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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instruc	tions to the Form 5500)-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 12	2/31/201	13	
	diffreport is for.	a single-employer plan		an (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)		
C Check I	oox if filing under:	Form 5558 special extension (enter description)	automatic extension		Ц	DFVC progra	am
Dort II	Basic Blan Infor	mation—enter all requested inform	<i>'</i>				
Part II		mation—enter all requested inform	ation	<u> </u>	1h T	h	
1a Name	ot pian OOFING DEFINED BE	NEELT TOLIST				hree-digit an number	
INAINDOW IN	OOI ING DEI INED BE	NETT TROST			•	PN) ▶	002
						ffective date o	f plan
						01/01	
2a Plan sp RAINBOW F	oonsor's name and add ROOFING SOLUTIONS	ress; include room or suite number (e	employer, if for a single-	employer plan)			fication Number 80177
6925 C W 21	ST COURT, UNIT 2				2c S	ponsor's telep	
DAVIE, FL 3	3317				2d Bu	usiness code ((see instructions)
3a Plan a	dministrator's name and	d address Same as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b Ac	dministrator's	
					3c Ac	dministrator's	telephone number
							•
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EI	IN	
	, EIN, and the plan num or's name	ber from the last return/report.			4c PI	N	
		at the beginning of the plan year			-	11	1.4
_		at the end of the plan year		-	5a		14
C Numb	er of participants with a	ccount balances as of the end of the	plan year (defined bene	fit plans do not	5b		14
		during the plan year invested in eligib			5c		X Yes No
_	•	the annual examination and report of	•	,			
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditions.)				X Yes No
If you	answered "No" to eit	her line 6a or line 6b, the plan cann	not use Form 5500-SF	and must instead use	Form 55	500	_
C If the p	olan is a defined benefit	plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?	X	es No	Not determined
Caution: A	nenalty for the late o	r incomplete filing of this return/rep	nort will be assessed	unless reasonable cau	se is es	tahlished	
		er penalties set forth in the instruction					able a Schedule
SB or Sche		d signed by an enrolled actuary, as w					
SIGN	Filed with authorized/v	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ıal signir	ng as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/nlan snonsor	Date	Enter name of individu	ıal sianir	na as employe	er or plan sponsor
Preparer's		ime, if applicable) and address; includ				<u> </u>	number (optional)
	, 5	, , , , , , , , , , , , , , , , , , , ,		, ,		,	(1 /
				<u> </u>			

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Reginning of Voc	· r			(b) End of Year
	Total plan assets	7a	(a) Beginning of Yea				397363
<u>a</u>	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c	36758				397363
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	3187	7			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31877
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		0			
g	Other expenses	8g	210	2			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2102
i	Net income (loss) (subtract line 8h from line 8c)	8i					29775
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension f	eature co	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 cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not i	include transactions reported	10b		Х	
С				10c	Χ		50000
d				100			30000
	or dishonesty?		-	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of						
	instructions.)			10e		X	
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (92520.101-3.)			10h			
i	,	e required	d notice or one of the	10i			
Part				101			
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	•					
11a	Enter the unpaid minimum required contribution for current year fro					11a	0
12	Is this a defined contribution plan subject to the minimum funding						FRISA? T Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				5	JUL 01	
а	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	g amortiz	ed in this plan year, see instruc		and e	enter th	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	i cui
	Enter the minimum required contribution for this plan year	•				12b	

Page	3 -	1
raye	J	

Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?	[Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ntrol		Yes	X No
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.)				
3c(1) Name of plan(s): 13c	(2) EII	N(s)	13c(3)	PN(s)
VIII Trust Information (optional)				
Name of trust	4b Tru	ust's EIN		
1 1	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)	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)	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)	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). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? Has a resolution to terminate the plan been adopted in any plan year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

