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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	 Complete all entries in accor 	dance witl	h the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	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	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
		special extension (enter description	on)			_			
Pa	art II Basic Plan Inform	nation—enter all requested inform					_		
	Name of plan		idilori		1b	Three-digit	_		
	ANCED GLAZING SYSTEMS, L	L.C. PROFIT SHARING				plan number			
						(PN) • 001			
					1c	Effective date of plan			
	<u> </u>				26	01/01/2001			
	Plan sponsor's name and addre ANCED GLAZING SYSTEMS, L	ess (employer, if for single-employer	r plan)		∠D	Employer Identification Number (EIN) 91-1745199			
710 17	WOLD CLAZING CTOTEMO, L				2c	Plan sponsor's telephone number	_		
	0 NE 95TH ST					425-867-1032			
RED	MOND, WA 98052				2d	Business code (see instructions)			
32	Plan administrator's name and	address (if same as Plan sponsor, e	ntor "Same	\"\	3h	238900 Administrator's EIN	_		
	ANCED GLAZING SYSTEMS, L	.L.C. 14580 NE 95	5TH ST		35	91-1745199			
		REDMOND,	WA 98052		3с	Administrator's telephone number	r		
	<u></u>				425-867-1032				
		in sponsor has changed since the la r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
	name, Ent, and the plan name	Thom the last retain, report. Opened	or o marrie		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	8	8		
b	Total number of participants at	the end of the plan year			5b	10	0		
С	Total number of participants wi	th account balances as of the end o	f the plan y	rear (defined benefit plans do not			_		
					5c		5		
6a	Were all of the plan's assets d	uring the plan year invested in eligib	ole assets?	(See instructions.)		Yes 📙 N	0		
b				ndent qualified public accountant (IQI ons.)		X Yes N	ın		
				SF and must instead use Form 55			Ü		
Pa	rt III Financial Informa						_		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
=	Total plan assets		. 7a	270018	3	41949	9		
b	Total plan liabilities						_		
С	•	b from line 7a)		270018	3	41949	9		
8	Income, Expenses, and Transf			(a) Amount		(b) Total	_		
а	Contributions received or recei			(3) 1 1112 1111		(a) veim			
	(1) Employers		. 8a(1)		_				
	(2) Participants		. 8a(2)						
	(3) Others (including rollovers))	. 8a(3)						
b	Other income (loss)		. 8b	149481					
С	Total income (add lines 8a(1), 8	8a(2), 8a(3), and 8b)	. 8c			14948	1		
d	1 \	rollovers and insurance premiums	8d						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
f	Administrative service provider	rs (salaries, fees, commissions)	8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)					0		
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			14948	1		
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

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 3D

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

art	V Compliance Questions								
<u>αιτ</u> 0	During the plan year:				Yes	No		Amount	
-	Was there a failure to transmit to the plan any participant contribution	ns within the time i	period described in		100	110		Amount	
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	•	•	10b		X			
С	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 fic or dishonesty?	,	,	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	the benefits under	the plan? (See	10e		X			
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 o	of year end.)		10g		Χ			
_	If this is an individual account plan, was there a blackout period? (Se			109		.,			
	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 2520.101-3			10i					
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	s No
2	Is this a defined contribution plan subject to the minimum funding re	equirements of sect	ion 412 of the Code	or se	ction 3	02 of E	RISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable $\ensuremath{^{12}}$,							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.								
If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule №					Day _		rear	
_	Enter the minimum required contribution for this plan year				[12b			
	Enter the amount contributed by the employer to the plan for this pla					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	ne result (enter a m	inus sign to the left	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?)				Yes	No	N/A
art		G				_			
	Has a resolution to terminate the plan been adopted during the plan	vear or any prior v	ear?					Yes	X No
-	If "Yes," enter the amount of any plan assets that reverted to the em					13a			
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?					ntrol		☐ Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anoth	er plan(s), identify th	ne plai	n(s) to	-		ш	ш
1:	3c(1) Name of plan(s):				130	(2) EIN	N(s)	13c(3	B) PN(s)
						` ,			, , , ,
	A namely for the late on incomplete City of City of	ut!!! b.a	dlana 1.1			4c!:"	ala a d		
Jnde	ion: A penalty for the late or incomplete filing of this return/report penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well	I declare that I hav	e examined this retu	ırn/rep	ort, in	cluding	, if applic		
	, it is true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature.	07/29/2010	GLENN ALLEN						
	ERE Signature of plan administrator Date Enter name of inc			alteriale	-1 -:				

