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**

Parti	Annuai Repon	dentification information	1							
For calend	ar plan year 2014 or f	iscal plan year beginning 01/01/2	2015		and ending 09/	30/20	15			
A This ret	turn/report is for:	X a single-employer plan			n (not multiemployer) (er information in accord		-		st	
	•	a one-participant plan	a f	oreign plan				,		
B This retu	urn/report is	the first return/report	X the	final return/report						
		an amended return/report	X a sl	nort plan year return	report (less than 12 mo	onths)				
		П								
C Check	box if filing under:	☐ Form 5558	ш	tomatic extension			DFVC progra	ım		
		special extension (enter desc	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	n						
1a Name	of plan					1b	Three-digit			
RAINBOW F	ROOFING 401(K) TRI	UST					plan number (PN) ▶	001		
						1c	Effective date o	1		
								/2006		
2a Plan s	ponsor's name and a	ddress; include room or suite numb	oer (empl	oyer, if for a single-e	employer plan)	2b	Employer Identi	fication Number		
RAINBOW R	OOFING SOLUTION	S, LLC				(EIN) 27-3980177				
						2c Sponsor's telephone number 954-370-7879				
5825 SW 219 DAVIE, FL 30	ST COURT, UNIT 2 3317					2d		(see instructions)		
,						24	23810			
3a Plan a	dministrator's name a	ind address XSame as Plan Spon	sor.			3b	Administrator's	EIN		
		ъ .								
						3C	Administrator's	telephone numbe	٢	
		ne plan sponsor has changed since umber from the last return/report.	the last	return/report filed for	this plan, enter the	4b	EIN 65-05	554161		
	•	ROOFING SOLUTIONS, LLC				4c	PN	001		
		s at the beginning of the plan year.				5	а		10	
b Total	number of participants	s at the end of the plan year				5	b		0	
C Numb	er of participants with	account balances as of the end of	f the plan	year (defined benef	it plans do not	5	c		_	
•	,								0	
a(1) lot	al number of active pa	articipants at the beginning of the p	olan year.			5d(1)		10	
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ear			5d	(2)		0	
		terminated employment during the				5	e		0	
		or incomplete filing of this retur ther penalties set forth in the instru						able a Schedule		
SB or Sche	edule MB completed a	and signed by an enrolled actuary,								
	true, correct, and com		1	1						
SIGN HERE		I/valid electronic signature.	i							
HENE	Signature of plan	administrator		Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		

Date

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 eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility out answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an independ and condition	ent qualified public accountans.)	nt (IQ	PA)				—	es [No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No		Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd o	Year		
a	Total plan assets	. 7a	3960					0			
b	Total plan liabilities	. 7b		0						0	
C	Net plan assets (subtract line 7b from line 7a)	. 7с	3960	98						0	1
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				<u>(</u> k) To	tal		
	Contributions received or receivable from: (1) Employers	. 8a(1)		0							
	(2) Participants			0							
	(3) Others (including rollovers)			0							
	Other income (loss)	. 8b	-7	'99							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								-799)
d	Benefits paid (including direct rollovers and insurance premiums		2050	000							
	to provide benefits)		3952								
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
	Administrative service providers (salaries, fees, commissions)	. 8f		0							
	Other expenses (add by a 24 22 26 add 22)			0	_				30	5299	
	Total expenses (add lines 8d, 8e, 8f, and 8g)									6098	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)			0					- 33	0000	'
Par	, , , , , ,	· 8j		U							
Part	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature codes	s from the List of Plan Charac	cterist	ic Coc	les in t	the instr	uctio	าร:		
10	During the plan year:				Yes	No		Δ	moun	t	
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	ction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	<u> </u>				
C	Was the plan covered by a fidelity bond?			10c	X		↓			2	20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
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 benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	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 t 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 f	rom Schedul	e SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA'	?	Υ	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 bei granting the waiver.	-			, and e	enter tl Day			e 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 (Forr	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		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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	0	
	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 plant hassets 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

