## 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

2012

This Form is Open to Public Inspection

Pensio	n Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instruc	tions to the Form 5500	)-SF.	
Part I	Annual Report	Identification Information				
For cale	ndar plan year 2012 or f	iscal plan year beginning 10/01/2	2012	and ending 09	9/30/2013	
	return/report is for:	a single-employer plan		an (not multiemployer)	a one-partici	pant plan
<b>B</b> This	return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Che	ck box if filing under:	Form 5558	automatic extension		DFVC progra	am
		special extension (enter descri	iption)			
Part I	Basic Plan Info	ormation—enter all requested info	ormation			
	ne of plan				<b>1b</b> Three-digit	
MILMAR I	ROOFING, INC 401(K) F	PLAN			plan number	002
					(PN) •	
					1C Effective date of 10/01	•
22 Plan	enoncor's name and a	ddress; include room or suite numbe	ur (ampleyer if for a single	omployor plan)		
	ROOFING, INC.	daress, include room of suite numbe	er (employer, ii for a single-	employer plan)	<b>2b</b> Employer Identi (EIN) 59-12	119104
					2c Sponsor's telep	
	. 95TH STREET				305-83	
MIAMI, F	_ 33147				2d Business code 23810	
3a Plai	n administrator's name a	and address X Same as Plan Spons	or Name Same as Plan	Sponsor Address	<b>3b</b> Administrator's	
					25 41 11 11	
					<b>3c</b> Administrator's	telephone number
4 If th	e name and/or EIN of th	ne plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	<b>4b</b> EIN	
nar	ne, EIN, and the plan nu	imber from the last return/report.			_	
<u> </u>	nsor's name				4c PN	
<b>5a</b> Tot	al number of participants	s at the beginning of the plan year			5a	2
<b>b</b> Tot	al number of participants	s at the end of the plan year			5b	2
		account balances as of the end of t	. , ,	•	Ea	2
	•	(- de		•	5c	X Yes No
_		ts during the plan year invested in el of the annual examination and report				X Yes   No
	,	6? (See instructions on waiver eligibi			,	X Yes No
		either line 6a or line 6b, the plan c				
Caution	· A penalty for the late	or incomplete filing of this return	/report will be assessed a	unless reasonable cau	se is established.	
		ther penalties set forth in the instruc				able, a Schedule
SB or S	chedule MB completed a	and signed by an enrolled actuary, a	•		, 0, 11	,
belief, it	is true, correct, and com	plete.				
SIGN	Filed with authorized	I/valid electronic signature.	05/29/2014	DALE SCARBOROUG	H	
HERE	Signature of plan a	administrator	Date	Enter name of individu	ıal signing as plan adr	ninistrator
SIGN					0 0 1	
HERE Signature of employer/plan sponsor Date Enter name of individe					ual signing as employe	er or plan sponsor
Prepare		name, if applicable) and address; inc			Preparer's telephone	
-	-				•	,

Form 5500-SF 2012 Page **2** 

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End (	of Vo	ar		
<u>,</u>	Total plan assets	7a	230078		(b) End of Year			2832 <sup>4</sup>	1		
	Total plan liabilities	7a 7b	230070	0					<del>†</del> )		
	Net plan assets (subtract line 7b from line 7a)	7c	230078		23283						
8	·	70		12				2032	+		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	2798	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27983	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	44	1							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							44	1	
i	Net income (loss) (subtract line 8h from line 8c)	8i							2754		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	_ <b>v</b> j									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2E 2J 2K 2H 3D  If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:			
_	48										
Par	•					1					
10	During the plan year:		0 0 11 9 11		Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					250	0000
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 of	ner persons of the bene	s by an insurance carrier, fits under the plan? (See	10e		X					
	instructions.)  Has the plan failed to provide any benefit when due under the plan					X					
				10f							
g		•	,	10g		X					
h	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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding				ction		FRISA?	П	Yes	X	No
	• • • • • • • • • • • • • • • • • • • •				5.1011	30 <u>2</u> 01		Ш		, <b>,</b>	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
granting the waiver											
lf	You completed line 12a, complete intes 3, 3, and 10 of acheum	e MB (For	m 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year	•			T	12b					

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	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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust'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