				File as	an attachme	ent to Form	5500 or	5500-SF.					
Fo	or calendar	plan year 2013	3 or fiscal plan	year beginning	01/01/2013			and	ending	12/31/2	2013		
•	Round of	f amounts to i	nearest dollar										
•	Caution:	A penalty of \$1	,000 will be as	sessed for late filing	of this report	unless reas	onable ca	use is estal	olished.				
	Name of pl		NED DENEELT	TDUOT				B Thre	e-digit			002	
R/	AINBOW RO	OOFING DEFII	NED BENEFII	TRUST				plan	numbe	er (PN)	•	002	
C	Plan enone	or's name as s	shown on line '	2a of Form 5500 or 5	500-SE			D Emplo	war Ide	antification	Number	/EINI)	
		OOFING SOLU		28 01 1 01111 3300 01 3	300-31			Lilipid	-			(LIIV)	
									2	27-398017	7		
F	Type of plan	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size.	100 or few	ver \square	101-500	More	than 500	
			<u> </u>	Widitiple B	•	i noi youi pi	ATT 0120.	100 01 101	VC1	101 000	IVIOIC	ilian ooo	
		Basic Inforn											
1		e valuation date	e:	Month	Day31	Year _	2013	_					
2									Г				
									-	2a			397363
							 T			2b			397363
3	ŭ	target/participa					(1) N	lumber of pa	articipa	nts	(2)	Funding Target	
	_			iaries receiving paym						0			C
						. 3b				4			3486
	C For ac	tive participant	ts:				ļ						
	(1)					` '	ļ						C
	(2)	Vested bene	fits										251113
	(3)	Total active								10		2	251113
	d Total.					. 3d				14		2	254599
4	If the pla	n is in at-risk s	status, check th	ne box and complete	lines (a) and	(b)			_				
	a Fundii	ng target disre	garding prescri	bed at-risk assumption	ons					4a			
				sumptions, but disreg						4b			
_				consecutive years ar									
5										5		6.	39 %
6										6			0
Sta	•	Enrolled Actu	•	ed in this schedule and acco	mpanying schodu	los statomonts	and attachm	onte if any is a	complete	and accurate	Each proces	ihad assumption was an	nlind in
	accordance w	ith applicable law a	ind regulations. In n	ny opinion, each other assur experience under the plan.									
		oner my best estime	ate of anticipated ex	chemica dilder the plan.									
	SIGN												
	HERE							_			03/12/2	2014	
			Sign	ature of actuary							Date		
AA	RON VENC	OUZIOU									11-02		
			Type or p	orint name of actuary						Most rece	ent enrollm	nent number	
PE	NCERT, LT	D									630-78	89-0700	
72	5 N CASS	^\/ ⊏ NII I⊏		Firm name					Tele	phone nu	mber (incl	uding area code)	
	ESTMONT,												
			Add	dress of the firm				_					
f th	ne actuary h	as not fully rofl	lacted any rea	ulation or ruling prom	ulasted under	the statute	in comple	ating this so	hadula	chack th	a hov and	see	1
	ructions	as not rully 1811	iccicu ariy regi	nation of ruling prom	uigaieu uiidel	uie statule	iii comple	zung uns sc	riedule,	, CHECK III	e bux and	300	J

Page	2	-
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Schedule SB (Form 5500) 2013

