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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Informatio	n				
For calendar plan year 2015 or	fiscal plan year beginning 01/01	/2015 and ending 11	1/20/2015			
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	•			
B This return/report is	the first return/report an amended return/report	X the final return/report X a short plan year return/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558	automatic extension	DFV	C program		
Part II Basic Plan Inf	ormation—enter all requested i	' '				
1a Name of plan SMART CHOICE INSULATION 8		monnation	1b Three-die plan num (PN) ▶ 1c Effective	001		
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	2b Employer (EIN)	01/01/2013 r Identification Number 46-0699580		
City or town, state or proving MART CHOICE INSULATION &		stal code (if foreign, see instructions)		s telephone number 541-480-8670		
O BOX 24 ATEROS, WA 98846-0024	X 24 OS, WA 98846	2d Business code (see instructions) 238900				
3a Plan administrator's name a	and address XSame as Plan Spor	nsor.	3b Administr	ator's EIN		
			3c Administr	ator's telephone number		
name, EIN, and the plan no	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN			
a Sponsor's name			4c PN			
	0 0 1 7	·	5a	3		
·	' '	f the advance of defined by a fit along the set	5b	0		
		of the plan year (defined benefit plans do not	5c	0		
•		plan year	5d(1)	2		
		ear	5d(2)	0		
than 100% vested		ne plan year with accrued benefits that were less	5e	0		
Caution: A penalty for the late	e or incomplete filing of this retu	rn/report will be assessed unless reasonable cau	use is establish	ied.		

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.	12/29/2015	THERESA E. ENGLAND
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r) Preparer's telephone number

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 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 of the your answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independand condition to the condition of the conditio	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determ	nined
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) En	d of Ye		
a Total plan assets	7a		37	767						0
b Total plan liabilities	7b		0.7	0						0
C Net plan assets (subtract line 7b from line 7a)	7c			767	-					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)			0						
(2) Participants	8a(2)			176						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-1	535						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-135	<u>9</u>
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		36	408						
e 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								3640)8
i Net income (loss) (subtract line 8h from line 8c)	8i								-3776	57
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in t	the instr	uctions	:	
B If the plan provides welfare benefits, enter the applicable welfare for	oaturo codo	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetru	ctions:		
in the plan provides wellare benefits, effect the applicable wellare in	eature coue	es nom the List of Fla	ii Cilaia	aciensi	ic Coc	162 111 111	ie ilistiu	Clions.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a					X					
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		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	he required	notice or one of the	10h 10i							
j Did the plan trust incur unrelated business taxable income?					X					
Part VI Pension Funding Compliance			10j		^		<u> </u>			
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 all years from						11a			103	
12 Is this a defined contribution plan subject to the minimum funding							RISA?.	ГП	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter tl	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	140	14// (
		resolution to terminate the plan been adopted in any plan year?			X Yes	з П No	
		s," 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 brough	ght under the co	ontrol	X	Yes	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information			I .		
14a	Name c	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of trudice of editorial			telephone		A11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		X Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		X ba	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	, , , ,	the box to indicate the method used by the plan to satisfy the coverage requirements under secti		I IXI	atio ercentage st		rage efit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	S	X No	
17a	Has the	e plan been timely amended for all required tax law changes?		X Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted $09 / 01 / 20$ law changes and codes).	113 Enter the ap	plicable	code <u>J</u>	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plays letter, enter the date of that favorable letter $05 / 27 / 2009$ and the letter's serial r			vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/			 n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 , American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	X No	
19	Were in	n-service distributions made during the plan year?		Ye	s	× No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	X N/A

5500 Electronic Filing Authorization

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

EIN/PN: 46-0699580/001

Plan Year(s): 01/01/2015 to 11/20/2015

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

(sign)

(date)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

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.

DIME NOS TETTETT

2015

This Form is Open to Public inspection

Part I	Annual Report	Identification Informatio	n							
For calenda	er plan year 2015 or f	scal plan year beginning 01/01			20/2015	a muse' without 2				
		a single-employer plan	a multiple-employer pla	n (not multiemployer)	cordance with the form	IDSTRUCTIONS				
A This ret	urn/report is for:	a one-participant plan		MOAST HUMANIATION IN SICH	COTOREL RESC. WHEN THE TOTAL					
		a one-participant plant	a foreign plan							
P This entire	rn/ranart is	the first return/report	X the final return/report	he final return/report						
B This retu	m/repon is	an amended return/report	X a short plan year return	report (less than 12 mg	onths)					
		an amendod return ropon								
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC progra	ETT:				
		special extension (enter des	cription)							
Part II	Basic Plan Info	ormation—enter all requested	information							
1a Name	of plan				1b Three-digit					
SMART CHO	DICE INSULATION 8	ROOFING, INC. 401(K) PLAN			plan number (PN)					
					1c Effective date of					
						·/2015				
2a Plan et	nonsor's name (empl	oyer, if for a single-employer plan)		2b Employer Identifi	cation Number				
Mailing	address (include roo	om, apt., suite no. and street, or P	O. Box)		A 7	6995BI				
_		ce, country, and ZIP or foreign po	stal code (if foreign, see instru	ictions)	2c Sponsor's telept	nome number				
SMAH! UHL	ICE INSULATION &	HOOFING, INC.			54"-45	R-8571				
					2d Business code (SEE INSTRUCTIONS				
POBOX 24	VA 98846-0024	PO BC PATER	X 24 ROS, WA 98846		2389	JC				
	V/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
3a Dian a	dministrator's name :	and address XSame as Plan Spo	nsor		3b Administrator's E	-IN				
Ja Fialla	Uniminatiator a name e	and addition in the control and in the control								
					3C Administrators t	Beamus anariques				
4 If the r	name and/or EIN of the	ne plan sponsor has changed sind	e the last return/report filed to	or this plan, enter the	4b EIN					
name	EIN, and the plan no	umber from the last return/report.								
a Spons					4c PN					
5a Total r	number of participant	s at the beginning of the plan yea	r	******************	5a					
		s at the end of the plan year			5b					
		account balances as of the end	of the plan year (defined bene	efit plans do not	5c	7				
d(1) Tota	al number of active pa	articipants at the beginning of the	plan year	***********************	5d(1)					
		articipants at the end of the plan			5d(2)	The state of the s				
		t terminated employment during t		nefits that were less	5e					
than	00% vested	or incomplete filing of this ret	urn/report will be assessed	uniese reseameble ce						
Linder pena	thes of periury and o	ther penalties set forth in the inst	ructions, I declare that I have	examined this return/re	eport, including it appli	Cable E Schanuse				
SB or Sche	dule MB completed	and signed by an enrolled actuary	, as well as the electronic ver	sion of this return/repo	irt, and to the best or m	Automedias auto				
belief, it is t	rue, correct, and con	nplete.								
SIGN	Thoresa	C Consoud		Theresa	2 E End	12MA				
HERE	Signature of plan	administrator//	Date 12-29-/	Enter name of indivi	dual signing as plan as	ministrato				
SIGN										
HERE	Signature of emp	oyer/plan sponsor	Date	Enter name of indivi	relating as animalating	45° Nº Pinh Shans				
Preparer's		name, if applicable) and address			dual signing as employ Preparer's telephon	The state of the s				
				·						
1										