2012

This Form is Open to Public Inspection

		Identification Information				
For calend	lar plan year 2012 or fi	scal plan year beginning	10/01/2012	and ending	09/30/20:	13
A This re	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-parti	cipant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year retu	irn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	, ,	DFVC prog	ıram
	<b>5</b>	special extension (enter des	<b></b>		□ - · · - p····a	,
Part II	Basic Plan Info	rmation—enter all requested in	<u> </u>			
1a Name		Than on Educated II	IIOITI I BUQI J		1b Three-digit	
	Roofing, Inc	401(k) Plan			plan number	
	,				(PN) ▶	002
					1c Effective date 10/01/198	
2a Plans	ponsor's name and ad	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b Employer Ider	
Milmar	Roofing, Inc.				(EIN) 59-12	19104
2150 N	.W. 95th Stree	<b>.</b> +			2c Sponsor's tele	
2130 N	.n. JJon Dele	• <b>u</b>			305-836-6	
Miami		FL 33147			2d Business code 238100	e (see instructions)
3a Plan a	dministrator's name ar	d address XSame as Plan Spor	nsor Name XSame as Pla	n Sponsor Address	3b Administrator's	s EIN
		<u></u> ;				
					3c Administrator's	s telephone number
4 If the	name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name	, EIN, and the plan nur	plan sponsor has changed since nber from the last return/report.	the last return/report filed	for this plan, enter the		
name <b>a</b> Spons	, EIN, and the plan nur or's name	nber from the last return/report.		•	4c PN	
name a Spons 5a Total	, EIN, and the plan nur or's name number of participants	nber from the last return/report.				2
name a Spons 5a Total b Total	, EIN, and the plan nur or's name number of participants number of participants	at the end of the plan year.			4c PN	2 2
name a Spons 5a Total b Total c Numb	, EIN, and the plan nur or's name number of participants number of participants er of participants with a	nber from the last return/report.	f the plan year (defined ber	nefit plans do not	4c PN 5a	
name a Spons 5a Total b Total c Numb comp 6a Were	, EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	f the plan year (defined ber	efit plans do not	4c PN 5a 5b 5c	2
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name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with a lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei a penalty for the late of alties of perjury and oth dule MB completed ar irue, correct, and comp	at the beginning of the plan year at the end of the plan year invested in a during the plan year invested in a the annual examination and report (See instructions on waiver eligit ther line 6a or line 6b, the plan or incomplete filing of this returner penalties set forth in the instructions of the plan or incomplete filing of this returner penalties set forth in the instruction of the plan distinct of the plan enrolled actuary, lete.	eligible assets? (See instruct of an independent qualifibility and conditions.)	ctions.)  ded public accountant (IQF  and must instead use I unless reasonable cause examined this return/report,  Dale Scarborou  Enter name of individu	4c PN 5a 5b 5c PA) Form 5500. se is established. port, including, if applic, and to the best of m agh ual signing as plan ac	2  X Yes No  X Yes No  Cable, a Schedule by knowledge and  dministrator

Pai	t III   Financial Information										
7	Plan Assets and Liabilities		(a)	Beginning of Yea	ar			(b) End	of Ye	ar	
а	Total plan assets	. 7a		23	0078	2				23	28324
b	Total plan liabilities	7b		A. A		0					0
C	Net plan assets (subtract line 7b from line 7a)	7c		23	0078	2				23	28324
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)				0		······································			
-	(2) Participants	8a(2)		a Avanora		0					
	(3) Others (including rollovers)	8a(3)		The state of the s		0			•		
b	Other income (loss)	8b			2798	3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			***************************************		***************************************				27983
d	Benefits paid (including direct rollovers and insurance premiums					_	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	to provide benefits)	8d				0					
	Certain deemed and/or corrective distributions (see instructions)	8e				0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			44	1					
g_	Other expenses	8g				0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									441
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i									27542
j	Transfers to (from) the plan (see instructions)	- 8j		TOTAL PARTIES							
Par	t IV Plan Characteristics			OME OF THE PARTY O							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2J 2K 2H 3D										
b	If the plan provides welfare benefits, enter the applicable welfare $64\mathrm{B}$	eature cod	les from the l	ist of Plan Chara	cteristi	c Cod	les in t	he instructi	ons:		
Part	V Compliance Questions			The second secon	***************************************	***************************************					
10	During the plan year:				i	Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide				10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include trans	actions reported	10b		х				
c				1	10c	Х				2	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was	caused by fraud	100		х		<del></del>		
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other		······	<del></del>	10d			***************************************	***************************************		···
Ū	insurance service or other organization that provides some or all instructions.)	of the bene	efits under th	e plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla				10f		Х				
g				:	l		х				
h				<u> </u>	10g		-25				<del></del>
	2520.101-3.)				10h		Х		***************************************		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10				10i						****
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form		Yes	No
11a	Enter the amount from Schedule SB line 39						11a				
12	Is this a defined contribution plan subject to the minimum funding				***************************************		302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.					and e	nter th Day	e date of t	he let Year		ng
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), an	d skip to line 13.							
b	Enter the minimum required contribution for this plan year		**************	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[	12b				<del></del>

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			<del> </del>		
C	Enter the amount contributed by the employer to the plan for this plan year .	)	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount).	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding	g 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?	11341111144134(4444434474777777777111745467777777777	🔲	Yes X No	1
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(	s) to		
•	3c(1) Name of plan(s):		13c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b T	rust's EIN	· · · · · · · · · · · · · · · · · · ·