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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	2/31/2014	
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) oyer information in accor	,	
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	gram
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation		_	
1a Name SMART CH		ROOFING, INC. 401(K) PLAN			1b Three-digit plan number (PN) ▶	001
					1c Effective date	e of plan /01/2013
	ponsor's name and a DICE INSULATION &	ddress; include room or suite numl ROOFING, INC.	per (employer, if for a single	e-employer plan)	2b Employer Ide (EIN) 46-	ntification Number -0699580
PO BOX 24					2c Sponsor's tel	lephone number 480-8670
PATEROS, V	VA 98846					le (see instructions)
3a Plan a	dministrator's name a	and address XSame as Plan Spor	sor.		3b Administrator	
		_				's telephone number
name		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	for this plan, enter the	4b EIN 4c PN	
		s at the beginning of the plan year			+	3
		s at the end of the plan year				3
C Numb	er of participants with	account balances as of the end o	the plan year (defined ben	efit plans do not	5c	3
	,	articipants at the beginning of the p			5d(1)	3
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear		5d(2)	2
		terminated employment during the		efits that were	5e	1
		or incomplete filing of this retu		unless reasonable car	use is established	
Under pen SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have	e examined this return/re	port, including, if app	
SIGN		d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan a	administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emplo	yer or plan sponsor
Preparer's		name, if applicable) and address (ne 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 f you answered "No" to either line 6a or line 6b, the plan cannot the plan cannot the plan is in a classic and fined beautiful and the plan in the plan is in the plan in the plan in the plan is in the plan in the plan is in the plan in the plan in the plan in the plan is in the plan in th	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	X Yes		
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)? .		Yes	No Not determined		
Par					1				
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year		
	Fotal plan assets	7a	192	23			37767		
	Total plan liabilities	7b	400	222	-		27767		
	Net plan assets (subtract line 7b from line 7a)	7c	192	.23			37767		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	a) Amount			(b) Total		
	Contributions received or receivable from: 1) Employers	8a(1)	2	286					
	2) Participants	8a(2)	48	312					
	3) Others (including rollovers)	8a(3)	117	'81					
-	Other income (loss)	8b	16	65					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					18544		
	Benefits paid (including direct rollovers and insurance premiums								
t	o provide benefits)	8d							
_ e (Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>_i_</u>	Net income (loss) (subtract line 8h from line 8c)	8i					18544		
<u> </u>	Fransfers to (from) the plan (see instructions)	8j							
	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature con	les from the List of Plan Charac	ctorict	ic Cod	les in t	he instructions:		
	in the plant provides wehate benefits, effect the applicable wehate te	ature coc	les nom the List of Flam Onarat	Jensu	ic Cou	163 III t	ile ilistractions.		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribut	ions withi	n the time period described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest ² on line 10a.)	`	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)	er person of the ber	s by an insurance carrier, efits under the plan? (See	10d 10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10e		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X			
h	If this is an individual account plan, was there a blackout period? (See instr	uctions and 29 CFR	10h		X			
i	,								
Part	exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	۱-٥		10i					
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "	Yes." see instructions and com	plete	Sched	lule SE	3 (Form		
	5500) and line 11a below)	·············		· ·					
	Enter the unpaid minimum required contribution for current year from					11a	🖂		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				00.1	man d	and data of the letter william		
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			and e	enter tr Day			

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lf :	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 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?		🔲 `	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, of the PBGC?	or brought under the	control		Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)	s), identify the plan(s)	to			
1	13c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3) PN(s)
Dort	VIII Trust Information (antional)					
Part	VIII Trust Information (optional)					

14a Name of trust SMART CHOICE INSULATION & ROOFING,

14b Trust's EIN 460699580

5500 Electronic Filing Authorization

Plan Name:

SMART CHOICE INSULATION & ROOFING, INC. 401(k) PLAN

EIN/PN:

46-0699580/001

Plan Year(s): 01/01/2014 to 12/31/2014

I hereby authorize Jones & Roth, P.C. to electronically file the above-referenced 5500 form(s) with the US Department of Labor (DOL) via the Electronic Filing Acceptance System (EFAST).

I have signed the hard copy Form 5500(s) that will be electronically filed and understand a scanned copy of the applicable Form 5500(s) bearing my manual signature will be included in the electronic filing and posted on the DOL's website for public disclosure.

