Forr	n 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089		
	nent of the Treasury Il Revenue Service	This form is required to be file	etirement	2015		
Employee Ben	artment of Labor efits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection
	efit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.	
	plan year 2015 or fisca	lentification Information al plan year beginning 01/01/		and ending 1	2/31/2015	
	rn/report is for:	a single-employer plan	a multiple-employe	er plan (not multiemployer) employer information in ac	(Filers checking	
B This return	n/report is	the first return/report an amended return/report	the final return/repo	ort turn/report (less than 12 m	ionths)	
C Check bo	ox if filing under:	Form 5558	automatic extensio	n		C program
Part II	Basic Plan Inform	special extension (enter desc nation —enter all requested ir				
1a Name of	f plan	PROFIT SHARING PLAN	Iomaion		1b Three-dig plan num (PN) ▶ 1c Effective	ber 002
						07/01/1978
Mailing a City or to	address (include room, own, state or province,	r, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN)	Identification Number 91-0870448
BOSNICK RO	OFING, INC.				ZC Sponsor	s telephone number 253-565-4500
PO BOX 6464	0				2d Business	code (see instructions)
	PLACE, WA 98464					238100
3a Plan adr	ministrator's name and	address XSame as Plan Spor	sor.		3b Administr	ator's EIN
						ator's telephone number
name, E	EIN, and the plan numb	lan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN	
a Sponsor					4C PN	9
		the beginning of the plan year.			5a 5b	8
		the end of the plan year count balances as of the end of				0
complet	te this item)				5c	8
		cipants at the beginning of the p			5d(1)	8
• •		cipants at the end of the plan ye rminated employment during th			5d(2)	7
than 10	00% vested				5e	0
Under penalt SB or Sched	ties of perjury and othe ule MB completed and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I ha	we examined this return/re	port, including, if	f applicable, a Schedule
	ue, correct, and comple	ite. Ilid electronic signature.	06/14/2016	DONALD BOSNICK		
HERE	Signature of plan adr		Date	Enter name of individ	lual signing as pl	an administrator
SIGN						
	Signature of employe		Date			mployer or plan sponsor
Preparer's na	ame (including firm nar	ne, if applicable) and address (i	nclude room or suite nur	nber)	Preparer's tele	phone number
For Paperwor	k Reduction Act Notice a	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.		Form 5500-SF (2015)

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	Form 5500-SF 2015		Page Z							
b Are you under	all of the plan's assets during the plan year invested in eligib ou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a tions.)	iccounta	ant (IQ	PA)			X Yes X Yes	No
C If the	plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	nined
Part III	Financial Information								-	
_	Assets and Liabilities		(a) Beginning	n of Yea	ar			(b) End	l of Year	
	plan assets	7a	(, =•g	579				(*/ =	57820	00
	plan liabilities	7b			0					0
	an assets (subtract line 7b from line 7a)	7c		579	265				57820	00
-	e, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b)	Total	
-	ibutions received or receivable from:									
(1) E	mployers	8a(1)		-	904	_				
(2) P	articipants	8a(2)		13	517					
	thers (including rollovers)	8a(3)			0					
	income (loss)	8b		-15	447	_				
	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			397	74
	its paid (including direct rollovers and insurance premiums vide benefits)	8d			0					
· · · ·	in deemed and/or corrective distributions (see instructions)	8e			0					
	histrative service providers (salaries, fees, commissions)	8f		5	039					
	expenses	8g			0					
	expenses (add lines 8d, 8e, 8f, and 8g)								503	39
· ·	come (loss) (subtract line 8h from line 8c)	8i							-106	35
	fers to (from) the plan (see instructions)	8j			0					
Part IV	Plan Characteristics	0)								
9a If the	plan provides pension benefits, enter the applicable pension 2F 2H 2J 2K 2R 2T 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in t	the instru	ictions:	
B If the	plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instruc	tions:	
Part V	Compliance Questions									
	ng the plan year:				Yes	No	N/A		Amount	
des	there a failure to transmit to the plan any participant contribu cribed in 29 CFR 2510.3-102? (See instructions and DOL's V gram)	/oluntary F	iduciary Correction	10a		х				
	e there any nonexempt transactions with any party-in-interest orted on line 10a.)			10b		х				
c Wa	s the plan covered by a fidelity bond?			10c	х					150000
	the plan have a loss, whether or not reimbursed by the plan's aud or dishonesty?			10d		х				
e Wer carri	e any fees or commissions paid to any brokers, agents, or oth er, insurance service, or other organization that provides som plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e	х					237
f Has	the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g Did	the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g	1	Х				
h If thi	s is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X				
i If 10	h was answered "Yes," check the box if you either provided the provided the providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below)..... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40... 11a 12 Yes No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

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10j

Did the plan trust incur unrelated business taxable income?

