## Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** Internal Revenue Service Department of Labor

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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

	dentification Information							
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016								
<b>A</b> This return/report is for:	a single-employer plan			oyer) (Filers checking this box must attach a n in accordance with the form instructions.)				
	a one-participant plan	a foreign plan	,					
<b>B</b> This return/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 program	ı			
Part II   Pacic Plan Infor	special extension (enter descrimation—enter all requested in							
Part II   Basic Plan Infor	mation—enter all requested in	formation		1b Three-digit				
CORNERSTONE ROOFING, INC. 4	401(K) PLAN			plan number	r 001			
				1c Effective da	L te of plan 7/01/1999			
2a Plan sponsor's name (employ	ver, if for a single-employer plan)	). Box)		<b>2b</b> Employer Id	entification Number			
	e, country, and ZIP or foreign post		tructions)	2c Sponsor's t	elephone number -827-1119			
					de (see instructions)			
17624 - 15TH AVE. S.E., #101A BOTHELL, WA 98012				2	38100			
3a Plan administrator's name and	d address X Same as Plan Spor	nsor.		<b>3b</b> Administrate	or's EIN			
				3c Administrate	or's telephone number			
	plan sponsor has changed since ober from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name	,			4c PN				
<b>5a</b> Total number of participants a	at the beginning of the plan year			5a	36			
<b>b</b> Total number of participants a	at the end of the plan year			5b	43			
	ccount balances as of the end of			5c	28			
d(1) Total number of active part	ticipants at the beginning of the pl	an year		5d(1)	18			
• •	ticipants at the end of the plan ye			5d(2)	20			
than 100% vested	erminated employment during the			5e	0			
Caution: A penalty for the late o								
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	d signed by an enrolled actuary, a							
31314	ralid electronic signature.	08/23/2017	WILLIAM F. SULLIVAI	N				
HERE Signature of plan ac	Iministrator	Date	Enter name of individ	lual signing as plar	administrator			
SIGN HERE								
Signature of employ	/er/plan sponsor	Date	Enter name of individ	lual signing as emr				
					loyer or plan sponsor			
Preparer's name (including firm na	ame, if applicable) and address (ir			Preparer's teleph	•			

Form 5500-SF 2016 Page **2** 

	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		'						X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann								X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	Пло Г	Not determ	nined
	rt III Financial Information		3 (				1			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	f Year	
а	Total plan assets	7a		217784			,	(u) =u	200719	
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		217784					200719	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) To	tal	
а	Contributions received or receivable from:									
-	(1) Employers	8a(1)			-					
	(2) Participants	8a(2)			-					
	(3) Others (including rollovers)	8a(3)		11956						
	Other income (loss)	8b			-				11956	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11000	
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e		29021						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							29021	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-17065	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	tions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	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 F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
С	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's by fraud or dishonesty?			10d		X				
е	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	the benefits under	10e	X					768
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					0
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page <b>3</b> -	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information		1			
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## 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).

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

	stort Benefit Guaranty Corporation	► Complete all entries in	accordance with the ir	structions to the Form	5500-SF	·.   Pub	Disc inspection
Part	Annual Report	t Identification Information	1				
FOI Car	tendar plan year ∠∪16 or it	fiscal plan year beginning 01/01/201		and ending 12			
<b>A</b> Thi	is retum/report is for:	X a single-employer plan  ☐ a one-participant plan	a multiple-employer list of participating a foreign plan	r plan (not multiemployer) employer information in	) (Filers c accordan	thecking this book ice with the for	ox must attach a m instructions.)
<b>B</b> This	s return/report is	the first return/report	the final return/repor	ırt			
<b>2</b> 0h	7 7	an amended return/report	a short plan year ret	turn/report (less than 12 i	months)		
C Che	eck box if filing under:	Form 5558 special extension (enter descri	automatic extension	9	DFV	VC program	
Part	II Rasic Plan Info	prmation—enter all requested info					<del></del>
	ame of plan	mation—chief all requested into	ormation		146 7	- "	т
	RSTONE ROOFING, INC.	401(k) PLAN			p (F	Three-digit plan number (PN) ▶	001
23.00	<del></del>					Effective date of 07/01/1999	f plan
Mai	ailing address (include room	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta	. Box)	-44iana)		Employer Identif EIN) 91-171264	fication Number 46
CORNER	RSTONE ROOFING, INC.	A country, and En or to orge, poets	il Code (il loteign, acc me	structions)	2c S	Sponsor's teleph (425) 8	hone number 827-1119
17624 - 1	15TH AVE. S.E., #101A					Business code (s 38100	see instructions)
BOTHELI	L, WA 98012						
3a Plar	n administrator's name and	d address 🛛 Same as Plan Spons	sor.		3b Ar	dministrator's E	=IN
		_					elephone number
nam	ne, ⊾in, and the plan numb	plan sponsor has changed since the other from the last return/report.	ne last return/report filed	for this plan, enter the	4b EII		
	nsor's name				4c PN	N	
		at the beginning of the plan year			5a		36
<b>b</b> Tota	al number of participants at	at the end of the plan year			. 5b		43
com	ripiete this item)	ccount balances as of the end of the			5c		28
d(7) (	otal number of active partic	cipants at the beginning of the plan	ı year		5d(1)		18
d(2) To	otal number of active partic	icipants at the end of the plan year.	***************************************		5d(2)		20
tnar	n 100% vested	erminated employment during the pl		<b>!</b>	5e		0
Caution,	whencity for the late of	Tricorriblete filing of this refilm/re	CONCRE Will be seeneedd.	uniona recentable sec-	ıse is est	tablished.	
SB or Sch	MIGHTES OF DELIGITA GLIC OFFICE	s pertaities set forth in the instruction I signed by an enrolled actuary, as w	One I decigre that I have	overnined this return to		12 14 11	ble, a Schedule nowledge and
SIGN	X/		18/14/17	× William	F	SULLIVA	اسم
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu			
SIGN HERE					an eng	as plantas	listratui
	Signature of employer	r/plan sponsor	Date	Enter name of individu	ıal signinç	n as employer	or plan sponsor
reparer s	; name (including tirm nam	ne, if applicable) and address (inclu	ide room or suite numbe	r)	Preparer	r's telephone nu	umber
Sar Danas	work Reduction Act Natice						

Form	5500-SF	2016

Dane	2
raue	_

<ul> <li>Were all of the plan's assets during the plan year invested in eliging.</li> <li>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</li> <li>If the plan is a defined benefit plan is it covered under the PROCE.</li> </ul>	f an indeper and conditi not use Fo	ident qualified public ions.) rm 5500-SF and mi	c accou	intant (	IQPA)	m 550	
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA	section	4021)	?	Ye	s No Not determined
7 Plan Assets and Liabilities	34 34	(a) Bagingin			_		
a Total plan assets	. 7a	(a) Beginning	217		<del> </del> -		(b) End of Year
b Total plan liabilities					-		200719
C Net plan assets (subtract line 7b from line 7a)			217	784	<del> </del>		200740
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou					200719
a Contributions received or receivable from:		(a) Alliot	nit.		- 11	11: -	(b) Total
(1) Employers	8a(1)						
(2) Participants	8a(2)	·			- 5		
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	· · · · · · · · · · · · · · · · · · ·	119	956			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		15.				11956
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ا بەرە				Him		
e Certain deemed and/or corrective distributions (see instructions)	8d 8e		290	121			
f Administrative service providers (salaries, fees, commissions)	8f			21			
g Other expenses		···					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	neamunilara a					
Net income (loss) (subtract line 8h from line 8c)	8h						29021
Transfers to (from) the plan (see instructions)	8i -		0011				-17065
Part IV Plan Characteristics	8j					6)	jan jan jan jan ja
9a If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D	eature code	es from the List of Pi	lan Cha	racteri	stic C	odes in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Char	acteris	tic Cod	des in	the instructions:
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 contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	luntary Fidu	iciary Correction	10a		х		Amount
<b>b</b> Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions	10b		х		
C Was the plan covered by a fidelity bond?			10c	х			40000
d Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity bond	that was caused	10d	^	х		40000
e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons b	y an insurance	10e	х			768
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			10g	x			
h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructio	ons and 29 CFR	10g 10h	+	x	+	0
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 no	tice or one of the	10i				

Form	5500-SF	2016
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Page 3-	1 1

Par	VI Pension Funding Compliance						-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d complet	e Sch	nedule S	В		Yes No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or	sectio	n 302 o	f		Yes 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see it	netruotion		d ontovi		-54 1-4	
	granting the waiver.	. Month	10, air	Day		Year	•
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin						
<u>k</u>	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			
d	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			
100.000	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	· 🗴	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 brocontrol of the PBGC?	ught unde	r the			Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the p	lan(s)	to			
	I3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(	3) PN(s)
		l					
Part	VIII Trust Information						
14a	Name of trust			14b T	rust's E	IN	
14c	Name of trustee or custodian					or custor e number	
Par	IX IRS Compliance Questions						
15a	is the plan a 401(k) plan? If "No," skip b	🛛 `	⁄es	_		No	<del></del>
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	U s	afe ha			"Prior y	ear" ADP
		- 10 "(	Currer DP te	nt year" est		N/A	
IOA	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percer est	ntage		erage nefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	''	'es			] No	···
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion I					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, eletter	enter the c	late o	f the mo	st recer	nt determi	nation
1	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?	arated fro	om	Yes		No	
19	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	