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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Pension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form 55	500-SF.						
Part I Annual Report	t Identification Information	l							
For calendar plan year 2015 or f	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015						
A This return/report is for: a single-employer plan									
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension DFVC program description)							
Part II Basic Plan Info	ormation—enter all requested in	formation							
1a Name of plan CORNERSTONE ROOFING, INC	C. 401(K) PLAN		pla (Pi	ree-digit in number N)	001				
			1C Eff	ective date of 07/0	f plan 1/1999				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CONNERSTONE ROOFING, INC.				Employer Identification Number (EIN) 91-1712646					
			2c Sp	2c Sponsor's telephone number 425-827-1119					
7624 - 15TH AVE. S.E., #101A OTHELL, WA 98012			2d Bu	siness code (see instructions)				
3a Plan administrator's name a	and address XSame as Plan Spon	SOT.	3b Ad	ministrator's E	EIN				
			3c Adı	ministrator's t	elephone number				
name, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	e 4b EIN						
a Sponsor's name				4c PN					
	0 0 , ,		5a		40				
C Number of participants with	account balances as of the end of	the plan year (defined benefit plans do not	5b 5c		36 28				
d(1) Total number of active pa	articipants at the beginning of the pl	lan year	5d(1)		17				
		ar	5d(2)		13				
Number of participants that than 100% vested	t terminated employment during the	e plan year with accrued benefits that were less	5e		0				
		n/report will be assessed unless reasonable car	ISE IS EST	ahlished					

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

	Filed with authorized/valid electronic signature.	07/08/2016	WILLIAM SULLIVAN	ULLIVAN				
HERE	Signature of plan administrator	Date	Enter name of indivi	dual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor						
D								
Preparer s	name (including firm name, if applicable) and address (ir	nclude room or suite num	iber)	Preparer's telephone number				
Preparer s	name (including firm name, if applicable) and address (ir	nclude room or suite num	nber)	Preparer's telephone number				
Preparers	name (including firm name, if applicable) and address (ir	nclude room or suite num	iber)	Preparer's telephone number				

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 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can 	of an indepen ty and conditi	dent qualified public a	ccount	ant (IQ	PA)			X Yes X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets			239	9461	-			21778	34
b Total plan liabilities			220	1464				24770	2.4
Net plan assets (subtract line 7b from line 7a) Income. Expenses. and Transfers for this Plan Year	7с	(a) A man)461	+		/b) T	21778)4
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) T	otai	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	- · · · ·								
b Other income (loss)			-2	264					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums)	8c							-226	54
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11	941					
e Certain deemed and/or corrective distributions (see instructions).	8e		7	472					
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1941	
Net income (loss) (subtract line 8h from line 8c)								-2167	'7
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	···· 8j								
9a If the plan provides pension benefits, enter the applicable pension benefits, enter the applicable pension benefits, enter the applicable welfare. B If the plan provides welfare benefits, enter the applicable welfare.									
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	s Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?	•••••		10c	X					40000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of t	he benefits under	10e	X					800
f Has the plan failed to provide any benefit when due under the p			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount			10g	X					29143
h If this is an individual account plan, was there a blackout period 2520.101-3.)	l? (See instru	ctions and 29 CFR	10g	^	X				23143
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	the required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			,		1				
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Yes	☐ No
11a Enter the unpaid minimum required contribution for all years fro						11a	<u> </u>		
12 Is this a defined contribution plan subject to the minimum funding	ng requireme	nts of section 412 of t	he Cod	e or se	ection	302 of E	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	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	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 t	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	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X 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		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		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)?		Design- based safe ADP/ACP harbor test method			
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	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he 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	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	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/		the plai	n's last fav	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	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?						

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

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

		t Identification Information						
- FUI Calcii	dar pian year zu io ui i	fiscal plan year beginning 01/01/201 X a single-employer plan		and ending 12				
A This re	return/report is for:	A single-employer plan	list of participatir	yer plan (not multiemployer ng employer information in a	 (Filers checking accordance with the 	this box must attach a		
	F	a one-participant plan	a foreign plan	g employer anomassa	accordance man	le ioitti matruonom)		
B This re	eturn/report is	the first return/report	the final return/rep	port				
		an amended return/report	a short plan year r	return/report (less than 12 t	months)			
C Check	k box if filing under:	Form 5558	automatic extensi	ion	☐ DFVC	C program		
		special extension (enter descri			_			
Part II		ormation—enter all requested info	ormation					
1a Name					1b Three-digi			
CORNERS	STONE ROOFING, INC	. 401(k) PLAN			plan numb (PN) ▶	ber 001		
					1c Effective d	•		
2a Plan s	sponsor's name (emplo	oyer, if for a single-employer plan)				Identification Number		
Mailin City o	ig address (include room ir town, state or provinc	om, apt., suite no. and street, or P.O.	. Box)	inetructions)	(EIN) 91-1	712646		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CORNERSTONE ROOFING, INC.					2c Sponsor's telephone number (425) 827-1119			
7624 - 15TH AVE. S.E., #101A					2d Business of 238100	code (see instructions)		
	WA 98012				200100			
		nd address X Same as Plan Sponso			31			
Je manu	William and a marine ar	id address Moaine as rian oponec	Jr.		3b Administrat	tor's EIN		
					3c Administra	tor's telephone number		
4 If the r								
name	e, EIN, and the plan nun	e plan sponsor has changed since the mber from the last return/report.	ie last return/report тile	d for this plan, enter the	4b EIN			
	sor's name				4c PN			
		at the beginning of the plan year				40		
b Total r	number of participants :	at the end of the plan yearaccount balances as of the end of the	l (defined h			36		
compl	ete this item)	account balances as of the end of the	e plan year (delined be	enefit plans do not	5c	28		
d(1) Tota	al number of active par	rticipants at the beginning of the plan	n year		5d(1)	17		
d(2) ⊤ota	al number of active par	rticipants at the end of the plan year.			5d(2)	13		
than 1	100% vested	terminated employment during the p	•		5e	0		
Caution: A	penalty for the late o	or incomplete filing of this return/r	report will be assesse	ed uniess reasonable cau	use is established	d		
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	ner penalties set forth in the instruction of signed by an enrolled actuary, as dete.	ons, I declare that I have well as the electronic	ve examined this return/reportersion of this return/report	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and		
SIGN	×hA	~ <u> </u>	16/30/18	6 X 1 WICLIAM	, Sour	and		
HERE	Signature of plan at	Iministrator	Date	Enter name of individu				
SIGN								
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing as emp	oloyer or plan sponsor		
⁵ reparer's r	name (including firm na	ame, if applicable) and address (incli	ude room or suite num	iber)	Preparer's teleph			
				J	I			
					Į.			
				t	· III.			