8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 9 Amount remaining (line 7 minus line 8) 10 Interest on line 9 using prior year's actual return of 10.32 % 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year) b Interest on (a) using prior year's effective interest rate of 7.11 % except as otherwise provided (see instructions). C Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) 0 3c Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 16 Porro year's funding requirement. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by employer(s) and employees (b) Amount paid by employer(s) employer(s) and employees 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19 Discounted employer contributions adjusted to valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19 Discounted employer contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?	Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances						
Secont Second S							-	(a)	Carryover balance		(b)	Prefundi	ng balance
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 9 Amount remaining (line 7 minus line 8)	7		Ū	0 , ,		,	•			0			328
9 Amount remaining (line 7 minus line 8)	Q	· · ·											
10 Interest on line 9 using prior year's actual return of 10.32 %	0			•	-	•				0			0
Part IV Contributions and Liquidity Shortfalls 18 Contributions and Liquidity Shortfalls 18 Contributions and Liquidity Shortfalls 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior year? 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions for current year adjusted to valuation date 19 Discounted a "Yes", "were required unafter "for pair", "yes" No bif fline 20a is "Yes," were required contributions and complete the following table as applicable:	9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0	32		
a Present value of excess contributions (line 38a from prior year) b Interest on (a) using prior year's effective interest rate of 7.11% except as otherwise provided (see instructions). C Total available at beginning of current plan year to add to prefunding balance	10	Interest	on line 9	using prior year's	s actual re	turn of10.32 %				0			34
b Interest on (a) using prior year's effective interest rate of 7.11 % except as otherwise provided (see instructions). C Total available at beginning of current lyear (line 9+ line 10+ line 11d – line 12)	11	Prior ye	ear's exce	ess contributions t	o be adde	d to prefunding balance:							
as otherwise provided (see instructions). C Total available at beginning of current plan year to add to prefunding balance		a Prese	ent value	of excess contrib	utions (line	e 38a from prior year)							0
d Portion of (c) to be added to prefunding balances													0
12 Other reductions in balances due to elections or deemed elections		c Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce						0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)		d Porti	on of (c)	to be added to pre	efunding ba	alance							0
Part III Funding Percentages 14 Funding target attainment percentage 15 144.45	12	12 Other reductions in balances due to elections or deemed elections										0	
14 Funding target attainment percentage	13	Balance	e at begir	nning of current ye	ear (line 9	+ line 10 + line 11d – line 12)			0			362
15 144,45	Pa	art III	Fun	ding Percenta	ages								
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 18 Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) and employees (MM-DD-YYYY) (b) Amount paid by employer(s) employees (MM-DD-YYYY) (b) Amount paid by employees (MM-DD-YYYY) (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employees (c) Amount paid by employees (MM-DD-YYYY) (d) Amount paid by employees (d) Amount paid	14	Funding	g target a	ttainment percent	age							14	155.92 %
current year's funding requirement. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (D) Amount paid by employer(s) (C) Amount paid by employer(s) (MM-DD-YYYY) (MM-DD-YYYY) (E) Amount paid by employer(s) (E) Amount paid by employees (MM-DD-YYYY) (E) Amount paid by employees (MM-DD-YYYY) (E) Amount paid by employees (E) Amount paid by employees (MM-DD-YYYY) (E) Amount paid by employees (E) Amount paid	15	Adjuste	d funding	g target attainmen	t percenta	ge						15	144.45 %
Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (C) Amount paid by employees (MM-DD-YYYY) (MM-DD-YYYY) (MM-DD-YYYY) (E) Amount paid by employees (MM-DD-YYYY) (MM-DD-YYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYY) (MM-DD-YYYYY) (MM-DD-YYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYYY) (MM-DD-YYYYYYYYYY) (MM-DD-YYYYYY) (MM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	16										16	171.84 %	
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	17	If the cu	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding tar	get, enter	such percentage			17	%
(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (c) Amount paid by employer(s) (d) Amount paid by employer(s) (e) Amount paid by employer(s) (e) Amount paid by employer(s) (d) Amount paid by employer(s) (e) Amount paid by employe	Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls							
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees employees MM-DD-YYYY) employer(s) employees employees	18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
Totals ► 18(b) 0 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. 19a b Contributions made to avoid restrictions adjusted to valuation date 19b c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?	(N /										(
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	(17	IIVI-DD-1	111)	cinployen	(3)	стрюўсез	(IVIIVI-DD	-1111)	cmployer(3)		СПР	oycc3
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years													
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years													
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years													
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years													
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years													
a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date. c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?							Totals ▶	18(b)		0	18(c)		0
b Contributions made to avoid restrictions adjusted to valuation date	19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after	the beginning of the	e year:			
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Cont	ributions	allocated toward	unpaid mir	nimum required contributions	from prior y	/ears		19a			0
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? c If line 20a is "Yes," see instructions and complete the following table as applicable:		b Conti	ributions	made to avoid res	trictions a	djusted to valuation date				19b			0
a Did the plan have a "funding shortfall" for the prior year?		C Contr	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuatio	n date	19c			0
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	Quarter	ly contrib	outions and liquidit	y shortfall:	s:							
C If line 20a is "Yes," see instructions and complete the following table as applicable:		a Did t	he plan h	nave a "funding sh	ortfall" for	the prior year?							Yes X No
		b If line	e 20a is "	Yes," were require	ed quarterl	y installments for the current	year made	in a timely	manner?				Yes No
Liquidity shortfall as of end of quarter of this plan year		C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable	:					
		· · ·	(4) 1		-		nd of quarte		•		-	(4)	
(1) 1st (2) 2nd (3) 3rd (4) 4th			(1) 19	St		(2) 2nd		(3)	3rd			(4) 4tl	1

