	rm 5500-SF	Short Form Annual Re	eturn/Report Senefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					2014		
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERIS/ Reve	A), and sections 605 nue Code (the Code)		Internal	This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in accord	ance with the instru	uctions to the Form 55	00-SF.			
Part I		dentification Information		and anding 12/	21/2014			
For calenda	ar pian year 2014 of its	cal plan year beginning 01/01/2014		U	31/2014	king this hav must attach a list		
A This retB This return	urn/report is for:	a one-participant plan		an (not multiemployer) (ver information in accord		king this box must attach a list he form instructions)		
		님 '님	short plan year return	nonths)				
C Check b	box if filing under:		itomatic extension			FVC program		
U CHECK		special extension (enter description)						
Part II	Basic Plan Infor	mation—enter all requested informatio	on					
1a Name RAINBOW R					1b Thre plan (PN)	number		
					. ,	ctive date of plan 01/01/2006		
	oonsor's name and add	Iress; include room or suite number (emp	loyer, if for a single-	employer plan)	2b Emp (EIN)	loyer Identification Number 65-0554161		
6825 SW 219	ST COURT, UNIT 2				2c Spor	nsor's telephone number 954-370-7879		
DAVIE, FL 33					2d Busi	ness code (see instructions) 238100		
3a Plan ad	dministrator's name an	d address XSame as Plan Sponsor.			3b Adm	inistrator's EIN		
A 10 to 10						inistrator's telephone number		
name,		plan sponsor has changed since the last ber from the last return/report.	return/report filed fo	r this plan, enter the	4b EIN 4c PN	65-0554161 001		
		at the beginning of the plan year			5a	15		
		at the end of the plan year			5b	10		
C Numbe	er of participants with a	count balances as of the end of the plan	n year (defined bene	fit plans do not	5c	7		
•	,	ticipants at the beginning of the plan year			5d(1)	10		
d(2) Tota	al number of active par	ticipants at the end of the plan year			5d(2)	10		
e Numbe less tha	r of participants that te an 100% vested	minated employment during the plan yea	ar with accrued bene	fits that were	5e	0		
Under pena SB or Sche	alties of perjury and oth	r incomplete filing of this return/repor er penalties set forth in the instructions, I d signed by an enrolled actuary, as well a lete.	declare that I have e	examined this return/rep	ort, includi	ng, if applicable, a Schedule		
SIGN	Filed with authorized/v	alid electronic signature.						
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing	as plan administrator		
SIGN HERE								
	Signature of employ name (including firm na	/er/plan sponsor ame, if applicable) and address (include r	Date oom or suite number			as employer or plan sponsor s telephone number (optional)		
						E-m 5500 05 (004.1)		

	Were all of the plan's assets during the plan year invested in eligib		, ,					Yes	No
a	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			`				Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?		Yes	No No	ot determ	ined
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of `	(ear	
а	Total plan assets	7a	4344					39609	В
b	Total plan liabilities	7b		0				(C
С	Net plan assets (subtract line 7b from line 7a)	7c	4344	804				396098	В
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	I	
	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b	640)07					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6400	7
	Benefits paid (including direct rollovers and insurance premiums	<u> </u>						0100	
	to provide benefits)	8d	878	329					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	144	88					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10231	7
i	Net income (loss) (subtract line 8h from line 8c)	8i						-3831	C
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	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instruction	IS:	
<u> </u>	2A 2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instructions	:	
Part	V Compliance Questions								
10					Yes	No	A m	t	
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		163	NO	An	nount	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		x			
с	Was the plan covered by a fidelity bond?				х				20000
				10c	^				20000
d	or dishonesty?			10d		Х			
е	· · · · · · · · · · · · · · · · · · ·								
	insurance service, or other organization that provides some or all instructions.)		• •	10e		х			
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х				0
	If this is an individual account plan, was there a blackout period?			ivg					
	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	X 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						ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a main and the minimum function of the standard for a minimum is held	, <u></u> uppilo	ad in this plan was as it for		المعم		ا	- 11P	