Form 5500-SF 2015		Page 2							
6a Were all of the plan's assets during the plan year invested in eligible b. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can	f an independ and condition not use For	dent qualified public a ons.) m 5500-SF and must	ccount	ant (IQ	PA) Form	5500.		X Yes X Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ction 40	021)? .	[]	Yes	No [Not determ	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning			+		(b) End o	f Year	^
a Total plan assets			37	767	-				0
b Total plan liabilities			37	767	+				0
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		707	+-		(b) To	tal	
a Contributions received or receivable from:		(a) Amou	iiit				(0) 10	COT	
(1) Employers	8a(1)			0					
(2) Participants	1			176	-				
(3) Others (including rollovers)	1 1			-05	+-				
b Other income (loss)			-1	535	+			125	50
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums) 	8c				+-	-		-135)9
to provide benefits)	8d		36	408					
e 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				-			3640	
Net income (loss) (subtract line 8h from line 8c)					+-			-3776	57
Transfers to (from) the plan (see instructions)	··· 8j								
Part IV Plan Characteristics	tt	dee from the Liet of Di-	an Cha	otorio	tio Co	daa in t	the inetweet		
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	m reature cod	des from the List of Ph	an Cha	ractens	suc Co	des in t	ine instructi	ions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plan	n Chara	cterist	ic Cod	es in th	e instructio	ens:	
Part V Compliance Questions						-			
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)			10b		Х				
a the state of the state of the board?					V				
d Did the plan have a loss, whether or not reimbursed by the plan			10c						
by fraud or dishonesty?			10d		Х				
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of	the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the p					X				
g Did the plan have any participant loans? (If "Yes," enter amount					X				
h If this is an individual account plan, was there a blackout period			10g						
2520.101-3.)			10h		X				
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1									
Did the plan trust incur unrelated business taxable income?			10		X				
Part VI Pension Funding Compliance									
11 (s this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If *	Yes,* see instructions	and co	mplete	Sched	Jule SB	(Form	Yes	No.
11a Enter the unpaid minimum required contribution for all years fro	m Schedule	SB (Form 5500) line 4	10			11a			
12 is this a defined contribution plan subject to the minimum fundi-	ng requireme	ents of section 412 of	the Coo	ie of se	ction	302 of E	ERISA?	Yes	X No

	Form 5500-SF 2015 Page 3 - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	nter the Day	date of the	e letter rulin ear	ng ———
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.	4.51			
b	nter the minimum required contribution for this plan year	***********	12b			
C E	nter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	****************		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	***********		X Yes	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 broof the PBGC?	ought under the co	ontrol	X	Yes N	lo
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	V(S)
Part	VIII Trust Information		4.41			
14a	Name of trust		140	Γrust's EIN		
140	Name of trustee or custodian			Trustee's o telephone r		n's
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		X Ye	S	No	
15k	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	and employer	X ba	esign- ased safe arbor ethod	ADP/ test	/ACP
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 2(a)(2)(ii))?	current year 1.401(m)-	Ye	es .	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under se		[전 p	latio ercentage est	Aver	rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by on this plan with any other plans under the permissive aggregation rules?	combining	Y6	es	X No	
172	Has the plan been timely amended for all required tax law changes?	• , • , , • • • • • • • • • • • • • • •	. X Y		No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted 09 / 01 for tax law changes and codes).					A CONTRACTOR OF THE PROPERTY O
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitted	THE PARTY OF THE PARTY	The same of the sa			<u> </u>
170	If the plan is an individually-designed plan and received a favorable determination letter from the IRS	o, enter the date o	אין שווו וי	an o last lav	UI ADIO	
18	determination letter//	(i)(2) has been irgin Islands)?	Y6	es	X No	
19	Were in-service distributions made during the plan year?		1 1 1	'es	X No	
	If "Yes," enter amount	***************	19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless or retired), as required under section 401(a)(9)?	of whether or not	Пү	'es	No	X N/A