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ıll yield	curve	e used
	b Appl	icable month (enter code)			21b				4
22	Weight	ed average ret	tirement age			22				65
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired		
		_							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid		_	years		28				0
29			•	I unpaid minimum required contrib		29				
	(line 19	9a)								0
30	Remair	ning amount of	funpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Target	normal cost a	nd excess assets (see instruct	ions):						
	a Targe	et normal cost	(line 6)			31a				0
	b Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b				0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	I	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	er amortization	n installment			0				0
33				ter the date of the ruling letter grar) and the waived amount		33				0
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
-				Carryover balance	Prefunding bala	nce	To	otal bala	ance	
35			use to offset funding	0		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).		<u>I</u>	36				0
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0
38	•		ess contributions for current ye							
						38a				0
				prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40		-		5		40				
	rt IX			Pension Relief Act of 2010		l				
			de to use PRA 2010 funding re		(200 111011 40110113	,				
				<u> </u>			2 plus 7 yea	Г	715	voore
				44.5						years
			,	41a was made			8 2009	2010	<u> Ц</u>	2011
						42				
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43				

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2013

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.		optouo
	art i Annual Report	Identification Information					
For	calendar plan year 2013 or fise	cal plan year beginning	01/01/2013	and ending	12	/31/2013	
	This return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	m/report (less than 12 m	onths)		
C	Check box if filing under:	Form 5558	automatic extension			DFVC progra	nm
		special extension (enter descrip	— tion)			-	
P	art II Basic Plan Info	rmation enter all requested in	formation				
	Name of plan	THIS CITE AN TO GOOD OF THE	TOTTILATOTI		1b 1	Three-digit	<u> </u>
	Rainbow Roofing Def	inad Banafit Mmust				olan number	002
	Karmbow Rooting Der	Ined Benefit Trust				PN) ► Effective date o	002
						01/01/2006	t plan
2a	Plan sponsor's name and add	dress; include room or suite number	(employer, if for a single	-employer plan)			fication Number
	Rainbow Roofing Sol	utions, LLC		, , , ,	1	EIN) 27-391	
					2c s	Sponsor's telepi	hone number
	6825 SW 21st Court,	Unit 2			- 1	(954) 370-	7879
							(see instructions)
	Davie	FL 33317		,	2	238100	
3 a	Plan administrator's name an	nd address 🕱 Same as Plan Spon	sor Name 🔲 Same as I	Plan Sponsor Address	3b A	Administrator's	EIN
					3c A	Administrator's	telephone number
					1		
_	If the construction Fibration		- 111		45 5		
4		eplan sponsor has changed since the ober from the last return/report.	e last return/report filed for	or this plan, enter the	4b E	:IN	
a	Sponsor's name				4c F	'n	
		at the beginning of the plan year			5a	T	14
b		at the end of the plan year			5b		14
C	•	account balances as of the end of the					
		***************************************			5c		
	-	during the plan year invested in eligi		***************************************	*********		X Yes No
þ		the annual examination and report o		d public accountant (IQF	PA)		₩Vee □Ne
		(See instructions on waiver eligibility	• • • • • • • • • • • • • • • • • • • •				XYes No
_	-	ther line 6a or line 6b, the plan can			_		Not determined
<u> </u>	ir the plan is a demied benefit	t plan, is it covered under the PBGC	insurance program (see	ERIOA SECUOTI 4021)?	*********	7 tes [] 140	140t determined
		or incomplete filing of this return/					
Ur	nder penalties of perjury and other	her penalties set forth in the instructi	ions, I declare that I have	examined this return/re	port, inc	luding, if applic	able, a Schedule
	s or Schedule MB completed ar lief, it is true, correct, and comp	nd signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/report	t, and to	the best of my	knowledge and
1.0		7	10/6/14	Marc Segal			·
1.68	ich						
3	Signature of plan adm	inistrator	Date	Enter name of individua	al signin	g as pian admir	nistrator
8	IGN Tu		10/6/14	Marc Segal			
كويست	ERE Signature of employer		Date	Enter name of individua			
Pr	· · · · · · · · · · · · · · · · · · ·	ame, if applicable) and address; incl	lude room or suite numb	er (optional)	Prepar	er's telephone	number (optional)
	THE PENSION S				1		
	2110 SE PAYS C	NAY					
	STLART TE 34	994			-		
	,	,					

