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 section 6058(a) of the Internal Revenue Code (the Code).

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

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Information	on							
For	calend	ar plan year 2009 or fise	cal plan year beginning 01/0	01/2009		and ending	12/31/2	2009			
Α	This ret	turn/report is for:	X single-employer plan	П	multiple-e	employer plan (not multiemployer)	ver) one-participant plan				
		turn/report is for:	first return/report	Π	final retur	n/report					
			an amended return/report	Ħ	short plar	year return/report (less than 12 m	onths)				
_	Chook	hay if filing under:	Form 5558	片	•	• •	,	DFVC program			
C	Check box if filing under: Form 5558 automatic extension special extension (enter description)							_ bi vo program			
-	t II	Dania Dian Infan	<u> </u>								
	art II		mation—enter all requested	informa	ition		1h	Throp digit			
	Name	•	JCTS, INC. PROFIT SHARING	DI ANI			ID	Three-digit plan number			
AICO	TITLO	TORALTANLLTRODE	oro, inc. i koi ii oriakino	LAN				(PN) ▶ 001			
								Effective date of plan			
								01/01/2000			
			lress (employer, if for single-em	nployer p	olan)		2b	Employer Identification Number			
ARC	HITEC	TURAL PANEL PRODU	JCTS, INC.				20	(EIN) 65-0505264 Plan sponsor's telephone number			
1175	N.W. 7	TH AVE					20	561-265-0707			
		EACH, FL 33445					2d	Business code (see instructions)			
								321900			
		dministrator's name and TURAL PANEL PRODU	d address (if same as Plan spo	nsor, en N.W. 7T		e")	3b	Administrator's EIN 65-0505264			
71110	111120	TOTALLITANELLITAODE			CH, FL 3	3445	3c	Administrator's telephone number			
								561-265-0707			
						port filed for this plan, enter the	4b	EIN			
	name, I	EIN, and the plan numb	er from the last return/report. S	Sponsor	's name		4c	PN			
5a	Totalı	number of participants a	at the beginning of the plan yea	ır				25			
b							5a 5b	2			
C		·			f the plan year (defined benefit plans do not			20			
		· ·						20			
6a	Were	all of the plan's assets	during the plan year invested in	n eligible	e assets?	(See instructions.)		X Yes No			
b						ndent qualified public accountant (IC		X Yes ☐ No			
			•			ons.) SF and must instead use Form 5		A res [] No			
Pa	art III	Financial Inform		usero	1111 3300-	or and must mistead use i orm s					
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
а					7a	106484	16	1035222			
		plan liabilities			7b						
С	Net pl	an assets (subtract line	7b from line 7a)		7c	106484	16	1035222			
8	Incom	e, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total			
а	Contri	butions received or received	eivable from:			, ,					
	(1) E	mployers			8a(1)	3453	37				
	` ,	•		F	8a(2)		0				
_	(3) O	thers (including rollover	s)		8a(3)		0				
b		,		F	8b	12443	89				
C		, , ,	, 8a(2), 8a(3), and 8b)	F	8c			158976			
d			t rollovers and insurance premi		8d	17715	2				
е	•	,	ctive distributions (see instructions)	ľ	8e	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
f			ers (salaries, fees, commissions	′ 1	8f	1144	8				
g g				1	8g	114	0				
9 h		•	, 8e, 8f, and 8g)	F	8h			188600			
i			ne 8h from line 8c)	Ī	8i			-29624			
•		` , `	see instructions)	F	8j		0				
- 1	Halls		300 111311 401101 137								

Part IV	Plan	Charac	teristics

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

2A 2E 2T 3D

D	if the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	aes in	tne ins	structions	S:		
art	٧	Compliance Questions								
0	Duri	ing the plan year:		Yes	No		Am	ount		
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X					
С	Wa	s the plan covered by a fidelity bond?	10c		X					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	Х					57	'69
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	Χ		49522			22	
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
1	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						Yes	X	No
2		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X	No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_1		
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	, and e	enter th	ne date	of the le	etter ru	ling	
	-	nting the waiverMoi			Day		Ye	ar		
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	12b	$\overline{}$				—
		er the minimum required contribution for this plan year		1	12c	 				
		er the amount contributed by the employer to the plan for this plan year			120	-				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d	<u> </u>		-	_	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	es	No	× N/	A
art	VII	Plan Terminations and Transfers of Assets								
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ontrol 			Yes	X	۷o
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t ch assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)					
1	3c(1)	Name of plan(s):		13	c(2) El	IN(s)		13c(3)	PN(s	3)
aut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	estab	lished				
Jnde SB o	r pen	adlies of perjury and other penalties set forth in the instructions, I declare that I have examined this reledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.	urn/re _l	port, ir	ncludin	ıg, if ap	plicable			
	Fi	iled with authorized/valid electronic signature. 07/02/2010 ROBERT DARR								
SIGI	M .									