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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):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Employe	e	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be		2014					
Department of Lebor Employee Bonofits Security Administration		orm is Open to Public Inspection						
Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance with the Instru	ictions to the Form 5500-	SF.				
Pert I Annual Report I For calendar plan year 2014 or fisc	Identification Information	01/01/2014	and ending	12/31/201	4			
	a single-employer plan	a multiple-employer o	olan (not multiemployer) (Fi	lers checking thi	s box must attach a list			
A This return/report is for:	nce with the form	n instructions)						
_	a one-participant plan	a foreign plan						
B This return/report is:	the first return/report	the final return/report	m/report (less than 12 mor	othe)	t e)			
	an amended return/report		annahort (iess main is mor	_				
C Check box if filing under.	Form 5558	automatic extension			rogram			
	special extension (enter descri	ption)						
	rmation enter all requested i	nformation		d b. These disk				
1a Name of plan				1b Three-digit plan numbe	स			
Rainbow Roofing 401	(K) Trust		Ļ	(PN) ►	001			
				1c Effective da 01/01/2	•			
2a Bion enoncorte name and ad	dress; include room or suite numbe	er (employer, if for a single	employer plan)		dentification Number			
Rainbow Roofing Sol	utions, LLC			(EIN) 65-0554161				
				2c Sponsor's ((954) 3	lelephone number 70–7879			
6825 SW 21st Court, Unit	. 2			2d Business code (see instructions) 238100				
US Davie FL 33317	nd address 🕱 Same as Plan Spo	noner Name			3b Administrator's EIN			
				•• ••••••••••				
					0554161			
name, EIN, and the plan num	a plan sponsor has changed since the sponsor has changed since the last return/report.	na last returryreport filed i	tor this plan, enter the	40 EIN 65-0	JJJ4101			
a Sponsor's name Sectal,				5a 5a	15			
• •	at the beginning of the plan year at the end of the plan year			5b	10			
	account balances as of the end of t			5c	7			
complete this item)		*******	L					
d(1) Total number of active part	ticipants at the beginning of the pla	n year		5d(1)	10			
	ticipants at the end of the plan year			5d(2)	10			
Number of participants that to less than 100% vested	erminated employment during the p	Nan year with accrued be		50	0			
Ceution: A penalty for the late	or incomplete filing of this return	Vreport will be assesse	d unless reasonable caus	se is established	d.			
Under penalties of periury and ot	her penalties set forth in the instruct nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/repo	ort, including, if a	pplicable, a Schedule			
P-	2-1	8/6/15	Marc Segal					
NERE Signature of plan adm	Enter name of individual	signing as plan	edministrator					
SIGN for bot 6/6/15 Marc Segal								
HERE Signature of employer	riplan sponsor	Date	Enter name of individual	signing as empl	over or plan sponsor			
Preparer's name (Including firm n	name, if applicable) and address; in	ictude room or suite numb	per (optional)	Preparer's telepi	none number (optional)			
For Paperwork Reduction Act (Notico and OMB Control Number	rs, see the instructions (for Form 5500-SF.		Form 5500-8F (2014) v,140124			

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<u> </u>	Were all of the plan's assets during the plan year invested in eligible	assets? (5	See instructions.)				XYes No
ba k	Are you claiming a waiver of the annual examination and report of an	independ	ent qualified public accountant (IQPA)		
		d conditio	OR)	*****			XYes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot If the plan is a defined benefit plan, is it covered under the PBGC ins	use rom	u 2200-21. sug unar monet m	se Fo)? .	erm 55 [00.] Yes	No Not determined
P	rt III Financial Information		······································		T		
	Pian Assets and Liabilities		(a) Beginning of Year		ļ		(b) End of Year
8	Total plan assets	7a	434,40		 		396,098
	Total plan liabilities	7b	· · · · · · · · · · · · · · · · · · ·	0		•••	0
C	Net plan assets (subtract line 7b from line 7a)	7c	434,40	8			396,098
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			·
	(3) Others (including rollovers)	85(3)		0			
b	Other income (loss)	8b	64,00	7	<u> </u>		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			<u> </u>		64,007
d	Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	8d	87,82	29	1		
	Certain deemed and/or corrective distributions (see instructions)	89		0	1		
Ť	Administrative service providers (salarles, fees, commissions)	8f	14,48	8			
ġ		8g		0	Γ		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					102,317
ī	Net income (loss) (subtract line 8h from line 8c)	8 i					(38,310)
L	Transfers to (from) the plan (see instructions)	8j		0			
P	art IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	as from the List of Plan Characte	eriatic	Code	s in the) instructions:
	2A 2E 2G 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Character	istic (Codes	in the i	instructions:
P	art V Compliance Questions						
<u>10</u>	During the plan year:				Yes	No	Amount
	Was there a faiture to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	lary Corre	ction Program)	10a		x	· · · · - · · · · · · · · · · · · · · ·
1 	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do net li	nclude transactions reported	10b		x	
	Was the plan covered by a fidelity bond?			10c	X		20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	4000 40 40 40 40 40 40 40 40 40 40 40 40	*****	10d		x	
Ø	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the service.			li			
	instructions.)			10e		x	
f	Has the plan failed to provide any benefit when due under the plan			10f		x	
	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x		0
	I If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x	
1	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	101			
p-	exceptions to providing the rotate applied order 28 CFR 2020.101						
<u>11</u>		ante? /14 m	las " son instructions and comm	ata S	chodu	la SR 4	Form
	6500) and line 11a below)						Yes 🗷 No
	8 Enter the unpeid minimum required contribution for current year fro				[ion 20	2 64 55	RISA? Yes 🗶 No
12				0000	NH1 30		
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, I If a waiver of the minimum funding standard for a prior year is bein	o amortize	ed in this plan year, see instructi	ons, i	and er	ter the	date of the letter ruling
	granting the waiver	******	Mor	ith		_ Day	/ Year

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ffv	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	0), and skip to lin	• 13		
				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 negative amount)		he left of a	120	
0					Yes No No
Part	VI Plan Terminations and Transfers of Assets				
13a				🗌 Ye	s 🗶 No
104	If "Yes," enter the amount of any plan assets that reverted to the employer this ye		*****	13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another plan, or br	ought under the co	ontrol	Yes X
C	If during this plan year, any essets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	inother plan(s), ide	mtify the plan(s) to		
	13c(1) Name of plan(s):		130	;(2) EIN((B) 13c(3) PN(1
Pert	t VIII Trust information (optional)				
14a	Name of trust			14b Tr	ust's EIN
				1	