Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 accorda	nce with the instruc	tions to the Form 550	n_SE	Inspection
Part I	Annual Papart	Identification Information	nce with the monac	dons to the Form 550	U-OI .	
		scal plan year beginning 01/01/2014		and ending 0	8/14/2	2014
_	turn/report is for:		multiple-employer pla	an (not multiemployer)	0/ 14/2	a one-participant plan
	turn/report is:		ne final return/report	, , ,		
D IIIIS ICI	turr/report is.		·	/report (less than 12 mo	onths)	
C Chock	box if filing under:		utomatic extension		,	DFVC program
• CHECK	box if filling drider.		atomatic extension			
David II	Deeds Bleeder	special extension (enter description)				
Part II		rmation—enter all requested information	on		1 41	
1a Name	•	OO INO PROFIT OUADINO BLAN			10	Three-digit plan number
ESARY ROC	JEING AND SIDING C	CO., INC. PROFIT SHARING PLAN				(PN) ▶ 001
					10	Effective date of plan
						04/01/1989
2a Plan s	ponsor's name and ac	Idress; include room or suite number (emp	olover, if for a single-	employer plan)	2b	Employer Identification Number
	OFING AND SIDING		, ,	, , , ,		(EIN) 91-1189270
					2c	Sponsor's telephone number
420 PEASE	RD					360-757-0933
BURLINGTO	ON, WA 98233-3114				2d	Business code (see instructions)
						236110
3a Plan a	administrator's name a	nd address \overline{X} Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN
					20	Administrator's telephone number
					36	Administrator's telephone number
4 If the r	name and/or FIN of th	e plan sponsor has changed since the las	t return/report filed fo	r this plan enter the	4b	EIN
		mber from the last return/report.	r retarrir eport med re	i tillo platt, criter tile	70	LIIN
a Spons	or's name				4c	PN
5a Total	number of participants	at the beginning of the plan year			5a	17
b Total	number of participants	at the end of the plan year			5b	0
		account balances as of the end of the pla	, ,	•	5c	0
	•	s during the plan year invested in eligible				X Yes No
_	•	f the annual examination and report of an	,	•	 РА)	
		? (See instructions on waiver eligibility an				X Yes No
If you	ı answered "No" to e	ither line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.
C If the	plan is a defined bene	fit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .		Yes No Not determined
Caution: /	A nenalty for the late	or incomplete filing of this return/report	t will he assessed i	ınless reasonable cau	se ie	established
	· · · · · · · · · · · · · · · · · · ·	her penalties set forth in the instructions.				
	, , ,				,	0, 11
	edule MB completed a	nd signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	, anu i	
belief, it is	edule MB completed a true, correct, and com		as the electronic vers	sion of this return/report	, and i	,
·	true, correct, and com		as the electronic vers	BRETT ESARY	, and i	
SIGN HERE	Filed with authorized	plete. /valid electronic signature.	10/29/2014	BRETT ESARY		
SIGN HERE	true, correct, and com	plete. /valid electronic signature.	1	BRETT ESARY		ning as plan administrator
SIGN	Filed with authorized Signature of plan a	plete. /valid electronic signature. administrator	10/29/2014 Date	BRETT ESARY Enter name of individu	ual sig	ning as plan administrator
SIGN HERE SIGN HERE	Filed with authorized Signature of plan a	valid electronic signature. dministrator byer/plan sponsor	10/29/2014 Date Date	BRETT ESARY Enter name of individu Enter name of individu	ual sig	ning as plan administrator ning as employer or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized Signature of plan a	plete. /valid electronic signature. administrator	10/29/2014 Date Date	BRETT ESARY Enter name of individu Enter name of individu	ual sig	ning as plan administrator
SIGN HERE SIGN HERE	Filed with authorized Signature of plan a	valid electronic signature. dministrator byer/plan sponsor	10/29/2014 Date Date	BRETT ESARY Enter name of individu Enter name of individu	ual sig	ning as plan administrator ning as employer or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized Signature of plan a	valid electronic signature. dministrator byer/plan sponsor	10/29/2014 Date Date	BRETT ESARY Enter name of individu Enter name of individu	ual sig	ning as plan administrator ning as employer or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized Signature of plan a	valid electronic signature. dministrator byer/plan sponsor	10/29/2014 Date Date	BRETT ESARY Enter name of individu Enter name of individu	ual sig	ning as plan administrator ning as employer or plan sponsor

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities				ear (b) End of Ye					
	Total plan assets	7a	(a) Degining of Tea				(b) Liid 0	i i Cai	0	
	Total plan liabilities	7b			+					
	Net plan assets (subtract line 7b from line 7a)	7c	28964	4					0	
8	Income, Expenses, and Transfers for this Plan Year	10					(b) To	tal		
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı		
	(1) Employers	8a(1)	96	4						
	(2) Participants	8a(2)	385	6						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1646	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2128	6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	29658	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e	1411	3						
f	Administrative service providers (salaries, fees, commissions)	8f	23	7						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						31093	80	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-28964	4	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics				•					
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	2E 2F 2G 2J 2K 2T 3D 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 instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	,	mount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
	Was the plan covered by a fidelity bond?			10c	X				100	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X			100	7000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all				X					
	instructions.)			10e	^					96
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (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)							☐ Yes	×	No
11:	Enter the unpaid minimum required contribution for current year fr					11a				
12	· · · · · · · · · · · · · · · · · · ·		,				EDISA2	Yes	×	No
14	Is this a defined contribution plan subject to the minimum funding			oi se	CHUII	JUZ UI	LNISA!		^	-110
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	_			uling	ı
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		ear		
	Enter the minimum required contribution for this plan year	•				12b				
	Enter the minimum regalica continuation for this plan year									