	Form 5500-SF 2015		Page 2			_				
b	Were all of the plan's assets during the plan year invested in eliging 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 indeper and conditi not use Fo	ndent qualified public ions.) rm 5500-SF and mu	accou	ntant (i ead us	QPA) e For	m 5500		K Yes	
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA	section	4021)	?	Yes	□ No □	Not deter	rmined
Pa	rt III Financial Information								<u>_</u>	
7	Plan Assets and Liabilities		(a) Beginni	ng of Y	ear			(b) End	of Year	
	Total plan assets			239	461				21778	4
	Total plan liabilities									
-	Net plan assets (subtract line 7b from line 7a)	. 7c		2394	461				217784	4
	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount		_		(b) To	otal	
	Contributions received or receivable from: (1) Employers	. 8a(1)				130				
	(2) Participants					0.0				
	(3) Others (including rollovers)			-						Dies.
	Other income (loss)	8b	·	-22	264					- (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Name to the	13.5	8				-2264	
d I	Benefits paid (including direct rollovers and insurance premiums					延	17/11			17 14
	to provide benefits)	8d		119		27	21		T. SPILE	
	Certain deemed and/or corrective distributions (see instructions)	8e		74	72					
	Administrative service providers (salaries, fees, commissions)	8f				8 5			.825	
	Other expenses	8g	Construction and the second		- A-115-Y		i i waii			Test 7
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						19413		
	Net income (loss) (subtract line 8h from line 8c)	8i		E 18 (E)		0.2	- 201		-21677	
Part		8j				Ŷ.				
Part	If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	sature code:		in Chai	actens		es in tr	e instrucțio	ns:	
10	During the plan year:				Yes	No	N/A			
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fid	uciary Correction	10a		х			Amount	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	dude transactions			х	T ₁			
	reported on line 10a.)			10b			a II			
	Was the plan covered by a fidelity bond?			10c	Х		e d			40000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	idelity bond	, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons be or all of the	y an insurance e benefits under	10e	х					800
	Has the plan failed to provide any benefit when due under the plan			10f		Х	N a. I	·		
	Did the plan have any participant loans? (If "Yes," enter amount as			10g	х					29143
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instructi	ons and 29 CFR	10h		х	1.4			H = V =
i 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-	required n	otice or one of the	10ii						
	Did the plan trust incur unrelated business taxable income?			10i				and the second		
Part V				191	1					
5	s this a defined benefit plan subject to minimum funding requirements (500) and line 11a below)	***************************************		<u></u>				Form	Yes [No
11a E	enter the unpaid minimum required contribution for all years from S	chedule SB	(Form 5500) line 40)			11a			
	s this a defined contribution plan subject to the minimum funding re							RISA?	Yes	X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			<u> </u>	· ·	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and Month	enter th	e date of	the letter	ruling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
	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			
		left of a	12d			-
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A
A 1. T. C.	Plan Terminations and Transfers of Assets				<u> </u>	
13	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b		aht under the c	ontrol		Yes 🛛	No
С		fy the plan(s) to)			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
		1				
Par	Trust Information					
14a	Name of trust		14b T	rust's EIN	1	-
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number			
esent n						
Par	IRS Compliance Questions			-		
15a	Is the plan a 401(k) plan?		Yes	i	No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas	sign- sed safe bor thod	ADP/ACP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	rrent year 01(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio percentage test		Average benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?	pining	Yes		□No	
17a	Has the plan been timely amended for all required tax law changes?		Yes		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 ap	•			structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial n	umber			-	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter	ter the date of t	he plan's	s last favo	orable	
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 I	has been slands)?	Yes		No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19	·	. 	
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who	ether or not			Пы	Пъис
_	retired), as required under section 401(a)(9)?		Yes		∐No	∐ N/A