

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.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign plan
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 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information			
1a Name of plan PATRICK INDUSTRIES, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 428, MISHAWAKA, IN	1b Three-digit plan number (PN) ►	<u>002</u>	
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) PATRICK INDUSTRIES, INC. PATRICK INDUSTRIES, INC. P.O. BOX 638 ELKHART, IN 46516-0638		1c Effective date of plan <u>08/15/1969</u>	
		2b Employer Identification Number (EIN) <u>35-1057796</u>	
		2c Sponsor's telephone number <u>574-294-7511</u>	
		2d Business code (see instructions) <u>339900</u>	
3a Plan administrator's name and address ☒ Same as Plan Sponsor.		3b Administrator's EIN	
		3c Administrator's telephone number	
4 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		4b EIN	
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		4c PN	
		5a	<u>43</u>
		5b	<u>43</u>
		5c	
		5d(1)	<u>0</u>
		5d(2)	<u>0</u>
5e		<u>0</u>	
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.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	JOSHUA BOONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
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 room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** 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.) ☒ Yes ☐ No
- 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 ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	523057	495031
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	523057	495031
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	11964	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		11964
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	37025	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses	8g	2965	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		39990
i Net income (loss) (subtract line 8h from line 8c)	8i		-28026
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 11

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a 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)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
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		
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 of year 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 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				
j Did the plan trust incur unrelated business taxable income?	10j		X		

Part VI Pension Funding Compliance

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 ☐ No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

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 ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

- 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 letter ruling granting the waiver. Month Day Year

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 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? ☐ 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 brought under the control of the PBGC? ☐ Yes ☒ No
- c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)
- | 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|--------------------------------|----------------------|---------------------|
| | | |

Part VIII Trust Information

- 14a** Name of trust **14b** Trust's EIN
- 14c** Name of trustee or custodian **14d** Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

- 15a** Is the plan a 401(k) plan? ☐ Yes ☐ No
- 15b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ 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 "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No
- 16a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ 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 this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No
- 17a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A
- 17b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).
- 17c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.
- 17d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.
- 18** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ 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 whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<div>A Name of plan PATRICK INDUSTRIES, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 428, MISHAWAKA, IN</div>	<div>B Three-digit plan number (PN) 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PATRICK INDUSTRIES, INC.</div>	<div>D Employer Identification Number (EIN) 35-1057796</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	523057	
	b Actuarial value	2b	504822	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	26	320222	320222
	b For terminated vested participants	17	103856	103856
	c For active participants	0	0	0
	d Total	43	424078	424078
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.10%	
6	Target normal cost	6	3107	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>RON VINCENT</div> <div>Type or print name of actuary</div> <div>MCCREADY & KEENE, INC.</div> <div>Firm name</div> <div>P.O. BOX 50460 INDIANAPOLIS, IN 46250-0460</div> <div>Address of the firm</div>	<div>10/05/2016</div> <div>Date</div> <div>14-04510</div> <div>Most recent enrollment number</div> <div>317-849-4333</div> <div>Telephone number (including area code)</div>
----------------------	---	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>6.24</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.32</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	119.03 %
15 Adjusted funding target attainment percentage	15	119.03 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.79 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 1
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	3107	
b Excess assets, if applicable, but not greater than line 31a	31b	3107	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, Part V - Summary of Actuarial Assumptions / Methods

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees

Represented By United Auto Workers Local 428, Mishawaka and Elkhart, Indiana

EIN: 35-1057796

Plan Number: 002

Plan Year: January 1, 2015 to December 31, 2015

	PPA Funding (MAP-21/HATFA)	Maximum	FASB ASC 960
Segmented Interest Rates			
Segment 1 (0-5 years)	4.72%	1.20%	1.20%
Segment 2 (5-20 years)	6.11%	4.10%	4.10%
Segment 3 (20+ years)	6.81%	5.20%	5.20%
Applicable Month	December	December	N/A
Effective Interest Rate	6.10%	4.12%	4.12%

Rationale

For PPA Funding and determination of the Maximum Deductible contribution, the segment rates are set by statute, IRS rule, and employer election. The ASC 960 rate is a long term expected rate of return on plan assets.

