimer Global Opportunities Fund - CI A         | Mutual fund                                                                                                            |      | 150,294       |
|     | Oppenheimer International Bond Fund - CI A           | Mutual fund                                                                                                            |      | 64,729        |
|     | Oppenheimer Value Fund - CI A                        | Mutual fund                                                                                                            |      | 315,825       |

See report of independent auditors.

**SIMON ROOFING & SHEET METAL CORP.  
401(K) PROFIT SHARING PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED**

**DECEMBER 31, 2012**

| (a)                                                  | (b) | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity<br>Value | (d)<br>Cost | (e)<br>Current Value |
|------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| Identity of Issue, Borrower, Lessor or Similar Party |     |                                                                                                                        |             |                      |
| Pimco Total Return Fund - CI A                       |     | Mutual fund                                                                                                            |             | 418,384              |
| Pioneer Fundamental Value Fund – CI A                |     | Mutual fund                                                                                                            |             | 291,984              |
| Rs Partners Fund - CI A                              |     | Mutual fund                                                                                                            |             | 98,209               |
| Selected American Shares Fund – CI S                 |     | Mutual fund                                                                                                            |             | 100,263              |
| Sentinel Small Company Fund - CI A                   |     | Mutual fund                                                                                                            |             | 87,853               |
| Vanguard Small Cap Index Fund Signal Shares          |     | Mutual fund                                                                                                            |             | 142,220              |
| Wells Fargo Advantage Special Mid Cap Value Fund.I   |     | Mutual fund                                                                                                            |             | 148,717              |
|                                                      |     |                                                                                                                        |             | 7,178,351            |
| <b><u>OTHER</u></b>                                  |     |                                                                                                                        |             |                      |
| Self-directed brokerage account                      |     | Common stocks, exchange traded funds, money market fund                                                                |             | 336,939              |
|                                                      |     | <b>TOTAL INVESTMENTS</b>                                                                                               |             | <b>\$ 10,249,682</b> |

\* Indicates party-in-interest