Department of the Treasury Internal Revenue Service

Department of Lebor 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 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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		Identification Information									
For calen	dar plan year 2014 or fis	cal plan year beginning		01/01/2015		and ending		9/30/2015			
_	etum/report is for: etum/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report		of participating emp a foreign plan the final return/repo	ploy ort	an (not multiemployer) (yer information in accord m/report (less than 12 m	dance v	vith the form ins	x must attach a list tructions)		
C Check	k box if filing under:	Form 5558 special extension (enter descri		automatic extension			[DFVC progra	am		
Part II	Basic Plan info	ormation — enter all requested	Infor	rmation	_						
1a Nam	ne of plan inbow Roofing 401		_					Three-digit plan number (PN) ▶ Effective date of	•		
							1	01/01/2006			
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Rainbow Roofing Solutions, LLC								lification Number 180177		
682!	5 8W 21st Court, Unit	t. 2					<u></u>	Spansor's telep (954) 370-	7879		
UB 1	Davie FL 33317						2d	Business code 238100	(see instructions)		
		nd address X Same as Plan Spo	onso	r Name			3b Administrator's EIN				
				· · · · · · · · · · · · · · · · · · ·					telephone number		
		e plan sponsor has changed since (mber from the last return/report.	the I	ast return/report file	d fo	r this plan, enter the	4b	EIN 65-055	4161		
	•	w Roofing Solutions, LL	<u>c</u>		_		4c	PN 001			
_	•	at the beginning of the plan year						TANK TANK	10		
	• •	at the end of the plan year					5t	,	0		
com	plete this item)	account balances as of the end of t		***************************************	******		50		0		
d(1) To	stal number of active part	rticipants at the beginning of the pla	ın ye		300000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(10		
	•	rticipants at the end of the plan year					5d(2)	0		
less	than 100% vested	terminated employment during the	*******		****		50		0		
		or incomplete filing of this return									
SB or Si	enatties of perjury and of chedule MB completed a is true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.	ction as w	is, I declare that I have las the electronic	ver	examined this return/re sion of this return/repor	port, in rt, and t	cluding, if applic the best of my	able, a Schedule knowledge and		
SIGN				11/2/15		Marc Segal					
HERE	Signature of plan adm	ninistrator		Date		Enter name of individu	al signi	ng as plan adm	inistrator		
SIGN	P-	+-1		11/2/15		Marc Segal					
HERE			_	Date	_	Enter name of individu					
Prepare	's name (including firm r	name, if applicable) and address; Ir	nctud	le room or suite nun	nbe	r (optional)	Prepa	irer's telephone	number (optional)		

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	*******				XYes [No
	Are you claiming a waiver of the annual examination and report of a			(IQP/	۹)				
	under 29 CFR 2520 104-462 (See instructions on waiver elioihility a	nd conditio	ns.)	*******	*******		******	XYes [No
	if you answered "No" to either line 6a or line 6b, the plan canno	xt use Form	n 5500-SF and must instead t				—		
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pri	ogram (see ERISA section 402	1)7	<u>-</u>	Yes	No	Not deter	minea
Pa	rt III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Year		1—		(b) End of		
	Total plan assets	. 7a	396,0		╫				<u> </u>
	Total plan flabilities			0	┼~				0
	Net plan assets (subtract line 7b from line 7a)	. 7c	396, 0: (a) Amount	98	+		(b) To		<u> </u>
	Contributions received or receivable from:	ļ	(a) Amount		╁		(2) (3		
	(1) Employers	. 8a(1)		0					
	(2) Participants	. 8a(2)		0		-			
	(3) Others (including rollovers)	. 8a(3)	470	0	╁┈				
	Other income (loss)	. 8b . 8c	(79	9)	╂			(700	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. oc			╁			(799	<u> </u>
	to provide benefits)	. 8d	395,2	99	1				
<u> </u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	4				
1	Administrative service providers (salaries, fees, commissions)	. 8f		0	╄				
	Other expenses	. 8g		0	-				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			}	-		395,29	
_	Net income (loss) (subtract line 8h from line 8c)	. 81		0	┼			(396,098)
	Transfers to (from) the plan (see instructions)	. 8			Щ.				
$\overline{}$	rt IV Plan Characteristics		- for the List of Plan Charact		Cada	- In the	. landar ratio		
Ja	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2G 2J 3D	samie code	9 nom de List di Fian Chalact	61 120€	Code	15 III UIE	; iiisu ucudi	13.	
-			from the Liet of Dies Characte						
b	If the plan provides welfare benefits, enter the applicable welfare fe	aiure codes	s nom the list of Plan Characte	nsuc	Codes	in we	nsuccione	5.	
	rt V Compliance Questions						_		
10	During the plan year:				Yes	No		mount	
_	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in			1			
_	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu		····	10a	<u> </u>	X			
þ	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b	[$ \mathbf{x} $			
c				10c	x			20	,000
_ d				1.00	-	 	,		
	or dishonesty?			10d		x			
0	train any recent terminations per in any entire a germe, or on								
	insurance service, or other organization that provides some or all instructions.)			10e		x			
f	Has the plan falled to provide any benefit when due under the pla			10f		x			
9				10g		x			
h						-			
	2520.101-3.)			10h		x			
1	If 10h was answered "Yes," check the box if you either provided the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	<u> </u>				
	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	******************	************************************			de SB (Foπ1	Yes 🗷	No.
110	Enter the unpaid minimum required contribution for current year fr								
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code of	r sec	ion 30	2 of EF	RISA?	Yes 🗷	J No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	ng amortize	ed in this plan year, see instruct	ions, : nth	and e	nter the	date of the	e letter ruling	
	At at the A A A A A A A A A A A A A A A A A A A		MVI			<u> </u>			

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Hyc	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to lin	e 13.			
ь	Enter the minimum required contribution for this plan year	<u>-</u>		12b		
					,	
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year		*************	12c		
	Subtract the amount in fine 12c from the amount in line 12b. Enter the result (entr	er a minus sign to th	e left of a	12d		
8	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?	····	🗆	Yes [No NA
Part \	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Y	es 🔲 N	0
	if "Yes," enter the amount of any plan assets that reverted to the employer this ye	er	***************************************	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another plan, or bro	ought under the co	ntrol	{	X Yes No
C	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), ide	ntify the plan(s) to			
13	c(1) Name of plan(s):		130	(2) EIN	(8)	13c(3) PN(s)
			}			
Part \	Viii Trust Information (optional)					<u> </u>
14a N	ame of trust			14b T	rust's EIN	