SIGN	Filed with authorized/valid electronic signature.	07/02/2010	ROBERT DARR					
HERE	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					

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 section 6058(a) of the Internal Revenue Code (the Code).

one to the Form 5500-SE

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P		dance wit	h the instructions to the Form 550	0-SF.				
	art I Annual Report Identification Information					47776		
For	calendar plan year 2009 or fiscal plan year beginning		and ending					
A	This return/report is for: x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant	plan		
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	n year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558	automatio	extension		DFVC program			
	special extension (enter description	on)			_			
Pa	rt II Basic Plan Information—enter all requested inform	ation						
	Name of plan			1b	Three-digit			
ARC	HITECTURAL PANEL PRODUCTS, INC. PROFIT SHARING PLAN				plan number	201		
				_	(PN) •	001		
				1c	Effective date of pl 01/01/200			
	Plan sponsor's name and address (employer, if for single-employer HITECTURAL PANEL PRODUCTS, INC.	plan)		2b	Employer Identifica (EIN) 65-050526			
4475	*			2c	Plan sponsor's tele 561-265-0	•		
	N.W. 7TH AVE RAY BEACH FL 33445			2d	Business code (se			
3a SAM	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN			
QMINI	L			3с	Administrator's tele	phone number		
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	4b EIN			
1	name, EIN, and the plan number from the last return/report. Sponso	or s name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a		25		
b	Total number of participants at the end of the plan year		5b		20			
С	Total number of participants with account balances as of the end o complete this item)	f the plan y	vear (defined benefit plans do not		20			
62	Were all of the plan's assets during the plan year invested in eligib			5с		X Yes No		
	Are you claiming a waiver of the annual examination and report of							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)			X Yes ∐ No		
Da	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Information		() 5 ()	\neg	(I-) F Jf	V		
7	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End of	1035222		
	Total plan assets		1064846	-		1033222		
	Total plan liabilities		4004040	_		1035222		
	Net plan assets (subtract line 7b from line 7a)	7c	1064846	-				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Tot	al		
a	Contributions received or receivable from: (1) Employers	8a(1)	34537					
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)		0	- 10.2				
b	Other income (loss)		124439		1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					158976		
d	Benefits paid (including direct rollovers and insurance premiums					.000.0		
	to provide benefits)	. 8d	177152	!				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)		11448					
g	Other expenses		C			40000		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					188600		
i	Net income (loss) (subtract line 8h from line 8c)					-29624		
J	Transfers to (from) the plan (see instructions)	- 8i						

Par	IV Plan Characteristics		20 20 War 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	If the plan provides pension benefits, enter the applicable pension feat $2A-2E-2T-3D$	ure codes from the	List of Plan Chara	cteris	tic Co	des in	the instructi	ons:
b	If the plan provides welfare benefits, enter the applicable welfare feature.	ure codes from the l	ist of Plan Charad	cterist	ic Cod	les in t	he instruction	ons:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	1	Amount
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)		A CARLO DE LA CARRA CALIFORNIA DE LA CARRA DE CARRA DE LA CARRA DEL CARRA DE LA CARRA DE LA CARRA DE LA CARRA DEL CARRA DE LA	10b		Х		
С	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 fide or dishonesty?			10d		Х		
е								5769
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10a	X			49522
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	O CFR	10h		X		
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		Χ,		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							Yes X No
12	Is this a defined contribution plan subject to the minimum funding requ							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
a	If a waiver of the minimum funding standard for a prior year is being at							
If v	granting the waiverou completed lines 3, 9, and 10 of Schedule MB			n		Day_		rear
	Enter the minimum required contribution for this plan year					12b		
	Enter the amount contributed by the employer to the plan for this plan					12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	us sign to the left o	of a		12d		
е	Will the minimum funding amount reported on line 12d be met by the f						Yes	No X N/A
Part								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	r?				7,000	☐ Yes ☒ No
	If "Yes," enter the amount of any plan assets that reverted to the employer					13a		
b	Were all the plan assets distributed to participants or beneficiaries, train of the PBGC?	nsferred to another	plan, or brought u	ınder	the co	ntrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	e plar	ı(s) to			
1	3c(1) Name of plan(s):				130	(2) Ell	V(s)	13c(3) PN(s)
						-3-4-1-1		
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonable	e cau	se is e	establ	ished.	
SB o	penalties of perjury and other penalties set forth in the instructions, I of schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have e s the electronic vers	examined this return/r	rn/rep eport	ort, in	cluding o the b	g, if applicab est of my kr	le, a Schedule nowledge and
-	Men h		ROBERT DARR	1		Wildowski wa sa		
SIGI HER		Date (-22-2012	Enter name of inc	dividu	al sigr	ning as	plan admin	istrator
SIGN	20 CONTRACTOR CONTRACT	Date	Enter name of inc	dividu	al sigr	ning as	employer o	r plan sponsor

Page **2-**1

Form 5500-SF 2009