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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I Annual Repo	rt Identification Informatio	n						
For calendar plan year 2015 or	r fiscal plan year beginning 01/01	/2015 and ending 12	2/31/2015					
X 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 des			DFVC prog	ram			
	formation—enter all requested i	information	T					
1a Name of plan ADAMS GLASS LLC BENECO	RETIREMENT SAVINGS PLAN		pla	ree-digit In number N)	001			
				ective date of	f plan 1/2008			
Mailing address (include ro	ployer, if for a single-employer plan) boom, apt., suite no. and street, or P.	.O. Box)	2b Em (EI		fication Number 824688			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DAMS GLASS LLC			2c Sponsor's telephone number 518-561-7310					
TRADE RD. PLATTSBURGH, NY 12901				2d Business code (see instructions) 236200				
3a Plan administrator's name	and address XSame as Plan Spo	nsor.	3b Adı	ministrator's I	EIN			
			3c Adı	ministrator's t	elephone number			
name, EIN, and the plan r	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN					
a Sponsor's name			4c PN	1				
		•	5a		16			
			5b		14			
·		of the plan year (defined benefit plans do not	5c		14			
d(1) Total number of active	participants at the beginning of the	plan year	5d(1)		12			
d(2) Total number of active	participants at the end of the plan y	ear	5d(2)		11			
than 100% vested		ne plan year with accrued benefits that were less	5e		0			
Caution: A penalty for the lat	te or incomplete filing of this retu	rn/report will be assessed unless reasonable car	ise is est	ahlished				

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

bellet, it is t	irue, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2016	SHANE NOYCE					
	Signature of plan administrator	Enter name of individual signing as plan administrator						
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number				

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6a Were all of the plan's assets during the plan year inv b Are you claiming a waiver of the annual examination under 29 CFR 2520.104-46? (See instructions on wa If you answered "No" to either line 6a or line 6b, t	and report of an indepe iver eligibility and condi the plan cannot use Fo	ndent qualified public a tions.) orm 5500-SF and must	ccount	ant (IQ	PA) Form	5500.		<u> </u>	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under	er the PBGC insurance p	program (see ERISA se	ection 4	021)? .		Yes	No	No	t determin	ed
Part III Financial Information		1			1					
7 Plan Assets and Liabilities		(a) Beginning	•				(b) Eı	nd of Y		
a Total plan assets			181	569					175342	
b Total plan liabilities			101	F60					175242	
C Net plan assets (subtract line 7b from line 7a)	7c	(5) A		569			4.	\ T = 4 = 1	175342	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				a)) Total		
(1) Employers	8a(1)		35	713						
(2) Participants	8a(2)		5	505						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		1	555						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									42773	
Benefits paid (including direct rollovers and insurance to provide benefits)	-		43	3788						
e Certain deemed and/or corrective distributions (see in										
f Administrative service providers (salaries, fees, comm	missions) 8f		5	5212						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								49000	
i Net income (loss) (subtract line 8h from line 8c)	8i								-6227	
j Transfers to (from) the plan (see instructions)	····· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicate SE 2F 2G 2J 2K 2T 3D	cable pension feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the inst	ruction	s:	
B If the plan provides welfare benefits, enter the applic	able welfare feature co	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instru	ıctions	•	
								201.01.0		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any partic described in 29 CFR 2510.3-102? (See instruction: Program)	s and DOL's Voluntary F	Fiduciary Correction	10a		X					
b Were there any nonexempt transactions with any pa					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, carrier, insurance service, or other organization that the plan? (See instructions.)	provides some or all of	the benefits under	10e		X					
f Has the plan failed to provide any benefit when due			10f		X					
g Did the plan have any participant loans? (If "Yes," e	· · · · · · · · · · · · · · · · · · ·		10g		Χ					
h If this is an individual account plan, was there a blad	ckout period? (See instr	uctions and 29 CFR		X						
i If 10h was answered "Yes," check the box if you eith	her provided the require	d notice or one of the	10h	X						
exceptions to providing the notice applied under 29 j Did the plan trust incur unrelated business taxable i			10i		X					
Part VI Pension Funding Compliance			10j	<u> </u>	^		<u> </u>			
11 Is this a defined benefit plan subject to minimum fun 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for						11a		···· [
12 Is this a defined contribution plan subject to the mir	•	,					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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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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