Future Salary Increases

N/A

N/A

N/A

Rationale

Because there are no active participants in the plan, this assumption is not used.

Mortality

2015 Applicable Table
(Combined)

2015 Applicable Table
(Combined)

RP-2014 Total Data Set

Schedule SB, Part V - Summary of Actuarial Assumptions / Methods

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees

Represented By United Auto Workers Local 428, Mishawaka and Elkhart, Indiana

EIN: 35-1057796

Plan Number: 002

Plan Year: January 1, 2015 to December 31, 2015

	<u>PPA Funding (MAP-21/HATFA)</u>	<u>Maximum</u>	<u>FASB ASC 960</u>
Mortality Improvement	Mortality includes projection past valuation year of 15 years for non-annuitants and 7 years for annuitants.	Mortality includes projection past valuation year of 15 years for non-annuitants and 7 years for annuitants.	MP-2014 mortality improvement scale
Rationale	For PPA Funding and determination of the Maximum Deductible contribution, the mortality assumptions are set by statute, IRS rule, and employer election. For the ASC 960 calculations, the mortality assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.		
Disability	None Assumed	None Assumed	None Assumed
Rationale	Because there are no active participants in the plan, this assumption is not used.		
Termination	None Assumed	None Assumed	None Assumed
Rationale	Because there are no active participants in the plan, this assumption is not used.		

Schedule SB, Part V - Summary of Actuarial Assumptions / Methods

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees

Represented By United Auto Workers Local 428, Mishawaka and Elkhart, Indiana

EIN: 35-1057796

Plan Number: 002

Plan Year: January 1, 2015 to December 31, 2015

	<u>PPA Funding (MAP-21/HATFA)</u>	<u>Maximum</u>	<u>FASB ASC 960</u>
Assumed Retirement Age (Active)	Age 65	Age 65	Age 65
Assumed Retirement Age (Terminated Vested)	Age 65	Age 65	Age 65
Rationale	These assumptions reflect the expectation of receiving unreduced benefits at age 65.		
Percent Married	80%	80%	80%
Age Difference in Participant & Spouse	Males two years older than females	Males two years older than females	Males two years older than females
Rationale	These assumptions are based on plan specific observations and observations of other plans' experience.		
Administrative Expense	Anticipated Administrative Expenses	Anticipated Administrative Expenses	N/A
Rationale	Based on actual administrative expenses paid by the plan in the most recently completed plan year.		

Schedule SB, Part V - Summary of Actuarial Assumptions / Methods

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees

Represented By United Auto Workers Local 428, Mishawaka and Elkhart, Indiana

EIN: 35-1057796

Plan Number: 002

Plan Year: January 1, 2015 to December 31, 2015

OTHER DISCLOSURES PERTAINING TO ECONOMIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect economic assumptions selected as of the valuation date? None

OTHER DISCLOSURES PERTAINING TO DEMOGRAPHIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect demographic assumptions selected as of the valuation date? None

OTHER DISCLOSURES PERTAINING TO PRESCRIBED ASSUMPTIONS OR METHODS

Any prescribed assumption or method set by another party that significantly conflicts with what, in the actuary's professional judgment, would be reasonable for the purpose of the valuation? None

Any prescribed assumption or method set by another party that the actuary is unable to evaluate for reasonableness for the purpose of the valuation? None

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **Round off amounts to nearest dollar.**

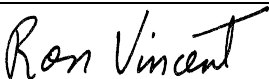
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PATRICK INDUSTRIES, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 428, MISHAWAKA, IN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PATRICK INDUSTRIES, INC.	D Employer Identification Number (EIN) 35-1057796
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value		2a	523,057
b Actuarial value		2b	504,822
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	26	320,222	320,222
b For terminated vested participants	17	103,856	103,856
c For active participants	0	0	0
d Total	43	424,078	424,078
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.10%	
6 Target normal cost	6	3,107	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		10/05/2016
Signature of actuary		Date
RON VINCENT		1404510
Type or print name of actuary		Most recent enrollment number
MCCREADY & KEENE, INC.		317-849-4333
Firm name		Telephone number (including area code)
P.O. BOX 50460		
INDIANAPOLIS IN 46250-0460		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees

Represented By United Auto Workers Local 428

EIN: 35-1057796

Plan Number: 002

Plan Year: January 1, 2015 to December 31, 2015

EFFECTIVE DATE

August 15, 1969. Re-stated in its entirety January 1, 2011

PARTICIPATION

Earlier of one year of eligibility service or the satisfaction of the probationary period set forth in the Collective Bargaining Agreement (Employee must be covered by Collective Bargaining Agreement). Effective August 1, 1987 no employee whose employment commencement date occurs on or after August 1, 1987 will become a participant in the plan.

