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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	ctions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 10/01/2013		and ending 0	9/30/2	2014	
A This ret	urn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:		the final return/report				
an amended return/report a short plan year return/report (less than 12 r							
C Check box if filing under: Some state of the state o							am
		special extension (enter description	,				
Part II		mation—enter all requested informat	tion				T
1a Name					1b	Three-digit	
MILMAR RO	OFING, INC 401(K) PL	AN				plan number	000
					4.0	(PN) •	002
			10	Effective date o			
	ponsor's name and add	ress; include room or suite number (em	nployer, if for a single-	employer plan)	2b	Employer Identi	
07545 NNA/ 7	10 AV/E				2c	Sponsor's telep	
27515 NW 7 HIGH SPRIN	8 AVE NGS, FL 32643				2d	Business code ((see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN	
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a	1	1
b Total r	number of participants a	at the end of the plan year			5b		1
		ccount balances as of the end of the plants	, ,	•	5c		0
6a Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
		the annual examination and report of a					X Yes □ No
		(See instructions on waiver eligibility at					X Yes No
		her line 6a or line 6b, the plan canno					1
C If the p	olan is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .	····· <u></u>	Yes No	Not determined
Caution: A	penalty for the late o	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ıse is	established.	
		er penalties set forth in the instructions,					able, a Schedule
	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as wellete.	l as the electronic ver	sion of this return/report	, and t	to the best of my	knowledge and
SIGN	Filed with authorized/v	alid electronic signature.	06/24/2015	DALE SCARBOROUG	SH		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional)
				,	·	•	,

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year							
	Total plan assets	7a	232832				(b) Ella)81318	3		
	Total plan liabilities	7a 7b		0					(
		et plan assets (subtract line 7b from line 7a)						20	081318	3		
	to plant debate (castilate mile 12 ment al)			•			/b) T		70.10.1			
	Contributions received or receivable from:		(a) Amount				(b) T	otai				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	2460	5								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24605			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	27161	1								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	. 8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	27161	1		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2	24700	6		
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics	, ,,										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	ions	s:			
b	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:				
Par												
10	During the plan year:				Yes	No		Λ				
a		tions within	n the time period described in		103			AIII	ount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		X						
-	on line 10a.)	`	•	10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					250	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X						
	Were any fees or commissions paid to any brokers, agents, or oth			. 54								
·	insurance service, or other organization that provides some or all					X						
	instructions.)			10e								
f	Has the plan failed to provide any benefit when due under the pla	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		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												
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No	
110	Enter the unpaid minimum required contribution for current year fr								. 55	ш		
	· · · · · · · · · · · · · · · · · · ·		,			11a	EDICA2	Г	Yes	V	No	
12	Is this a defined contribution plan subject to the minimum funding			or se	CUON	ou∠ of	EKISA!		168	^	INO	
	(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 beir			ctions	and 4	enter th	l ne date of ti	ne le	tter ru	lina		
	granting the waiver.	-			, and t	Day		Yea		y	_	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year					12b						

