-	m 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089			
Inter	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the					2014			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974	Intern	This	Form is Open to blic Inspection					
Complete all entries in accordance with the instructions to the Form 5500-SF.										
For calenda	Annual Report le ar plan year 2014 or fisc	dentification Information cal plan year beginning 01/01/20	14	and ending 12/	/31/20	14				
		a single-employer plan		plan (not multiemployer) (ox must attach a list			
	urn/report is for:	a one-participant plan	of participating emp	loyer information in accord		-				
B This retu	irn/report is	the first return/report	the final return/report		ontho)					
		an amended return/report		urn/report (less than 12 m	ontns)	_				
C Check	box if filing under:	Form 5558	automatic extension	I		DFVC progr	am			
		special extension (enter descri	ption)							
Part II	Basic Plan Infor	mation—enter all requested info	ormation							
1a Name	of plan				1b	Three-digit				
BOSNICK R	OOFING, INC. 401 (K)	PROFIT SHARING PLAN				plan number (PN) ▶	002			
					1c	Effective date				
							1/1978			
	oonsor's name and add OOFING, INC.	ress; include room or suite numbe	er (employer, if for a singl	e-employer plan)		2b Employer Identification Number (EIN) 91-0870448				
PO BOX 646					2c Sponsor's telephone number 253-565-4500					
UNIVERSITY PLACE, WA 98464							usiness code (see instructions) 238100			
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN				
4 If the r	name and/or EIN of the	plan sponsor has changed since t	he last return/report filed	for this plan, enter the	3C 4b		telephone number			
name	EIN, and the plan num	ber from the last return/report.			4c					
· · · · ·	or's name number of participants a	at the beginning of the plan year			40 5		10			
		at the end of the plan year			5		9			
C Numb	er of participants with a	ccount balances as of the end of t	he plan year (defined be	nefit plans do not	5		8			
d(1) Tota	al number of active part	icipants at the beginning of the pla	an year		5d(1)	9			
d(2) Tota	al number of active part	icipants at the end of the plan yea	ır		5d	-	8			
 e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 				nefits that were	5		0			
		r incomplete filing of this return			ise is	established.				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruc d signed by an enrolled actuary, as	tions, I declare that I hav	re examined this return/rep	oort, in	cluding, if appli				
SIGN		alid electronic signature.	06/05/2015	DONALD BOSNICK						
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	ning as plan ad	ministrator			
SIGN						<u> </u>				
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual sid	ning as emplov	er or plan sponsor			
Preparer's		me, if applicable) and address (in					e number (optional)			

	 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) c Yes No c Yes No c Yes No c Yes No 							
С	If the plan is a defined benefit plan, is it covered under the PBGC in							
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
а	Total plan assets	7a	5412				579265	
b	Total plan liabilities	7b		0			0	
с	Net plan assets (subtract line 7b from line 7a)	7c	5412	220			579265	
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from:			100				
	(1) Employers	8a(1)	-	89	_			
	(2) Participants	8a(2)	143		_			
<u> </u>	(3) Others (including rollovers)	8a(3)		0	_			
	Other income (loss)	8b	221	61				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		42973	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
	Certain deemed and/or corrective distributions (see instructions)	8e		0				
	Administrative service providers (salaries, fees, commissions)	8f	49	28				
	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4928	
		-					38045	
- <u>-</u>	Vermoune (1635) (subtract line of monimie Oc)							
, Dor	t IV Plan Characteristics	8j		0				
9a b Part	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2H 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare ference welfare from the applicable welfare from the applicable welfare from the applicable welfare for the applicable welfare f							
10	During the plan year:				Yes	No	Amount	
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in					V		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	nclude transactions reported	10a		X		
	on line 10a.)			10b	X	Х	450000	
C				10c	X		150000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x		201	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
g						Х		
h		•		Ŭ		Х		
i	· · · · · · · · · · · · · · · · · · ·							
Part	exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)							
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter the minimum required contribution for this plan year		12b				
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 (enter a minus sign to the left onegative amount)	of a	12d				
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to				
13c(1) Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s)			
Part VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN			