Plan Administrator

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

A This return/report is for:

B This return/report is:

Annual Report Identification Information

x a single-employer plan

a one-participant plan

an amended return/report

the first return/report

For calendar plan year 2014 or fiscal plan year beginning

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 section 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.

a foreign plan

01/01/2014

the final return/report

and ending

a short plan year return/report (less than 12 months)

a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list

of participating employer information in accordance with the form instructions)

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

12/31/2014

C Check box if filing under: X Form 5558 automatic extension special extension (enter description)	DF	√C program
Part II Basic Plan Information enter all requested information	***	14450 C.C.
1a Name of plan Smart Choice Insulation & Roofing, Inc. 401(k) Plan	1b Three- plan n (PN) 1 1c Effecti	umber
	TO CHARLES TO THE STREET OF THE STREET,	1/2013
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Smart Choice Insulation & Roofing, Inc.	2b Emplo (EIN)	yer Identification Number 46-0699580
PO Box 24	2c Spons (541)	or's telephone number) 480-8670
US Pateros WA 98846	2d Busine 23890	ess code (see instructions)
3a Plan administrator's name and address X Same as Plan Sponsor Name	3b Admini	istrator's EIN
	3c Admini	istrator's telephone number
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	
a Sponsor's name	Ao DN	
5a Total number of participants at the beginning of the plan year	4c PN	3
b Total number of participants at the end of the plan year	5b	3
Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	3
d(1) Total number of active participants at the beginning of the plan year	5d(1)	3
d(2) Total number of active participants at the end of the plan year		
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5d(2) 5e	1
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, belief, it is true, correct, and complete.	ort including	if applicable a Cabadala
SIGN Theresa England Theresa	Engla	nd
HERE Signature of plan administrator Date 9/30/2015 Enter name of individual	1	
170 4.	Englas	
HERE Signature of employer/plan sponsor Date Enter name of individual		
December 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ephone number (optional)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.		Form 5500-SF (2014)

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se						
b	Are you claiming a waiver of the annual examination and report of a			nt (IOD/		************	•••••	X Yes No
	under 29 CFR 2520 104-462 (See instructions on waiver eligibility a	and conditions	\			************	•••••	X Yes No
	if you answered "No" to either line 6a or line 6b, the plan canno	ot use Form	5500-SF and must instead	d use Fo	rm 5	500		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA section 40)21)? .	[Yes	☐ No	Not determined
P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		(1	o) End of	Year
a	Total plan assets	. 7a	19,	223				37,767
<u>b</u>	Total plan liabilities	. 7b				- 20 - 112		
<u>c</u>	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	19,	223				37,767
a	Contributions received or receivable from:		(a) Amount				(b) To	tal
-	(1) Employers	8a(1)		286				
	(2) Participants	8a(2)	4,	812				
b	(3) Others (including rollovers)	8a(3)	11,					
c	Other income (loss)	8b	1,	665				
	Benefits paid (including direct rollovers and insurance premiums	8c						18,544
V	to provide benefits)	8d						
(2.20)	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
	Net income (loss) (subtract line 8h from line 8c)	8i				-1		18,544
- EBBREAUXIE	Transfers to (from) the plan (see instructions)	8j						
						All States		
	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2F 2G 2J 2K 2T 3D	ature codes t	om the List of Plan Charac	cteristic (Codes	s in the in	struction	3:
b				- 227 8275 8647				
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes tro	m the List of Plan Characte	eristic Co	odes	in the ins	tructions:	
Pa	rt V Compliance Questions							
10	During the plan year:			- 1,	/00	N.		
a	Was there a failure to transmit to the plan any participant contributi	ons within the	time period described in		res	No	Al	nount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correction	n Program)	10a		х		The second secon
IJ	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inclu	de transactions reported	40h		x		
С	Was the plan covered by a fidelity bond?		*******	10b	\dashv			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	idelity bond t	nat was caused by fraud			X	**	
	or dishonesty?	***************************************	***************************************	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o	er persons by	an insurance carrier,					
	instructions.)	i the benefits	under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan'	?		10f	-	x		
g	Did the plan have any participant loans? (If "Yes," enter amount as				-			
h	If this is an individual account plan, was there a blackout period? (S			10g	+	X		
15150	2520.101-3.)		is and 29 CFR	10h	1	x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required not		10i				
Par				101		(EB)		
11	ls this a defined benefit plan subject to minimum funding requireme	nts? (If "Yes,	see instructions and comp	olete Sch	nedule	e SB (For	m	
11a	Enter the unpaid minimum required contribution for current year from	m Schodula C	P (Form 5500) !:== 00	0000	T	······		Yes X No
12	Is this a defined contribution plan subject to the minimum funding re			r acation		of EDIC:	NO. T	□ v ==
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			n section	1 302	OI ERISA	1!	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being	amortized in	this plan year see instruct	ions and	d entr	er the dat	e of the l	atter ruling
	granting the waiver		Moi	nth		Day _		Year

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lf y	ou 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 negative amount)	a minus sign to the left of a	12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadli	ne?		Yes No NA
Part	VII Plan Terminations and Transfers of Assets			TO LINA
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	ТПү	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 an of the PBGC?	other plan, or brought under	the central	☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan	n(s) to	L 162 EE NO
1	3c(1) Name of plan(s):		13c(2) EIN	(s) 13c(3) PN(s)
				(,)
Part	VIII Trust Information (optional)			
14a N	ame of trust		14b T	rust's EIN
S	mart Choice Insulation & Roofing,			46-0699580
S	mart Choice Insulation & Roofing,			46-0699580