Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN **HERE**

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit RAINBOW ROOFING DEFINED BENEFIT TRUST plan number (PN) ▶ 002 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number RAINBOW ROOFING SOLUTIONS, LLC 27-3980177 (EIN) Sponsor's telephone number 954-370-7879 6825 SW 21ST COURT, UNIT 2 **DAVIE, FL 33317** Business code (see instructions) 238100 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 65-0554161 name, EIN, and the plan number from the last return/report. 4c PN 002 a Sponsor's name RAINBOW ROOFING SOLUTIONS, LLC Total number of participants at the beginning of the plan year 5a 14 **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 10 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and conditi	ident qualified public accounta	int (IQ	(PA)				X Y		No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	X	Yes	No	_ r	lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of	Year		
а	Total plan assets	7a	3973	363						0	
b	Total plan liabilities	7b		0						0	
C	Net plan assets (subtract line 7b from line 7a)	7c	3973	363						0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)			0							
b	Other income (loss)	8b	-7	797							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-797	
	Benefits paid (including direct rollovers and insurance premiums		3960	າວດ							
	to provide benefits)	8d	3300	0							
	Certain deemed and/or corrective distributions (see instructions)	8e	F	546							
	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							39	6566	
	Net income (loss) (subtract line 8h from line 8c)	8i								7363	
	Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics	U U									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	des in t	he instru	uctior	ns:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian)	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					5	50000
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	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					
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 as	s of year e	nd.)	10g		X					
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 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es 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					302 of	ERISA?		Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day			letter ear _	rulin	g

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d	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 t	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	Yes N	lo	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1	3c(2) E	IN(s)	13c(3	PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

F	art I Annual Rep	ort Identification Information	scordance with file i	101 em or anomanual	m 5500-SF.				
		r fiscal plan year beginning	01/01/20:	L4 and ending	12/2	1 /0014			
A	his return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan the first return/report the first return/report the first return/report a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan the first return/report								
С	Check box if filing under:	Form 5558	a short plan year return/report (less than 12 months) automatic extension DFVC program scription)						
	ert II Basic Plan in	nformation — enter all requested i		· · · · · · · · · · · · · · · · · · ·					
1a Name of plan Rainbow Roofing Defined Benefit Trust						ee-digit n number I) ▶ 002			
						ective date of plan /01/2006			
2a	Plan sponsor's name and Rainbow Roofing S	address; include room or suite numbe Solutions, LLC	r (employer, if for a si	ngle-employer plan)	2b Emp (EIN	ployer Identification Number N) 27-3980177			
	6825 SW 21st Court, Ur	nit 2			(95	nsor's telephone number 54) 370-7879			
2-	US Davie FL 33317				2d Busi 238	iness code (see instructions) 3100			
3a	Plan administrator's name	and address 🕱 Same as Plan Spor	nsor Name		3b Adm	ninistrator's EIN			
			\			inistrator's telephone number			
	name, Liv, and the plan it	the plan sponsor has changed since the umber from the last return/report.		ed for this plan, enter the	e 4b EIN	65-0554161			
		ow Roofing Solutions, LLC			4c PN	002			
5a	Total number of participant	ts at the beginning of the plan year	************************	********************************	5a	14			
D	otal number of participant	is at the end of the plan year			5b	0			
	complete this item)	account balances as of the end of the	M410414494444444444	enefit plans do not	5c				
d (1) Total number of active pa	articipants at the beginning of the plan		***************************************		10			
d(2) Total number of active pa	articipants at the end of the plan year	*************	****************************	5d(2)	0			
6	Number of participants that less than 100% vested .	terminated employment during the pla	an year with accrued I	enefits that were		0			
Cau	tion: A penalty for the lat	e or incomplete filing of this return/	report will be assess	ed unless reasonable	CRIPPO in contra				
Ond SB c	er penalties of periury and o	other penalties set forth in the instruction and signed by an enrolled actuary, as	one I declare that I ha	us auaminad Abis t					
SIG	N C	-17	9/17/15	Marc Segal					
HE	RE Signature of plan add	ministrator	Date	Enter name of indiv	vidual signino as	plan administrator			
SIG	N - f-+	1	9/17/15	Marc Segal		- Constitution at a second			
	HERE Signature of employer/plan sponsor Date Enter name of individual					employer or plan sponsor			
Prep	arer's name (including firm	name, if applicable) and address; incl	ude room or suite nun	ber (optional)		elephone number (optional)			
-						1			