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гаус	J		

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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	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.)	:0					
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust'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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	01/01/2014	and ending		08/14/201	4
For calendar	plan year 2013 or f	iscal plan year beginning			-	a one-particip	
A This retur	n/report is for:		a multiple-employer plan	n (not multiemployer)	l	_ a one-particip	an pon
B This retur	n/report is:	the first return/report	the final return/report		Ale \		
		an amended return/report	a short plan year return/	report (less than 12 mo	ntns)	□ pc/c	
C Check bo	x if filing under:	Form 5558	automatic extension			DFVC progra	m
• Oncon se		special extension (enter descr	ription)				
Part II	Basic Plan Info	ormation—enter all requested inf	ormation		41-		
1a Name of					16	Three-digit plan number	
		d Siding Co., Inc.				(PN) ▶	001
Profi	t Sharing Pi	lan			1c	Effective date of	
			9			04/01/1989	
2a Plan snr	onsor's name and a	address; include room or suite numb	er (employer, if for a single-e	mployer plan)	2b	Employer Identi	
Esary	Roofing and	d Siding Co., Inc.			_	(EIN) 91-118	
					2c	Sponsor's telep	hone number -0933
400 5	Pd			}	24	1	(see instructions)
	ease Rd		TAT 7A	98233-3114		236110	,,
Burli	ngton	1		Sponsor Address	3b	Administrator's	EIN
3a Plan ad	ministrator's name	and address XSame as Plan Spon	SULIVALITE DOUBLE AS FIAIT				
					3с	Administrator's	telephone number
		the plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b	EIN	
4 If the name	ame and/or EIN of t	number from the last return/report.	the last retains open means	,	_		
a Sponso	r's name				_	PN	1
5a Total n	umber of participar	nts at the beginning of the plan year.			5a		1
b Total n	umber of participar	nts at the end of the plan year		•••••••••••	5b		
c Numbe	or of participants wit	th account balances as of the end of	the plan year (defined bene	fit plans do not	5c		
comple	ete this item)						X Yes No
6a Were	all of the plan's ass	ets during the plan year invested in	eligible assets? (See instruct	d public accountant (IO	PA)		
	OR OFF OFFOR ADA	r of the annual examination and repo 46? (See instructions on waiver eligi	nility and conditions. J				Yes No
16	anawarad "No" to	either line 6a or line 6b, the plan	cannot use Form 5500-5F	and must instead use			-
c If the p	lan is a defined ber	nefit plan, is it covered under the PB	GC insurance program (see	ERISA section 4021)?		Yes No	Not determined
· II die p		te or incomplete filing of this retu	ro/report will be assessed	unless reasonable cau	use is	established.	
Caution: A	penalty for the la	other penalties set forth in the instru	ictions declare that have	examined this return/re	port, i	including, if appli	cable, a Schedule
SB or Sche	dule MB completed	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	t, and	I to the best of m	y knowledge and
belief, it is t	rue, correct, and co	Smplete.					
alan:	THINK	ROVI	10-29-14	Brett Esary			
SIGN HERE	CANNIX C	- definition	Date	Enter name of individ	dual s	igning as plan ac	Iministrator
	Signature of pla	n administrator	Date				
SIGN				Enter name of individ	dual e	igning as employ	er or plan sponsor
HERE	Signature of em	ployer/plan sponsor	Date		Pre	parer's telephon	e number (optional)
Preparer's	name (including fire	m name, if applicable) and address;		(35)			
					1		
14					000000		
1							

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		\vdash		(b) End of Year
<u>′</u>	Total plan assets	7a	289	,644	1		0
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	289	,644	1		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:			964	1		
	(1) Employers	8a(1)	3	,856	10000		
	(2) Participants	8a(2)		,00			
	(3) Others (including rollovers)	8a(3)	16	,46	6		
	Other income (loss)	8b	10	, 10			21,286
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			E 100 100 100 100 100 100 100 100 100 10		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		,58			
е	Certain deemed and/or corrective distributions (see instructions)	8e	11	23			
f	Administrative service providers (salaries, fees, commissions)	8f		25	/ 10000		
g	Other expenses	8g		1000			310,930
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					(289,644)
i	Net income (loss) (subtract line 8h from line 8c)	8i					
j	Transfers to (from) the plan (see instructions)	8j					
Pa	If the plan provides pension pension				"- O-	dee in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charac	cteristi	c Cod	es in th	ne instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution of the plan and policy services of the plan and policy services.	itions withi	n the time period described in rection Program)	10a		Х	
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Х	
_	C Was the plan covered by a fidelity bond?			10c	Χ		100,000
_	d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х	
	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her person of the ben	s by an insurance carrier, efits under the plan? (See	10e	Х		96
	f Has the plan failed to provide any benefit when due under the pla	an?		10f		Χ	
	g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		Х	
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		Х	
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i			
Pa	rt VI Pension Funding Compliance		Y				
11		ments? (If '	Yes," see instructions and con	nplete	Sche	dule SE	3 (Form Yes X No
11	a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a	
12		g requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(IS IIV II complete line 12a or lines 12b, 12c, 12d, and 12e below	v. as applic	cable.)				
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortiz	zed in this plan year, see instru Mor	1011	s, and	enter t Day	he date of the letter ruling Year
	If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Fo	rm 5500), and skip to line 13.			105	
	b Enter the minimum required contribution for this plan year					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	Numerica (1999)					
	Has a resolution to terminate the plan been adopted in any plan year?		XY	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the o	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to			
	3c(1) Name of plan(s):	1	3c(2) E	N(s)	13c(3) PN(s)
	VIII Trust Information (optional) Name of trust		14b ⊤	rust's EIN		