ELIGIBILITY FOR BENEFITS:

Normal Retirement

Age 65

Early Retirement

Age 60 and 10 years of vesting service

Late Retirement

Subject to continued employment after normal retirement date

Termination

Three or more years of vesting service

Death

Payable to a surviving spouse

Disability

Ten years of vesting service and eligible for permanent disability insurance payments under the Federal Social Security Act

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees

Represented By United Auto Workers Local 428

EIN: 35-1057796

Plan Number: 002

Plan Year: January 1, 2015 to December 31, 2015

Normal Retirement

The standard retirement benefit is a monthly benefit payable for life equal to \$7.50 multiplied by years of Benefit Service.

Benefit service after the effective date shall be determined for each plan year as follows:

<u>Hours of Employment</u>	<u>Benefit Service</u>
Less than 150	0
150 - 299	1/12
300 - 449	2/12
450 - 599	3/12
600 - 749	4/12
750 - 899	5/12
900 - 1049	6/12
1050 - 1199	7/12
1200 - 1349	8/12
1350 - 1499	9/12
1500 - 1649	10/12
1650 - 1799	11/12
1800 - 1949	12/12
1950 or More	13/12

Effective January 1, 1975, a year of vesting service shall be earned for each plan year in which the participant works at least 1,000 hours.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees

Represented By United Auto Workers Local 428

EIN: 35-1057796

Plan Number: 002

Plan Year: January 1, 2015 to December 31, 2015

Early Retirement

A participant who elects to retire early is entitled to the accrued retirement benefit determined as of his early retirement date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced amount determined in accordance with the provisions of the plan (Effective January 1, 1976, benefits are reduced 1/180th for each completed month by which the early retirement date precedes the normal retirement date).

Late Retirement

A participant whose employment continues after his normal retirement date shall be entitled to the standard retirement benefit calculated as of his late retirement date. The benefit shall not be payable until his late retirement date.

Termination

A participant who terminates employment after completing at least three years of vesting service shall be vested in a percentage of his accrued retirement benefit, determined as of his termination date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence as of his early retirement date in a reduced amount, determined in the same manner as early retirement benefits.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees

Represented By United Auto Workers Local 428

EIN: 35-1057796

Plan Number: 002

Plan Year: January 1, 2015 to December 31, 2015

The vested percentage shall be determined as follows:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or More	100%

Death

If a participant's death occurs while an employee or after termination of employment but before benefits commence, his surviving spouse (if married for at least one year prior to his death) shall be entitled to the Actuarial Equivalent of the Preretirement Survivor Annuity.

Disability

A disabled participant shall be entitled to a monthly benefit commencing as of the first day of the seventh month following his disability retirement date, equal to \$7.50 multiplied by his years of Benefit Service at his disability retirement date.

Optional Benefit Payment Forms

A Joint and Survivor Annuity with either 50%, 75% or 100% continuing to the named Beneficiary; a life annuity with either 120 or 240 payments guaranteed.

Disclaimer

If any part of this summary conflicts with the legal pension plan document, the legal document takes precedence over this summary.

Schedule SB, line 25 – Change in Method

Plan Name: Patrick Industries, Inc. Pension Plan For Hourly Employees
EIN: 35-1057796
Plan Number: 002
Plan Year: January 1, 2015 to December 31, 2015

A change in funding method under § 430 occurred for the plan year as a result of a change in the valuation software used to determine the liabilities for this plan by McCready and Keene, Inc., the business organization that provides actuarial services to this plan.

This change in funding method under § 430 qualifies for automatic approval by the IRS since the change in valuation software satisfies all the conditions that are required for automatic approval as stated in IRS Announcement 2010-3.