Pa	作制 Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	†			(b) End of	Year	
a	Total plan assets	7a	367,5	88				397,363	
<u>b</u>	Total plan liabilities	7b		0				0	
C	Net plan assets (subtract line 7b from line 7a)	7c	367,5	88				397,363	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	Contributions received or receivable from: (1) Employers	8a(1)	,	0				erena er	
	(2) Participants	8a(2)		0					
	3) Others (including rollovers)	8a(3)		0	1				
	Other income (loss)	8b	31,8	77	1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1			31,877	
d	Benefits paid (including direct rollovers and insurance premiums								
	o provide benefits)	8d		0	-				
	Certain deemed and/or corrective distributions (see instructions)	8e		0	-				
	Administrative service providers (salaries, fees, commissions)	8f		0	┼			· · · · · · · · · · · · · · · · · · ·	
	Other expenses	8g	2,10	02	╂				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			2,102	
	Net income (loss) (subtract line 8h from line 8c)	8i			┼		 	29,775	
	Transfers to (from) the plan (see instructions)	8]		0	ــــــــــــــــــــــــــــــــــــــ		 		
	t N Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instruction	s:	
_	1A							·····	
b	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic (Codes	in the	instructions	:	
Pai	Compliance Questions		· · · · · · · · · · · · · · · · · · ·						
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	nclude transactions reported	10b		x			
С	Was the plan covered by a fidelity bond?			10c	х			50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		x			
0	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)	of the bene	fits under the plan? (See	10e		x			
			~ · · · · · · · · · · · · · · · · · · ·	10f					
	Has the plan failed to provide any benefit when due under the plan			101		Х	ļ		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Par	t VI Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·			·			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)					ile SB	(Form	X Yes No	
112	Enter the unpaid minimum required contribution for current year fro					11a		0	
12							DICA2	Yes X No	
12	Is this a defined contribution plan subject to the minimum funding n	<u> </u>		sect	1011 30	Z OF E	NOA!	LI 162 FFT INO	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					402 44	- doto -£4	letter pulse	
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	************	Mor				e date of the	Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule		··						
<u>b</u>	Enter the minimum required contribution for this plan year		***************************************	********		12b			

	Form 5500-SF 2013	Page 3-					
	Enter the amount contributed by the employer to the plan for this plan yea	ır		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)	ult (enter a minus sign to the left o		12d			
е	Will the minimum funding amount reported on line 12d be met by the fund				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?	***********************************		X Ye	es 🔲	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?		nder the co	ntrol		☐ Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the	e plan(s) to				
1	I3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3	B) PN(s)
						İ	
Part	VIII Trust Information (optional)	1					
14a	Name of trust			14b Ti	rust's E	IN	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

	▶ File as an attachme	nt to Form	5500 or 5	500-SF.			•
For calendar plan year 2013 or fiscal p	lan year beginning 01/01/			and endin	g 12	/31/2013	
▶ Round off amounts to nearest do							
Caution: A penalty of \$1,000 will be	e assessed for late filing of this report ເ	ınless reas	onable cau	ise is establishe	d.		
A Name of plan				B Three-digi	it		
Rainbow Roofing Defined Be	nefit Trust			plan numi	ber (PN)) ▶	002
				9.00			Anno Anno Anno Anno Anno Anno Anno Anno
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer id	lentifica	tion Number	(EIN)
Rainbow Roofing Solutions,	LLC			2	7-398	0177	
E Type of plan: X Single Multiple	e-A Multiple-B	rior year p	lan size: X]100 or fewer]101-5	500 🔲 More	e than 500
Part I Basic Information							
1 Enter the valuation date:	Month 12 Day 31	Year	2013				
2 Assets:							
a Market value	•			********	2a		397,363
b Actuarial value	••••••			***********	2b		397,363
3 Funding target/participant count b	reakdown:		(1) Nur	mber of participa	ants	(2)	Funding Target
a For retired participants and ben-	eficiaries receiving payment	3a			0		0
b For terminated vested participal	nts	3b			4		3,486
C For active participants:			1,04.0	as Santa Cara		510.0000	
				100 00 000			0
(2) Vested benefits	•••••••	3c(2)					251,113
(3) Total active	***************************************	3c(3)			10		251,113
d Total	•••••	3d			14		254,599
4 If the plan is in at-risk status, chec	k the box and complete lines (a) and (b)				1000	Security 19
a Funding target disregarding pres	scribed at-risk assumptions		••••••		4a		
b Funding target reflecting at-risk at-risk status for fewer than fi	assumptions, but disregarding transition vectors as the consecutive years and disregarding the consecutive years and disregarding the consecutive years and disregarding the consecutive years are consecutive years and disregarding the consecutive years are consecutive years and disregarding transitions.	on rule for p	olans that h	ave been in	4b		
· · · · · · · · · · · · · · · · · · ·	***************************************				5		6.39 %
_	**********				6		
Statement by Enrolled Actuary						!	
To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	MV ODINION, each other assumption is reasonable (statements an taking into acc	nd attachments, count the exper	, if any, is complete a ience of the plan and	and accura I reasonat	ite. Each presribe ple expectations) a	d assumption was applied in and such other assumptions, in
SIGN HERE						03/12/201	14
Aaron Venouziou	ignature of actuary					Date	
	y print name of a X					11-02291	
Pencert, LTD	or print name of adjuary					ecent enrollm 30) 789-0	
	Firm name			Tal		-	
735 N Cass Avenu				ren	ерлопе	number (inci	uding area code)
US Westmont	IL 60559						
	Address of the firm	e .					
If the actuary has not fully reflected any instructions	regulation or ruling promulgated under	the statute	in complet	ing this schedul	e, chec	k the box and	I see