2015

This Form is Open to Public Inspection

	t Identification Information			·						
For calendar plan year 2015 or	/	01/01/2015	and ending	12/31/20						
A This return/report is for:	X a single-employer plan		an (not multiemployer)							
A This return/report is for:	a one-participant plan	a foreign plan	ployer information in ac	cordance with the to	rm instructions)					
	<u> </u>	a totolgit plair								
B This return/report is	the first return/report	the final return/report								
	an amended return/report	a short plan year return	/report (less than 12 m	onths)						
O O	· ·	a short plan your rotain	rioport (1000 than 12 m							
C Check box if filing under:	Form 5558	automatic extension DFVC program								
	special extension (enter desc	cription)								
Part II Basic Plan Inf	formation—enter all requested in	nformation								
1a Name of plan				1b Three-digit						
Adams Glass LLC Ben	eco Retirement Saving	gs Plan		plan number						
				(PN) 1c Effective date	001					
				01/01/20						
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)			2b Employer Idea	***************************************					
Mailing address (include ro	om, apt., suite no. and street, or P.0			(EIN) 20-2						
· · · · · · · · · · · · · · · · · · ·	nce, country, and ZIP or foreign pos	tal code (if foreign, see instri	uctions)	2c Sponsor's tele	ephone number					
Adams Glass LLC				(518)561						
				ĺ	e (see instructions)					
5 Trade Rd.				236200						
Plattsburgh		NY	12901							
	and address XSame as Plan Spon	*****	12301	3b Administrator's EIN						
				7 Administrator 5 Elif4						
				3C Administrator	s telephone number					
				3c Administrator'	s telephone number					
				3c Administrator	s telephone number					
				3C Administrator	s telephone number					
	he plan sponsor has changed since	the last return/report filed fo	or thìs plan, enter the	3c Administrator	s telephone number					
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN	s telephone number					
name, EIN, and the plan n a Sponsor's name	umber from the last return/report.			4b EIN 4c PN						
name, EIN, and the plan n a Sponsor's name				4b EIN 4c PN 5a	s telephone number					
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Form 5500-SF 2015		Page 2	······································								
 Were all of the plan's assets during the plan year invested in eligible. 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 cannot be plan is a defined benefit plan, is it covered under the PBGC in 	an indepen and conditi iot use For	dent qualified public a ons.) m 5500-SF and mus	account t instea	ant (IQ	PA) Form	5500.			Yes Yes		No Vo
Part III Financial Information								***************************************			
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End	of Ye	ar		
a Total plan assets	. 7a		18	1,56	9			*************		5,3	42
b Total plan liabilities	. 7b										
C Net plan assets (subtract line 7b from line 7a)	7c		18	1,56	9				1.7	5,3	42
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoi	unt				(b) T	otal			
a Contributions received or receivable from:	0(4)		3	5 71	2				:		
(1) Employers	8a(1) 8a(2)			5,71 5,50							
(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·		3,30	┧—						
b Other income (loss)	8b	***************************************	***************************************	1,55	5			***************************************			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1,00	-			······································	Λ	2,7	73
d Benefits paid (including direct rollovers and insurance premiums	00				_			····	-1	<i>2,1</i>	13
to provide benefits)	. 8d		4	3,78	8						
e Certain deemed and/or corrective distributions (see instructions)	8e					· · · · · · · · · · · · · · · · · · ·					
f Administrative service providers (salaries, fees, commissions)	8f			5,21	2				************		
g Other expenses	8g	***************************************	·····		_						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								4	9,0	00
i Net income (loss) (subtract line 8h from line 8c)	. 8i								***	6,2	27
j Transfers to (from) the plan (see instructions)	8j										
Part IV Plan Characteristics		***************************************									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	tions:			
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Char	actoric	lic Cor	toe in th	ho instructi	iono:			
- In the plant provided world's bottome, onto the applicable world of	catalo cou	co from the clot of Fila	iii Criare	2010113	110 000	169 111 11	ne msnuci	IONS.			
Part V Compliance Questions											
10 During the plan year:			***************************************	Yes	No	N/A		Amo	unt		
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary Fi	duciary Correction	10a		х						
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	l? (Do not i	nclude transactions	10b		Х			-		•	
C Was the plan covered by a fidelity bond?			10c		Х			***************************************			
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х			***************************************			
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ner persons	s by an insurance the benefits under	10e		х						********
f Has the plan failed to provide any benefit when due under the pla			10f		Х	<u> </u>		***************************************		***************************************	
g Did the plan have any participant loans? (If "Yes," enter amount a			†		†	 	ļ				
h If this is an individual account plan, was there a blackout period?			10g		Х						
2520.101-3.)			10h	Х			ļ				
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i	Х				····			
j 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 requirem 5500) and line 11a below)	nents? (If "\	es," see instructions	and co	nplete	Sched	dule SB	(Form		Yes		lo.
11a Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a					
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	the Cod	e or se	ection	302 of I	ERISA?		Yes	X N	10

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, and		e date of t		ing
If y	granting the waiverou complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Year	
	Enter the minimum required contribution for this plan year		12b	***************************************		***************************************
	Inter 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	left of a	12d			***************************************
	negative amount)		124		7	
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part \			I .	П		
	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	***************************************	
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			·
	of the PBGC?	gnt under the co	ontroi		Yes 🛚	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)			
1:	Sc(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	'N(s)
				}		
Part	VIII Trust Information				***************************************	
14a N	ame of trust	***************************************	14b 1	rust's EIN	1	***************************************
14c	Name of trustee or custodian		144	Tructoo'c	or austodia	n'a
			14d Trustee's or custodian's telephone number			
F 9 7.7				·		***
Part	IX IRS Compliance Questions					
15a	ls the plan a 401(k) plan?		Ye	s	No	
15h	f "Voo." how doos the 401/// yeles action the mandiaginal action and for the first the second action and for the second action action and for the second action and for the second action actio	1 1	1 -	esign-	П	(A O.D.
135	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	a employer	1 1	ised safe irbor	ADF test	ACP
	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c			ethod		
	esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.	turrent year 401(m)-	Ye	S	∐No	
***************************************	2(a)(2)(ii))?	***********************	□ R	atio	<u></u>	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	⊔ pe	rcentage		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con his plan with any other plans under the permissive aggregation rules?	nbining	te		No	************
	Has the plan been timely amended for all required tax law changes?		Ye	s	No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted	Enter the ap	plicable	code	(See inst	ructions
17c	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pladvisory letter, enter the date of that favorable letter and the letter's serial numbers.	an that is subjec	ct to a fa	vorable II	RS opinion	or
17d	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, edetermination letter		the pla	n's last fa	vorable	
18	s 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) has been n Islands)?	Ye	3	No	***************************************
	Vere in-service distributions made during the plan year?		Ye	s	No	
	f "Yes," enter amount		19		***************************************	
20 \	Vere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wetired), as required under section 401(a)(9)?	hether or not	Ye	s	No	□ N/A