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
lf	you c	ompleted 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						
-		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 (enter a minus sign to the ative 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?			Ye	es X No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year										
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou		13a						
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
Inten	tment of the Treasury nal Revenue Service	This form is required to be filed	under sections 104 and 4			2015				
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (Revenue Code (the Code		This Form is Open to Public Inspection					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 5	500-SF.					
Part I		dentification Information	MINING AND A SAME AND A STREET							
For calenda	ar plan year 2015 or fisc	Print and a second s	01/01/2015	and ending		31/2015				
A		X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	(Filers chec	king this box must attach a				
A This ret	urn/report is for:	a one-participant plan	a foreign plan	iployer information in ac	cordance w	ith the form instructions)				
B This retu	ırn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check k	pox if filing under:				Π.					
• Check I	oox in ninng under.	Form 5558	automatic extension)FVC program				
		special extension (enter descri								
Part II		mation—enter all requested info	ormation							
1a Name	· · ·		THE DEAL		1b Three	÷				
BOSNICK	ROOFING, INC.	. 401 (K) PROFIT SHAP	RING PLAN		(PN)	number 002				
						tive date of plan				
						01/1978				
2a Plan sp	oonsor's name (employ	er, if for a single-employer plan)				oyer Identification Number				
Mailing	address (include room	, apt., suite no. and street, or P.O.	Box)			91-0870448				
		, country, and ZIP or foreign posta	I code (if foreign, see instr	uctions)	2c Sponsor's telephone number					
BOSNIC	CK ROOFING, IN					253-565-4500				
DO DOV	CACAO				2d Busin	ess code (see instructions)				
DO ROY	PO BOX 64640					100				
	CTEV DIACE									
	SITY PLACE	WA 98464			26					
Ja Plan ad	dministrator's name and	address XSame as Plan Sponse	Dr.		3D Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
4 If the r	ame and/or EIN of the	plan sponsor has changed since t	he last return/report filed fo	or this plan enter the	4b EIN					
		ber from the last return/report.	ie last retainineport med it	or this plan, enter the	HD EIN					
a Sponse	or's name				4c PN					
5a Total r	number of participants a	it the beginning of the plan year			5a	9				
		it the end of the plan year			5b	8				
		ccount balances as of the end of th			E.					
					5c					
d(1) Tota	al number of active part	icipants at the beginning of the pla	n year		5d(1)	8				
d(2) Tota	al number of active part	icipants at the end of the plan yea	٢		5d(2)	7				
e Numb	er of participants that te	erminated employment during the	plan year with accrued bei	nefits that were less	5e					
		· · · · · · · · · · · · · · · · · · ·				0				
		r incomplete filing of this return er penalties set forth in the instruct								
SB or Sche	dule MB completed and	signed by an enrolled actuary, as								
belief, it is t	rue, correct, and compl	etel 1 m	- 1 de	-						
SIGN	Amstel	Deems Tal	6/19/16	DONALD BOSNIC	ĸ					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	as plan administrator				
SIGN										
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor				
Preparer's		me, if applicable) and address (inc				telephone number				
	,			<i>'</i>		F				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	579265	578200					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	579265	578200					
8	Income, Expenses, and Transfers for this Plan Year	5	(a) Amount	(b) Total					
a 	Contributions received or receivable from: (1) Employers	8a(1)	5904						
	(2) Participants	8a(2)	13517						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	-15447						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	125 (22) (C. 12) (C. 16) (C. 16)	3974					

с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3974
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	5039	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5039
î.	Net income (loss) (subtract line 8h from line 8c)	8i		-1065
j	Transfers to (from) the plan (see instructions)	8j	0	

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: 2E 2F 2H 2J 2K 2R 2T 3D

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

ran	V Compliance Questions			_		
10	During the plan year:		Yes	No	N/A	Amount
а		10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	х			237
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 of year end,)	10g		Х	1.00	
h		10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
ĵ	Did the plan trust incur unrelated business taxable income?	10j		Х		
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at 5500) and line 11a below)					orm
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40			********	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Cod	e or se	ction	302 of ER	ISA? Yes X No

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		enter th Day	e date of t	he letter ru Year	ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day		i cai	
b	Enter the minimum required contribution for this plan year		12b			
	Enter 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	eft of a	12d			
	negative amount)			Yes [N/A
Part	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets			res	No	N/A
	Has a resolution to terminate the plan been adopted in any plan year?		1		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 broug					
	of the PBGC?				Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identit which assets or liabilities were transferred. (See instructions.)	y the plan(s) to)			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
-						
Part			446 -			
14a	Name of trust		14D	Trust's EIN	1	
14c	Name of trustee or custodian		14d	Trustee's telephone	or custodi number	an's
Par	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Υε	s	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	PIACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Ye		No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ц ре	atio ercentage st		erage lefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Ye	is	No	
17a	Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the			``	nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial r	umber				ог
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter	nter the date of	f the pla	n's last fav	vorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Ye	s	No	
19	Were in-service distributions made during the plan year?		Υe	s	No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w refired), as required under section 401(a)(9)?	nether or not	Ye	s	No	N/A