Schedule	SB	(Form	5500)	2013
001104410	~	(* • • • • • •	~~~	2010

Page 2

Pa	irt II 📗 Be	ginning of Yea	r Carryo	ver and Prefunding Ba	lances						
	-					(a) Carryover balance (b		(b) I	(b) Prefunding balance		
	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							32			
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from										
								0			
9								0			32
10				eturn of <u>10.32</u> %				0			3.
11	Prior year's	excess contributions	s to be add	ed to prefunding balance:		18 (18 (18)			()		Burney Steel
	a Present v	alue of excess cont	ributions (li	ne 38a from prior year)	•••••						
	b Interest of otherwise	on (a) using prior yea e provided (see instr	ar's effectiv uctions)	e interest rate of <u>7.11</u> %	except as						
				an year to add to prefunding I					-		
	d Portion of	f (c) to be added to	prefunding	balance		100	erio de la participación				(
12				ns or deemed elections		200000000000000000000000000000000000000		0			
13				+ line 10 + line 11d - line 12)				0	***	·	362
Pa	Walsh didning Wyord	unding Percen				l					
14	Charles of the Control of the Contro									44	
				***************************************						14	155.92 %
16	Prior year's f	funding percentage	for purpose	ages of determining whether carr		· · · · · · · · · · · · · · · · · · ·	************			15	144.45 %
	current year	s funding requireme	<u>nt</u>	**********************	• • • • • • • • • • • • •	<u></u>		to reduce)	16	171.84 %
1 2 3 5 5 E 2 6 C	v399943546945555556			is less than 70 percent of the	funding ta	arget, enter	r such percentage	*****		17	%
100000000000000000000000000000000000000		ontributions a									
18				year by employer(s) and emp	loyees:						
(M.	(a) Date M-DD-YYYY)	(b) Amount pemployer		(c) Amount paid by employees) Date D-YYYY)	(b) Amount	paid by	(unt paid by
			(-/	omployees -	(IVIIVI-D	D-1111)	employ	31(8)		empi	oyees
					-			 .			
					<u> </u>						
		<u> </u>			 						
					ļ						
					ļ						
2000,000,000 (dec.)	incomment was a total deposit of	akanasinaanin wan wan kana awakan ka ka	end the state of t	COMPANIES AND THE STATE OF THE							
cignitis					Totals	► 18(b)			₀ 18(c)		0
19	Discounted e	mployer contribution	ns see in	structions for small plan with a	a valuation	date after	the beginning of th	e year:			
	a Contribution	ons allocated toward	l unpaid mi	nimum required contributions	from prior	years		19a			0
	b Contribution	ons made to avoid re	estrictions a	adjusted to valuation date		*******		19b			0
								19c			0
20											
a Did the plan have a "funding shortfall" for the prior year?											
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
	C If line 20a is "Yes," see instructions and complete the following table as applicable:										
	Liquidity shortfall as of end of quarter of this plan year										
	(1) 1st (2) 2nd (3) 3rd (4) 4th										

