

**SUMMARY PLAN DESCRIPTION FOR
AMERICANA BUILDING PRODUCTS, INC.
WELFARE BENEFIT PLAN**

Introduction:

This information goes with your summary of benefits to give you important information about your benefits under Americana Building Products, Inc. Welfare Benefit Plan, called the "Plan". These documents, together, make up the "summary plan description" or "SPD" for the Plan.

This summary plan description is merely a summary of plan terms and conditions. The Plan is governed by an official plan document, and in the case of any ambiguity between the summary plan description and the official plan document, the official plan document will control.

Plan Administrator:

The name, address, and telephone number of the Plan Administrator are:

Americana Building Products, Inc.
#2 Industrial Dr.
PO Box 1290
Salem, IL 62881
(618) 548-2800

Sponsor information:

The name of the employer that sponsors this Plan is Americana Building Products, Inc. located at #2 Industrial Dr., PO Box 1290, Salem, IL 62881

Identification numbers:

The federal employer identification number of the Plan sponsor listed above is 37-1184278.

The three digit plan identification number is 501.

<u>Affiliated</u>	<u>Effective Date</u>	<u>EIN:</u>
<u>Participating Employers</u>	<u>of Participation</u>	
PW Athletic Mfg Co., Patterson-Williams LLC	January 1, 2016	86-1037646

Type of plan and administration:

The Plan provides welfare benefits consisting of benefits subject to ERISA. The Plan is administered directly by the Plan sponsor.

Plan funding:

Benefits under the Plan are funded by employee contributions AND/OR general assets of the employer contributions. The Plan sponsor determines the amount of contributions required to fund the Plan.

Service of process:

The name and address of the entity upon whom service of legal process may be brought is:

Americana Building Products, Inc.
#2 Industrial Dr.
PO Box 1290
Salem, IL 62881

Service of process may also be made upon the Plan Administrator.

Fiscal year:

The Plan Year records are maintained on the basis of the twelve-month period ending each March 31.

Statement of ERISA rights:

Plan Participants are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan Participants shall be entitled to:

Receive Information About the Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work-sites and union halls, all documents governing the Plan, including insurance contracts, collective bargaining agreements and a copy of the latest annual report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA).
- Obtain, upon written request to the Plan Administrator, copies of all documents governing the operation of the Plan, including insurance contracts and collective bargaining agreement, copies of the latest annual report (Form 5500 series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Portability

- Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under the Plan, if Participants have creditable coverage under another plan. Participants should be provided a certificate of creditable coverage, free of charge, from the Plan or health insurance issuer when Participants lose coverage under the Plan, when Participants become entitled to elect COBRA continuation coverage, when the Participant's COBRA continuation coverage ceases, if the Participant requests it before losing coverage or if the Participant requests it up to 24 months after losing coverage. Without evidence of creditable coverage, Participants may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after the Participant's enrollment date of the coverage.

Continue Group Health Plan Coverage

- Continue health coverage for participants, including covered spouses or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. Participants have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the Employee benefit plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of the Plan Participants and beneficiaries. No one, including the Participant's Employer, union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit from the Plan, or exercising your right under ERISA.

Enforce Your Rights

If a Participant's claim for a benefit under the Plan is denied or ignored, in whole or in part, the Participant has a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps Participants can take to enforce the above rights. For instance, if a Participant requests materials from the Plan and does not receive them within 30 days, the Participant may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay the Participant up to \$110 a day until he or she receives the materials unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If a Participant has a claim for benefits which is denied or ignored, in whole or in part, he or she may file suit in a state or federal court. In addition, if a Participant disagrees with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, the Participant may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if a Participant is discriminated against for asserting his or her rights, the Participant may seek assistance from the U.S. Department of Labor, or may file suit in a federal court. The court will decide who should pay court costs and legal fees. If the Participant is successful, the court may order the person the Participant sued to pay these costs and fees. If the Participant loses, the court may order the Participant to pay these costs and fees, for example, if it finds the claim is frivolous.

Assistance with Participant's Questions

If a Participant has any questions about the Plan, he or she should contact the Plan Administrator. If a Participant has any questions about this statement or about his or her rights under ERISA, or, if the Participant needs assistance obtaining documents from the Plan Administrator, the Participant should contact the nearest office of the U. S. Department of Labor, Employee Benefits Security Administration listed in the telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210. Participants may also obtain certain publication about their rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration.