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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit ATLAS SIDING & WINDOW CO. 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ATLAS SIDING & WINDOW COMPANY 61-1029335 (EIN) Sponsor's telephone number 502-363-8811 7290 MANSLICK ROAD LOUISVILLE, KY 40214 Business code (see instructions) 423990 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not det	ermined	
Par	t III Financial Information		Г							
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		1471	
	Total plan assets	7a	3628	303				41	1471	
	Total plan liabilities	7b	3628	303				41	1471	
	Net plan assets (subtract line 7b from line 7a)	7c		,00					1-17-1	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total					
	(1) Employers	8a(1)	131							
	(2) Participants	8a(2)	217	733						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	137	/94						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48	3668	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
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								
	Net income (loss) (subtract line 8h from line 8c)	8i						48	3668	
J	Transfers to (from) the plan (see instructions)	8j								
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amount	t	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	X				50000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
e	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	X				1952	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	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		X				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es X No	
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Υe	es X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·				<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling 	

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lf :	you completed 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			
С	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 left of a negative 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?	X	Yes N	10	
	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 brought under the control of the PBGC?					x No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) 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 Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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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	Annual Report lo	dentification Infor								
For cal	endar plan year 2014 or fis	cal plan year beginning	01/01/:	2014	and e	nding 12/31/20	014			
A Th	A This return/report is for:									
B Thi	s return/report is	a one-participant the first return/rep	•	reign plan final return/report						
C Check box if filing under: an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program special extension (enter description)							am			
Part	Basic Plan Inform	mation - enter all req	uested information]]						
$\overline{}$	me of plan	······································			1b	Three-digit	Τ			
ATLAS SIDING & WINDOW CO. 401(K) PLAN			1	plan number (PN)	001					
					1c	Effective date of plan 01/01/2006				
	n sponsor's name and address			r single-employer plan)	2b	2b Employer Identification Number (EIN) 61-1029335				
7290) MANSLICK ROA	.D			2c Sponsor's telephone number 502-363-8811					
LOUI	SVILLE	KY 402	214		2d	2d Business code (see instructions) 423990				
3a Pla	n administrator's name and	l address X Same a	s Plan Sponsor.		3b	Administrator's EIN				
					3c	Administrator's telephone r	number			
4 If the	e name and/or EIN of the p	lan sponsor has change	ad since the last re	eturn/report filed for this	4b	EIN				
plan	, enter the name, EIN, and	the plan number from t	he last return/repo	rt.						
a Sp	oonsor's name				4c	PN				
50 T					5a	T	5			
5a Total number of participants at the beginning of the plan year Description of participants at the end of the plan year			5a 5b		4					
 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined 			- 00							
	nefit plans do not complete		·	r your (donnod	5c	,	4			
	Total number of active pa				5d(1))	4			
	Total number of active pa				5d(2)	2			
e Nu	ımber of participants that t	erminated employment	during the plan ye	ar with accrued						
be	nefits that were less than 1	00% vested			5e					
Cautio	on: A penalty for the late of	r incomplete filing of	this return/report	will be assessed unles	s reas	sonable cause is establishe	ed.			
Schedu my kno	le SB or Schedule MB com wledge and belief, it is true	ipleted and signed by a correct, and complete	in enrolled actuary	r, as well as the electroni	ic vers	this return/report, including, ion of this return/report, and	to the best of			
SIGN HERE	V Chil Ky	4	V6/9/15		CHARLES R. STORY, JR.					
	Signature of plan admini	strator	Date	Enter name of indiv	idual s	signing as plan administrator				
SIGN HERE										
	Signature of employer/pl	an sponsor	Date	Enter name of individual signing as employer or plan sponsor			ponsor			
Prepar	er's name (including firm na	ame, if applicable) and a	address (include ro	oom or suite number) (op	otional	Preparer's telephone numb	oer (optional)			

_			_	^				
Forn	n 5500-SF 2014		Page	; Z				
60						Wy Th		
	Were all of the plan's assets during the plan year invested in eligible assets? (Yes No		
b	Are you claiming a waiver of the annual examination and report of an independ					⊠ _{Yes} ∏ _{No}		
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					······		
•	If you answered "No" to either line 6a or line 6b, the plan cannot use Form							
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see rt III Financial Information	ERISAS	ection 4021)?		Yes	No Not determined		
7			(a) Beginnin	a of V	or	(b) End of Year		
'_	Plan Assets and Liabilities	1 1		3628		411471		
	Total plan assets	7a	· · · · · · · · · · · · · · · · · · ·	3020	, 0 5	4114/1		
	Total plan liabilities	7b		3628	003	411471		
	Net plan assets (subtract line 7b from line 7a)	7c			0.0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	ount		(b) Total		
а	Contributions received or receivable from:	1		1 2 1	11			
	(1) Employers	8a(1)		131				
	(2) Participants	8a(2)		217	33			
	(3) Others (including rollovers)	8a(3)		137	70.4			
	Other income (loss)	8b	ana ana 1871 da maalay ka	ТЭ/	94	STATEMENT 1		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				48668		
d	Benefits paid (including direct rollovers and insurance premiums to provide							
	benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)							
<u>f</u>	Transmittative cervice previates (salarise) receipt certifination							
-								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				10660		
<u>_</u>	Net income (loss) (subtract line 8h from line 8c)	8i				48668		
	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension feature could $2E\ 2F\ 2G\ 2J\ 2K\ 2T\ 3D$	odes froi	n the List of Plai	n Char	acteris	tic Codes in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature coo	les from	the List of Plan	Charac	teristi	c Codes in the instructions:		
Pa	rt V Compliance Questions							
10	During the plan year:			Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contributions within the time p	eriod des	cribed					
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct	ion Prog	ram.) 10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc							
	transactions reported on line 10a.)			1	x			
	Was the plan covered by a fidelity bond?			Х		50000		
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond							
	was caused by fraud or dishonesty?		10d		х			
e	Were any fees or commissions paid to any brokers, agents, or other persons	ov an ins	surance					
	carrier, insurance service, or other organization that provides some or all of th							
	the plan? (See instructions.)			х		1952		
f	f Has the plan failed to provide any benefit when due under the plan?			!	Х			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X			
	If this is an individual account plan, was there a blackout period? (See instruc		10g	T				
•••	and 29 CFR 2520.101-3.)		10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required			 				
•	of the exceptions to providing the notice applied under 29 CFR 2520.101-3		1		х			
Pai	t VI Pension Funding Compliance		1 101	I		parties en transcript de la company de l La companya de la co		

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Га	art vi Fension i difding Compilance		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete		_
	Schedule SB (Form 5500) and line 11a below)	Yes	X No
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the	date of the	e letter
	ruling granting the waiver. Month Day Yo	ear	
418572	572 10-13-14		

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	d skip to line 13.				
b Enter the minimum required contribution for this plan year		12b			
C 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 min	nus sign to				
the left of a negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			es No		V/A
Part VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another				_	
under the control of the PBGC?			Y	_{'es} X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another	r plan(s), identify the	plan(s)	to which asse	ets or	
liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	13c(2) EIN(s)	1:	3c(3) PN(s	s)
Part VIII Trust Information (optional)					
14a Name of trust	14b	Trust's	EIN		