Pa	art V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost		
	Discount rate:					
	a Segment rates:			6	N/A, full yield curve used	
	b Applicable month	(enter code)			21b	4
22	Weighted average re	etirement age			22	65
23	Mortality table(s) (see	e instructions) X P	rescribed - combined Pre	scribed - separate	Substitu	ıte
Pa	rt VI Miscellane	ous items				
24	Has a change been r	made in the non-prescribed ac	tuarial assumptions for the curren	t plan year? If "Yes." see	e instructio	ns regarding required
	attachment		· · · · · · · · · · · · · · · · · · ·			Yes 🕱 No
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required atta	chment .	· · · · · · · Yes 🕱 No
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	d attachme	nt X Yes 🗌 No
27			nter applicable code and see instru		27	
Pa	CACCED ACADEM SCIENCE		um Required Contribution			
			years	·	28	0
	Discounted employer	r contributions allocated towar	d unpaid minimum required contrit	outions from prior years	29	O
30			ontributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	nd excess assets (see instruc	tions):			
	a Target normal cost	(line 6)			31a	0
			line 31a		31b	0
32	Amortization installm	ents:		Outstanding Bala	ance	Installment
	a Net shortfall amorti	ization installment	• • • • • • • • • • • • • • • • • • • •		0	0
	b Waiver amortization	n installment	• • • • • • • • • • • • • • • • • • • •		0	0
33	If a waiver has been a	approved for this plan year, e Day Year	nter the date of the ruling letter gra) and the waived amount .	nting the approval	33	0
34			r/prefunding balances (lines 31a - 3		34	0
			Carryover balance	Prefunding Bala	L	Total balance
35	Balances elected for					
		• • • • • • • • • • • • • • • •	0		0	0
					36	0
	(line 19c)		contribution for current year adjuste		37	0
		ess contributions for current ye				
	_				38a	0
			prefunding and funding standard of		38b	0
 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						
1.0	CERCONIC CONTROL CONTR				40	
Par	t IX Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions))	
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:			
a Schedule elected						
b Eligible plan year(s) for which the election in line 41a was made						
42 Amount of acceleration adjustment						
43	43 Excess installment acceleration amount to be carried over to future plan years					

Schedule SB, Part V Summary of Plan Provisions

Rainbow Roofing Defined Benefit Trust 27-3980177 / 002

For the plan year 01/01/2013 through 12/31/2013

Employer: Rainbow Roofing Solutions, LLC

Type of Entity - Limited Liability Company (LLC) taxed as S-Corp

EIN: 27-3980177 TIN: 27-3980177 Plan #: 002 Plan Type: Defined Benefit

Dates: Effective - 01/01/2006 Year end - 12/31/2013 Valuation - 12/31/2013

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$205,000

Maximum 401(a)(17) compensation - \$255,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

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

Schedule SB, Part V Summary of Plan Provisions

Rainbow Roofing Defined Benefit Trust 27-3980177 / 002

For the plan year 01/01/2013 through 12/31/2013

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

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.00
Segment 2	6 - 20	3.57
Segment 3	> 20	4.77

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Rainbow Roofing Defined Benefit Trust 27-3980177 / 002

For the plan year 01/01/2013 through 12/31/2013

Valuation Date: 12/31/2013

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table. Lump sum on 417(e) Minimum rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) 417(e) Minimum

Interest Rates -

Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.39
Segment 2	6 - 20	4.05
Segment 3	> 20	5.08

Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	4.94
Segment 2	6 - 20	6.15
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

or

13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%
Post-Retirement - Interest - 8.5%

Mortality Table - Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Rainbow Roofing Defined Benefit Trust 27-3980177 / 002

For the plan year 01/01/2013 through 12/31/2013

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

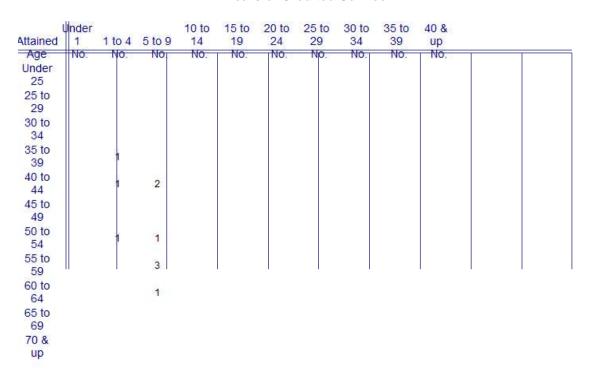
Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 26 - Schedule of Active Participant Data

Rainbow Roofing Defined Benefit Trust 27-3980177/002

For the plan year 01/01/2013 through 12/31/2013

Years of Credited Service



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

Rainbow Roofing Defined Benefit Trust 27-3980177 / 002 For the plan year 01/01/2013 through 12/31/2013

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