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6a	Were all of the plan's assets during the plan was in the life								
b	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	*******	*******	**********	******	X	res □No
_	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							_	
	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 cannot fit be plan in a defend beautiful in it.	ind condition	ons.)		*********		*******	X	res No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	Surance o	moram (see EDISA section 40	2412	Form	5500.	П.	. —.	
P	art III Financial Information	ooranoo p	Togram (See EINION SECTION 40	21)1	******	X Yes		0 11	lot determin
7	Plan Assets and Liabilities	T							
a	Total plan assets		(a) Beginning of Ye	ar			(b) End	of Yea	r
b	Total plan liabilities	7a	397,	363	_				0
c	Net plan assets (subtract line 7b from line 7a)	7b		0					0
8	Income, Expenses, and Transfers for this Plan Year	7c	397,	363	_				0
a	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					
<u>b</u>	Other income (loss)	8b	(79	7)					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-		(797)
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	206 (120					
8	Certain deemed and/or corrective distributions (see instructions)	8e	396,0	0	_				
f	Administrative service providers (salaries, fees, commissions)	8f		46	-				
g	Other expenses	8g		0	+				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	*	-	+-				
i	Net income (loss) (subtract line 8h from line 8c)	81			+-			-	6,566
	Transfers to (from) the plan (see instructions)	8j		0	+			(39)	,363)
	rt IV Plan Characteristics	<u> </u>							
Pa	rt V Compliance Questions				-,.				
10	During the plan year:				Yes	No		Amoun	+
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correct	tion Program)	10a	100	x	••	ranoun	
D	Were there any nonexempt transactions with any party-in-interest? on line 10a.)		**************************************	10b		ж			
C	Was the plan covered by a fidelity bond?	**********	***********************************	10c	х				50,000
d	or dishonesty?	delity bond	, that was caused by fraud	10d		ж	78		
8	Were any fees or commissions paid to any brokers agents or other	namone l	W an incumpae comics						
	insurance service, or other organization that provides some or all of instructions.)	the honefi	te under the plan? (Con	40-		x			
f	Has the plan failed to provide any benefit when due under the plan?	***********	************************************	10e					
g	Did the plan have any participant loans? (If "Yes," enter amount as of			10f		X			
h	If this is an individual account plan, was there a blackout period? (Se	ae inetnucti	one and 20 CED	10g	\dashv	X			
i	2520.101-3.)	**********	***********************************	10h					
D	exceptions to providing the notice applied under 29 CFR 2520.101-3		ouce or one or the	101					
Part	3.000	***							
become and	Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)	*********	***************************************	ete So	chedul	e SB (Fo	m	П	es 🕱 No
	Enter the unpaid minimum required contribution for current year from	Schedule	SB (Form 5500) line 39	47000tape					
	Is this a defined contribution plan subject to the minimum funding req	uirements	of section 412 of the Code or	section	on 302	of ERIS	۹?	Y	s X No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	applicable	e.)						
u	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	amortized	in this plan year, see instruction	ns, a	nd ente	er the dat	te of the	letter n	
-		**********	A PARTY 141011 14			Day _	****	Year .	

		orm 5500-SF 2014	ne 3-	1				
H	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	skip to line	13				
b	Ente	r the minimum required contribution for this plan year			12b			
				***********************	120			
C	Enter	the amount contributed by the employer to the plan for this plan year			12c	Ι –		
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus	s sign to the	e left of a	12d	<u> </u>		
0	Will ti	ne minimum funding amount reported on line 12d be met by the funding deadline?	**************************************	**********		Yes [J No	□ N/A
Parl	VII	Plan Terminations and Transfers of Assets				165 L	1140	LINA
13a	Has a	resolution to terminate the plan been adopted in any plan year?			X Y			
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year	*************	***************************************		es L I	No	
b	Were of the	all the plan assets distributed to participants or beneficiaries, transferred to another pl						
C	II GOIII	ng this plan year, any assets or liabilities were transferred from this plan to another pla assets or liabilities were transferred. (See instructions.)	an(s), ident	ify the plan(s) to	*********		A Yes	□ No
1		Name of plan(s):	*	130	(2) EIN(-	40-10	
				130	(E) E114(8)	130(3) PN(s)
Part	VIII	Trust Information (optional)				· · · · · · · · · · · · · · · · · · ·		
14a Name of trust								
					140 In	ust's EIN		