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		Identification Information							
		scal plan year beginning	10/01/2013	and ending	09/	30/2014			
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemployer)	er) a one-participant plan				
B This re	turn/report is:	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	m/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension			FVC program			
		special extension (enter descr	ription)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name	of plan				1b Three	∍-digit			
Milmar	Roofing, Inc	401(k) Plan				number 002			
					(PN)	<u> </u>			
***************************************						tive date of plan 01/1987			
2a Plans	ponsor's name and ad	dress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Empl	oyer Identification Number			
MITIMET	Roofing, Inc	•			<u> </u>	59-1219104			
27515	NW 78 Ave					sor's telephone number -454-3250			
						ess code (see instructions)			
High S	<u> </u>	FL 32643			238:				
3a Plan a	idministrator's name ar	nd address XSame as Plan Spons	or Name XSame as Pla	n Sponsor Address	3b Admir	nistrator's EIN			
					3c Admir	nistrator's telephone number			
						·			
4 If the	name and/or FIN of the	nlan snonsor has changed since t	he last return/report filed i	or this plan enter the	dh cu				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN				
name	, EIN, and the plan nur	nber from the last return/report.							
name a Spons	or's name				4c PN				
name a Spons	or's name	nber from the last return/report. at the beginning of the plan year			4c PN 5a	1			
a Spons 5a Total b Total	or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year	***************************************	***********************************		1			
a Spons 5a Total b Total c Numb	or's name number of participants number of participants er of participants with	at the beginning of the plan year at the end of the plan year account balances as of the end of t	he plan year (defined ben	efit plans do not	5a 5b	1			
name a Spons 5a Total b Total c Numb	or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of t	he plan year (defined ben	efit plans do not	5a 5b 5c	1 0			
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name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of t	he plan year (defined ben ligible assets? (See Instruc of an Independent qualifi- lity and conditions.)	efit plans do not ctions.)ed public accountant (IQI	5a 5b 5c PA)	0 X Yes No			
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b Total c Numb comp 6a Were b Are younder If you C lif the p	or's name number of participants number of participants per 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 el plan is a defined benef	at the beginning of the plan year	he plan year (defined ben ligible assets? (See instruct of an independent qualifi- lity and conditions.) annot use Form 5500-SF C insurance program (see Ireport will be assessed	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau	5a 5b 5c Form 5500. Yes se is estable out including	0 X Yes No X Yes No No Not determined			
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b Total c Numb comp 6a Were b Are younder if you c If the p Under pens SB or Sche	or's name number of participants number of participants per 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 el plan is a defined benef	at the beginning of the plan year	he plan year (defined ben ligible assets? (See instruct of an independent qualifi- lity and conditions.) annot use Form 5500-SF C insurance program (see Ireport will be assessed	efit plans do not ctions.) and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	5a 5b 5c PA) Form 5500. Yes se is estable ort, including and to the including and including another and including another and including another ano	0 X Yes No X Yes No No Not determined			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pens SB or Sche bellef, it is	number of participants number of participants are of participants with a lete this item)	at the beginning of the plan year	he plan year (defined ben ligible assets? (See instruct of an independent qualifi- lity and conditions.) annot use Form 5500-SF C insurance program (see Ireport will be assessed	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau	5a 5b 5c PA) Form 5500. Yes se is estable ort, including and to the including and including another and including another and including another ano	0 X Yes No X Yes No No Not determined			
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name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche bellef, it is SIGN HERE	or's name number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	he plan year (defined ben ligible assets? (See Instruct of an independent qualifility and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, Dale Scarborou Enter name of individu	5a 5b 5c PA) Form 5500. Yes se is estable ort, including, and to the item of t	0			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche bellef, it is SIGN HERE	or's name number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	he plan year (defined ben ligible assets? (See Instruct of an independent qualifility and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, Dale Scarborou Enter name of individu	5a 5b 5c PA) Form 5500. Yes se is estable ort, including, and to the item of t	0			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche bellef, it is SIGN HERE	or's name number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	he plan year (defined ben ligible assets? (See Instruct of an independent qualifility and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, Dale Scarborou Enter name of individu	5a 5b 5c PA) Form 5500. Yes se is estable ort, including, and to the item of t	0			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche bellef, it is SIGN HERE	or's name number of participants number of participants per of participants with lete this item)	at the beginning of the plan year	he plan year (defined ben ligible assets? (See Instruct of an independent qualifility and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, Dale Scarborou Enter name of individu	5a 5b 5c PA) Form 5500. Yes se is estable ort, including, and to the item of t	0			

Part III Financial Information									
7 Plan Assets and Liabilities	. :	(a) Beginning of Ye	ar		***************************************	(b) Er	nd of Y	'ear	
a Total plan assets	7a		283	24					08131
b Total plan liabilities	7b			0				***************************************	
C Net plan assets (subtract line 7b from line 7a)	. 7c	23	283:	24				2	08131
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	•			(b)) Total		
a Contributions received or receivable from:								1.1	
(1) Employers	8a(1)			4-					
(2) Participants	8a(2)			- -					
(3) Others (including rollovers)	1			17.					
b Other income (loss)	8b		2460)5				- 1 : 1	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						•		2460
to provide benefits)	8d	2	7161	1					
e Certain deemed and/or corrective distributions (see instructions)	8e		-		114				
f Administrative service providers (salaries, fees, commissions)	8f			- 1	14.5			4. 5. <u>1</u> .	
g Other expenses	8g					h Alas Le			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								27161
i Net income (loss) (subtract line 8h from line 8c)	8i						***************************************	- ;	24700
Transfers to (from) the plan (see instructions)	8i								1, 1,14
Part IV Plan Characteristics								·	
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2H 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes ir	n the instr	uctions	S :	
b If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in	the instruc	ctions:		
Part V Compliance Questions									
10 During the plan year:				Yes	No	T	Amı	ount	
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	n the time period described in ection Program)	10a		х				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х				
C Was the plan covered by a fidelity bond?		······································	10c	Х				2	25000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х		H-1		
e Were any fees or commissions paid to any brokers, agents, or oth	er persons	s by an insurance carrier.				 			
insurance service, or other organization that provides some or all or	of the bene	efits under the plan? (See			х				
f Has the plan failed to provide any benefit when due under the plan			10e			<u> </u>			···
			10f		Х	ļ			
g Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х				
h If this is an individual account plan, was there a blackout period? (2144411}}(1)===645;F+=====411111+>1)+==4	10h		Х				
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule St	3 (Form		Yes	∏ No
11a Enter the unpaid minimum required contribution for current year fro					11a			1	
12 Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	ΙП	Yes	X No
(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.	g amortize	ed in this plan year, see instruc	ctions,	and e	nter ti Day	ne date of	the let		ing
If you completed line 12a, complete lines 3, 9, and 10 of Schedule				**************************************				2-61-62-62-62	
b Enter the minimum required contribution for this plan year			*******	. T	12b				

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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 of a negative amount)		12d		***************************************			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			П	Yes	П	No	N/A
Part	VII Plan Terminations and Transfers of Assets				······································			Lun-J.,
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	x	٧o		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Т				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the	contro	1			Yes	X No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	3c(2)	EIN(5)		13c(3) PN(s)
						ĺ		
		-				+		
						-		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust