Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Appual Danset				10-5F.		
Annual Report I	Identification Information					
dar plan year 2013 or fis	scal plan year beginning 01/01/	/2013	and ending	12/31/2	2013	
eturn/report is for:	a single-employer plan	a multiple-employer p	an (not multiemployer)		a one-particip	pant plan
eturn/report is:	the first return/report	the final return/report				
	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
box if filing under:	Form 5558	automatic extension			DFVC progra	am
	special extension (enter desc	ription)			_	
Basic Plan Info	rmation—enter all requested inf	formation				
e of plan	·			1b	Three-digit	
ROOFING, INC. 401 (K)	PROFIT SHARING PLAN				plan number	
				4-		002
				10	Effective date of 07/01/	•
sponsor's name and add	dress; include room or suite number	er (employer, if for a single-	employer plan)	2b		fication Number 70448
4040				2c	Sponsor's telep	
TY PLACE, WA 98464				2d		
					23810	
administrator's name an	d address XSame as Plan Spons	sor Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN
				3с	Administrator's t	telephone number
name and/or FIN of the	plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4h	FIN	
		are last retarm report means	or time plant, enter the	70	LIIN	
.,, and plan num	ibei itotti tile last return/report.					
sor's name				4c	PN	
sor's name	at the beginning of the plan year			4c 5a	PN	10
sor's name I number of participants	·			+	PN	10
sor's name I number of participants a I number of participants a ber of participants with a	at the beginning of the plan year	the plan year (defined bene	fit plans do not	5a	PN	
sor's name I number of participants and I number of participants and ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year	the plan year (defined bene	fit plans do not	5a 5b 5c		10
I number of participants and I number of participants and I number of participants with a plete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of during the plan year invested in e the annual examination and repor	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie	fit plans do not tions.)tions.(IC	5a 5b 5c		10 8 X Yes No
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I number of participants and I number of participants and I number of participants and I number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibether line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (defined bene- eligible assets? (See instruc- rt of an independent qualified ility and conditions.)	tions.)	5a 5b 5c PPA)	5500. Yes No established. noluding, if applica	8 X Yes No X Yes No Not determined able, a Schedule
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I number of participants and I number of participants and I number of participants and I number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibether line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, a solete.	the plan year (defined beneficially assets? (See instruct of an independent qualified sility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable cal examined this return/re sion of this return/repor	5a 5b 5c SPA) • Form use is port, ir	5500. Yes No established. Including, if applicate to the best of my	8 X Yes No X Yes No Not determined able, a Schedule knowledge and
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I number of participants and in number of participants and in the plate this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, a plete. In a the beginning of the plan year invested in each or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, a plete. In a the plan year	the plan year (defined beneather the plan year) (See instruct of an independent qualification of the plan of the p	tions.)	5a 5b 5c PPA) Form use is port, irt, and	stablished. cluding, if applicate the best of my	8 X Yes No X Yes No Not determined able, a Schedule knowledge and
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	eturn/report is for: eturn/report is: box if filing under: Basic Plan Information of plan ROOFING, INC. 401 (K) sponsor's name and add ROOFING, INC. 4640 TY PLACE, WA 98464 administrator's name and	a single-employer plan eturn/report is: the first return/report an amended return/report from 5558 special extension (enter desc per of plan recoping, INC. 401 (K) PROFIT SHARING PLAN sponsor's name and address; include room or suite numb recoping, INC. 4640 TY PLACE, WA 98464 administrator's name and address name and/or EIN of the plan sponsor has changed since	a single-employer plan a multiple-employer plan and multiple-employer plan	eturn/report is for: a single-employer plan a multiple-employer plan (not multiemployer) eturn/report is: the first return/report the final return/report an amended return/report as short plan year return/report (less than 12 m special extension (enter description) Basic Plan Information—enter all requested information e of plan ROOFING, INC. 401 (K) PROFIT SHARING PLAN sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ROOFING, INC. 4640 TY PLACE, WA 98464 administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	eturn/report is for:	eturn/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participaturn/report is: the first return/report the final return/report the final return/report (less than 12 months) an amended return/report (less than 12 months) and amended return/report an amended return/report (less than 12 months) and amended return/report an amended return/report an amended return/report an amended return/report an amended return/report (less than 12 months) and amended return/report an amended return/report and an amended return/report an amended return/report filed for this plan, enter the seturn/report filed for this plan enter the seturn/report

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Vec				(h) End of Voca		
_ <u>'</u> _a		. 7a	(a) Beginning of Yea				(b) End of Year 541220		
<u>a</u>	Total plan assets Total plan liabilities	7a 7b		0		0			
	Net plan assets (subtract line 7b from line 7a)	76 7c	44412		541220				
8	, ,	. 76		.0					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
и	(1) Employers	8a(1)	703	3					
	(2) Participants	8a(2)	1507	5					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	. 8b	8485	2					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					106960		
d	Benefits paid (including direct rollovers and insurance premiums	8d	534	3					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)			0					
<u>e</u>	, , , , , , , , , , , , , , , , , , , ,	. 8e	452						
<u>'</u>	Administrative service providers (salaries, fees, commissions)	. 8f							
<u>g</u>	Other expenses	. 8g		0			0005		
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					9865		
-	Net income (loss) (subtract line 8h from line 8c)						97095		
	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics	_							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 2R 3D 2T	teature co	des from the List of Plan Char	acteris	stic Co	ides in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Dor	V Compliance Questions								
	Part V Compliance Questions								
10	The state of the s								
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b				40h		X			
	on line 10a.)			10b	X				
				10c	^		150000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all			40-	X		440		
	instructions.)			10e		X	149		
f	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			10f		X			
9				10g		^			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part		1-0		101					
11	<u> </u>	onto? (If "	Voc. " and instructions and com	nloto	Sahaa	lulo CE	P /Form		
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
	Enter the unpaid minimum required contribution for current year fr	rom Sched	ule SB (Form 5500) line 39			11a			
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
_ a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
	Enter the minimum required contribution for this plan year					12b			