Form 5500-SF						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed un	etirement	2014					
Department of Labor Employee Benefits Security Administration	Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internet Revenue Code (the Code).							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information								
Part I Annual Report I For calendar plan year 2014 or fisc		1/01/2014	and ending	12	/31/201	4		
		a multiple-employer p	lan (not multiemployer) (yer information in accord	Filers chec	king this b	ox must attach a list		
A This return/report is for:	a one-participant plan	a foreign plan	yer mornation in accord	Jance with	Ine forming	structions)		
B This return/report is the first return/report the final return/report								
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension			FVC progr	am		
	special extension (enter description	ר)						
Part II Basic Plan Infor	mationenter all requested information	ation						
1a Name of plan		C DI MI		1b Thre	ee-digit number	002		
BOSNICK ROOFING, INC	401 (K) PROFIT SHARIN	IG PLAN		(PN		002		
					ctive date o			
	ress; include room or suite number (er	mployer, if for a single	-employer plan)	2b Emp		ification Number		
BOSNICK ROOFING, INC	•) 91-08			
PO BOX 64640				2c Sponsor's telephone number 253-565-4500				
				2d Business code (see instructions)				
UNIVERSITY PLACE	WA 98464			238100 3b Administrator's EIN				
Ja Plan auministrator s name and	d address XSame as Plan Sponsor.				initiation a			
4 If the name and/or EIN of the	plan sponsor has changed since the l	ast return/report filed f	or this plan, enter the	4b EIN		telephone number		
	ber from the last return/report.	astreturini eport nieu r	or this plan, enter the					
a Sponsor's name				4C PN	1			
	at the beginning of the plan year at the end of the plan year			5a 5b		10		
	ccount balances as of the end of the p					9		
complete this item)				5c		8		
d(1) Total number of active part	icipants at the beginning of the plan y	ear		5d(1)		9		
	ticipants at the end of the plan year			5d(2)		8		
	minated employment during the plan			5e		0		
Caution: A penalty for the late o	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	use is esta	blished.			
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct and comp	er penalties set forth in the instruction d signed by an enrolled actuary, as we	s, I declare that I have all as the electronic ve	examined this return/re rsion of this return/report	port, includ t, and to the	ing, if appli e best of m	cable, a Schedule y knowledge and		
SIGN SIGN	Band Mar.	1-2-13	DONALD BOSNIC	ĸ				
HERE Signature of plan administrator Date Enter name of individual signing as					as plan ad	ministrator		
SIGN								
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing	as employ	er or plan sponsor		
Preparer's name (including firm na	ame, if applicable) and address (includ	e room or suite numb	er) (optional)	Preparer	s telephon	e number (optional)		
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the ins	tructions for Form 5500	-SF.			Form 5500-SF (2014)		

	Form 5500-SF 2014		Page 2						
b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountations.) rm 5500-SF and must instead	nt (IQI d use	⊃A) Form	5500.		X Ye X Ye Not dete	
	rt III Financial Information			21)	····· []			Hot det	
7		11 H.			T				_
	Plan Assets and Liabilities		(a) Beginning of Yea	r 122			(b) End o	of Year	579265
	Total plan assets	7a		±⊥∠∠					579202
/	Total plan liabilities	7b	57	122	0				579265
8	Net plan assets (subtract line 7b from line 7a)	7c		122			(h.) T		575205
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	101-001-022	(a) Amount	_	-		(b) To	otal	ST172 55
	(1) Employers	8a(1)		648	9			-1- (c)	4.4
_	(2) Participants	8a(2)	1	L432	3			25.2	. S. 7. 5.
	(3) Others (including rollovers)	8a(3)			0		1.51	S.	"Picture"
b	Other income (loss)	8b	2	2216	1			si si fi	121-03
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		114					42973
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0	2	Y9)- 91		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	1. 1.1	12,2181		1000
f	Administrative service providers (salaries, fees, commissions)	8f		492	8	annia.		ù,	
g	Other expenses	8g			0	Sec.5			W CA
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	a start and the the second	haide					4928
1	Net income (loss) (subtract line 8h from line 8c)	8i		8.8					38045
j	Transfers to (from) the plan (see instructions)	8j			0	3.82	uts vitr		inger 74
b	2E 2F 2H 2J 2K 2R 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	teristi	c Cod	es in th	e instructio	ons:	
Par									
10	During the plan year:	tione with i	n the time period departhed in		Yes	No		Amoun	t
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		Х			
U	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's			100		х			
e	 or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 				x				201
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10g 10h		x			
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part	VI Pension Funding Compliance		<u>6</u>						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es 🗌 No
11a	Enter the unpaid minimum required contribution for current year fr				-	11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	orse	ction	302 of E	RISA?	Ye	es 🛛 No
		and the second s	-14 (- C)		_	r			

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

	Form 5500-SF 2014	Page 3 -				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		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 (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?		🗌 `	res 🛛 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?				Yes	X No
c	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s) to			
	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
<u>.</u>						

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN