## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I Annual Repo	rt Identification Information			
For calendar plan year 2014 o	r fiscal plan year beginning 01/01/20	015 and ending 06/	12/2015	
A This return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer plan (not multiemployer) ( of participating employer information in accord a foreign plan		
<b>B</b> This return/report is	the first return/report	the final return/report		
- This retain, report is	an amended return/report	a short plan year return/report (less than 12 mg	onths)	
<b>C</b> Check box if filing under:	Form 5558	automatic extension	DFVC pro	ogram
Check box if filling under.	special extension (enter descr			
	Special extension (enter descr	iption)		
Part II Basic Plan In	formation—enter all requested inf	formation		1
1a Name of plan ATLAS SIDING & WINDOW CO	). 401(K) PLAN		1b Three-digit plan numbe (PN) ▶	r 001
			1c Effective da	te of plan 1/01/2006
2a Plan sponsor's name and ATLAS SIDING & WINDOW CO	address; include room or suite number MPANY	er (employer, if for a single-employer plan)	' '	entification Number I-1029335
7290 MANSLICK ROAD			2c Sponsor's to	elephone number 2-363-8811
LOUISVILLE, KY 40214				de (see instructions)
3a Plan administrator's name	and address XSame as Plan Spons	sor.	<b>3b</b> Administrate	or's EIN
	_		3c Administrato	r's telephone number
	the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's name			4c PN	
5a Total number of participar	nts at the beginning of the plan year		5a	4
<b>b</b> Total number of participar	nts at the end of the plan year		5b	(
·	th account balances as of the end of	the plan year (defined benefit plans do not	5c	(
d(1) Total number of active	participants at the beginning of the pl	an year	5d(1)	(
d(2) Total number of active	participants at the end of the plan yea	ar	5d(2)	(
		olan year with accrued benefits that were	5e	(
Caution: A penalty for the la	te or incomplete filing of this return	n/report will be assessed unless reasonable cau	ise is established.	<u> </u>
Under penalties of perjury and	other penalties set forth in the instruc	ctions, I declare that I have examined this return/repas well as the electronic version of this return/report	oort, including, if ap	plicable, a Schedule

belief, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administration				
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 number	r) (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.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							X Ye	_	No No	
C	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	N	ot det	ermin	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of	Year		
<u>a</u>	Total plan assets	7a	4114	171						0	
	Total plan liabilities	7b	444	174							
	Net plan assets (subtract line 7b from line 7a)	7c	4114	1/1	-					0	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b)	Tota	ı <u>l</u>		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	139	973							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13	3973	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4239	905							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	15	539							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							425	5444	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-411	1471	
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 Chara	cterist	tic Cod	les in t	the instruc	ctions	S:		
10	During the plan year:				Yes	No		Ar	nount		
	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	Χ					5	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X						856
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	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		X					
Part								1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υe	s X	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		1 .			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.		Υe	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otio c	05-1	onte : 41	00 det= -		latt	wl!	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (	enter th Day			letter ear	ruling	<u>}</u>

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lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
e 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	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</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

## 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-SE

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open

Part I Annual Repo	ert Identification Info		th the instructions t	o the F	orm 5500-SF.	to Public	Inspection
For calendar plan year 2014			01E			<u> </u>	4 F
A This return/report is for:	a single-employ					6/12/20	
This return report is for.	FA a single-employ		iple-employer plan (not ticipating employer infor				
	a one-participan	1 1	icipating employer imor ign plan	Malion	in accordance with	the form instru	ctions)
B This return/report is	the first return/r		nal return/report				
	an amended ret	, <del> - </del>	rt plan year return/rep	ort (loc	se than 10 month	, a)	
C Check box if filing under:	Form 5558	1 1	natic extension	יייייייייייייייייייייייייייייייייייייי		is) DFVC prograi	
	special extension	n (enter description)	idio oxiondion		ப	Dr. vo prograi	III
Part II Basic Plan In	formation - enter all re	equested information					
1a Name of plan			·- · · · · · · · · ·	1b	Three-digit		-
ATLAS SIDING &	WINDOW CO. 40	)1(K) PLAN			plan number (P	N) <b>&gt;</b>	001
				1c	Effective date of	of plan	
						1/2006	
2a Plan sponsor's name and add	dress; include room or suite n	umber (employer, if for s	ingle-employer plan)	2b	Employer Identi	ification Numb	ber (EIN)
ATLAS SIDING &	WINDOW COMPAN	1 <b>X</b>				29335	` ,
7000 MANGET OF D	015			2c	Sponsor's telep	hone number	r
7290 MANSLICK R	CAD			502	2-363-881	.1	
LOUISVILLE	7777 4.0	014		2d	Business code	(see instructio	ons)
	KY 40				42399		
3a Plan administrator's name	and address 🔼 Same	as Plan Sponsor.		3b	Administrator's	EIN	
				_			
				3c	Administrator's	telephone nu	mber
4 If the name and/or EIN of the	ne plan enoncor has about	and sings the last with		116			
plan, enter the name, EIN, a	and the plan number from	the last return /renert	rn/report filed for this	4b	EIN		
a Sponsor's name	and the plan number from	the last return/report.		4c	DNI		
				140	PN		
5a Total number of participa	nts at the beginning of the	nlan vear		5a	T	<del></del>	4
<b>b</b> Total number of participa	nts at the end of the plan			5b	<del>                                     </del>		
c Number of participants w					-		
benefit plans do not com	plete this item)			5c			0
d (1) Total number of active	e participants at the begin	ning of the plan year		5d(1)			0
d (2) Total number of active	e participants at the end c	of the plan year		5d(2)			0
<ul> <li>Number of participants th</li> </ul>	at terminated employmen	t during the plan year	with accrued				
benefits that were less that				5е			
Caution: A penalty for the la	te or incomplete filing of	this return/report wi	Il be assessed unles	s reas	onable cause is	established.	
Under penalties of perjury and Schedule SB or Schedule MB my knowledge and delief, it is t	completed and signed by	an enrolled actuary, a	clare that I have exan s well as the electroni	nined tl c versi	his return/report, on of this return/	including, if a	applicable, a
my knowledge af did delief, it is t	rue, correct, and complete	<del>3</del> . /	T				
SIGN V/ Lu/C	X-11	8/20/15	CTT3 DT C	~_			
HERE Signature of plan adm	ninistrator	Date	CHARLES R.	ST	ORY, JR.		
organical our plant duri		Date	Enter name of indiv	iduai s	igning as pian ad	ministrator	
SIGN							]
HERE Signature of employer	r/nlan sponsor	Date	Enter name of indiv	idual ai	igning on employ		
Preparer's name (including firr			or quite number / (an	iduai Si	griing as employ	er or plan spo	onsor
. repairer a marine (moldaling init	ir riamo, ii applicable) and	address (include 10011	or suite number) (op	nionai)	Preparer's telep	none number	(optional)
				ı			1,000
				İ			

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Р	aq	е	2

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes	No	
b	Are you claiming a waiver of the annual examination and report of an indepen	dent qua	alified publ	ic acc	ountai	nt		-	_	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditio	ns.)					X Yes	П No	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Forr	n 5500-9	SF and mu	ıst ins	tead (	use Fo	rm 5500			
င	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (se	e ERISA s	ection 4021	)?	П	Yes	ΠNo		determined	
<u>P</u>	art III Financial Information									
<u>7</u>	Plan Assets and Liabilities		(a) Beg				(	b) End of	Year	
_a	Total plan assets	7a			411	471				
_ <u>b</u>	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		4	$411^{4}$	471			C	
<u>8</u>	Income, Expenses, and Transfers for this Plan Year		(a	ı) Amo	unt			al		
а	Contributions received or receivable from:	l i								
	(1) Employers	8a(1)	_						<u></u>	
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b			139	973	STA	TEMEN	т 1	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13973	
d	Benefits paid (including direct rollovers and insurance premiums to provide									
	benefits)	8d		4	1239	905	STATEMENT 2			
_ <u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			15	39	STA	TEMEN'	т 3	
	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					42544			
+	Net income (loss) (subtract line 8h from line 8c)	8i					-41147:			
1	Transfers to (from) the plan (see instructions)	8j							177	
9a	rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature co									
Pa	If the plan provides welfare benefits, enter the applicable welfare feature coort V Compliance Questions			- Iuii C	Jilara	-			Tuctions.	
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time p	eriod desc	cribed		1.00	.,,		Amount		
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct			10a	ĺ	x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not inc									
	transactions reported on line 10a.)			10b		l x l				
c	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 fidelity bond				-					
	was caused by fraud or dishonesty?			10d		l x l				
е	Were any fees or commissions paid to any brokers, agents, or other persons is	oy an ins	urance							
	carrier, insurance service, or other organization that provides some or all of the	e benefit	s under			1 1	ı			
	the plan? (See instructions.)			10e	X				856	
<u>f</u>	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount as of year end			10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instruct	tions								
	and 29 CFR 2520.101-3.)	<u></u>		10h		Х			7000	
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	<u></u>		10i		х				
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye	es," see i	nstruction	s and	comp	lete				
	Schedule SB (Form 5500) and line 11a below)		······································		· · · · · · · · · · · · · · · · · · ·			Yes	X No	
<u>11a</u>	Enter the unpaid minimum required contribution for current year from Schedul	e SB (Fo	rm 5500) l	ine 39		11a				
	Is this a defined contribution plan subject to the minimum funding requirements of section		the Code or	section	302 c	f ERISA	١?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicab									
а	If a waiver of the minimum funding standard for a prior year is being amortized	in this p	lan year, s	ee inst	tructio	ns, and	d enter th	ne date of	the letter	
	ruling granting the waiver.	Me	onth		Day			Year		

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If 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		
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 minus sig	n to			
the left of a negative amount)		12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	s 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 Ye	s No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, under the control of the PBGC?	or brought		X Yes	По
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s liabilities were transferred. (See instructions.)	), identify the	plan(s) t	o which assets or	
13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)				
14a Name of trust	14b ⊤	rust's E	IN	