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
For calenda	ar plan year 2013 or fiscal plan year beginning 0	01/01/2013	and ending	12/31/:	2013			
A This retu	urn/report is for: 🛛 a single-employer plan [a multiple-employer pl	an (not multiemployer)	a one-participant plan				
B This retu	urn/report is: the first return/report [the final return/report						
	an amended return/report	a short plan year returr	/report (less than 12 m	onths)				
C Check box if filing under: Form 5558 automatic extension					DFVC program			
special extension (enter description)								
Part II	Basic Plan Information—enter all requested infor	mation						
1a Name	,			1b Three-digi				
BOSNIC	K ROOFING, INC. 401 (K) PROFIT SHAR	RING PLAN		plan numb	002			
				1c Effective of	late of plan			
				07/01/1				
	ponsor's name and address; include room or suite number	(employer, if for a single-	employer plan)	2010/14/01/200	Identification Number			
BOSNICE	K ROOFING, INC.				-0870448			
PO BOX	64640			2 C Sponsor's 253-56	telephone number			
					code (see instructions)			
UNIVERS	SITY PLACE WA 98464			238100				
3a Plan ad	dministrator's name and address 🏻 Same as Plan Sponsor	r Name XSame as Plan	Sponsor Address	3b Administra	tor's EIN			
				3c Administra	ator's telephone number			
				7 danimotra	tor a telephone number			
4 If the n	name and/or EIN of the plan sponsor has changed since the	a last return/report filed for	r this plan anter the	4h en				
	EIN, and the plan number from the last return/report.	e last return/report lileu it	i this plan, enter the	4b EIN				
a Sponso	or's name			4c PN				
5a Total r	number of participants at the beginning of the plan year			5a	10			
b Total r	number of participants at the end of the plan year			5b	10			
	er of participants with account balances as of the end of the			5c	8			
	ete this item) all of the plan's assets during the plan year invested in elig							
	ou claiming a waiver of the annual examination and report of				A 100 110			
under	29 CFR 2520.104-46? (See instructions on waiver eligibilit	ty and conditions.)			X Yes No			
•	answered "No" to either line 6a or line 6b, the plan car							
C If the p	plan is a defined benefit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Yes LIN	Not determined			
Caution: A	penalty for the late or incomplete filing of this return/r	report will be assessed	unless reasonable cau	use is establishe	łd.			
Under pena	alties of perjury and other penalties set forth in the instruction and in the instruction of the model and signed by an enrolled actuary, as	ons, I declare that I have	examined this return/report	port, including, if	applicable, a Schedule			
	true, correct, and complete.	well as the electronic ver	sion of this returninepon	t, and to the best	of my knowledge and			
	Stone 11/2 11 (1)	10 helm	DONALD BOSNIC	v				
SIGN	mond same the	5/49/14						
112112	Signature of plan administrator	Date	Enter name of individ	ual signing as pla	ın administrator			
SIGN HERE								
	Signature of employer/plan sponsor	Date			nployer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; incl	ude room of suite numbe	(optional)	rieparers telep	phone number (optional)			
				14 184 7	THE PROPERTY OF			
1					AND REPORT OF THE			

Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	Т		(b) End of Year
_	Total plan assets	7a		1412	5		541220
	Total plan liabilities	7b			0		0
	Net plan assets (subtract line 7b from line 7a)	7c	44	1412	5		541220
8	Income, Expenses, and Transfers for this Plan Year	à de	(a) Amount				(b) Total
	Contributions received or receivable from:		(a) ranount			100	
	(1) Employers	8a(1)		703	3		
	(2) Participants	8a(2)	-	1507	5	188	
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b		3485	2		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					106960
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		534	3		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	Ball P	
f_	Administrative service providers (salaries, fees, commissions)	8f		452	2		
g	Other expenses	8g			0	I II'	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	T E THE WING I		_		9865
i_	Net income (loss) (subtract line 8h from line 8c)	8i					97095
j	Transfers to (from) the plan (see instructions)	8j			0	h ha	
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2F 2H 2J 2K 2R 3D 2T	feature cod	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Charac	cteristi	c Cod	es in tl	ne instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	Allouit
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		150000
d		fidelity bor	nd, that was caused by fraud	10d		Х	-
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons of the bene	s by an insurance carrier, efits under the plan? (See	10e	х		149
f						X	_
				10f	-		
g				10g		Х	
	2520.101-3.)			10h		Х	
İ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	VI Pension Funding Compliance	_					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,					
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ints of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	•			and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year				<i>i</i> i	12b	

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

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Part VIII Trust Information (optional)

14a Name of trust

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14b Trust's EIN