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 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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pai		1/07/5	000	and ordinal		12/31/2009
For c		1/01/2		and ending		
A T	nis return/report is for: X single-employer plan	nultiple-er	nployer plan (not i	multiemployer)	L	one-participant plan
Вт	nis return/report is for: first return/report f	inal return	/report			
	an amended return/report	short plan	year return/report	(less than 12 mont	hs)	_
C c	heck box if filing under: Form 5558	automatic	extension			DFVC program
	special extension (enter description)				
Par	t II Basic Plan Information—enter all requested informat	tion				
	lame of plan					Three-digit
	ADVANCED GLAZING SYSTEMS, L.L.C. PROFIT S	SHARING	J			plan number (PN) ▶ 001
				-		Effective date of plan
						01/01/2001
22.1	Plan sponsor's name and address (employer, if for single-employer p	lan)				Employer Identification Number
2 a 1	ADVANCED GLAZING SYSTEMS, L.L.C.	,				(EIN) 91-1745199
	ALCO NO OFFIL CH					Plan sponsor's telephone number 425-867-1032
	14580 NE 95TH ST			-		Business code (see instructions)
]	REDMOND WA 98052					238900
3a	Plan administrator's name and address (if same as Plan sponsor, en ADVANCED GLAZING SYSTEMS, L.L.C.	ter "Same	")		3b	Administrator's EIN
, ou	ADVANCED GLAZING SYSTEMS, L.L.C.			-		91-1745199
	14580 NE 95TH ST WA 98052				3C	Administrator's telephone number 425-867-1032
4 15	REDMOND WA 98052 the name and/or EIN of the plan sponsor has changed since the last	return/ret	port filed for this p	lan, enter the	4b	
44 if	ame, EIN, and the plan number from the last return/report. Sponsor	's name	po,, ,	,		
					4c	
	Total number of participants at the beginning of the plan year				5a	8
b⊤	ota I number of participants at the end of the plan year				5b	10
С	Total number of participants with account balances as of the end of	the plan y	ear (defined bene	fit plans do not	5c	5
	complete this item)		/O !twellone			X Yes No
6a	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 a	e assets? n indenen	(See instructions, ident qualified but	lic accountant (IOP	·····	
	under 29 CFR 2520 104-46? (See instructions on waiver eligibility a	nd conditi	ons.)			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must inst	ead use Form 550	0.	
Pai	t III Financial Information				1	
7	Plan Assets and Liabilities		(a) Begir	ining of Year		(b) End of Year
	Total plan assets	7a		270018	3	419499
	ota I plan liabilities	7b			_	419499
C	Net plan assets (subtract line 7b from line 7a)	7с		27001	8	
	Income, Expenses, and Transfers for this Plan Year		(a) A	Amount	-	(b) Total
а	Contributions received or receivable from:	8a(1)				
	(1) Employers				7	
	(2) Participants	8a(2) 8a(3)			7	
1	(3) Others (including rollovers)	8b		14948	1	
	ot her income (loss)	8c			1	149481
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 00				
d	to provide benefits)	8d			4	
е	Certain deemed and/or corrective distributions (see instructions)	8e			4	
f	Administrative service providers (salaries, fees, commissions)	8f			_	
g	Other expenses	8g				
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_	
i	Net income (loss) (subtract line 8h from line 8c)	8i				149481
i	Transfers to (from) the plan (see instructions)	81				
	in the state of th		5500.SE			Form 5500-SF (2009)

Form 5500-SF 2009	Page 2-

Part IV Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

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

	<u>,, i</u>	O mariana Omariana									
Part		Compliance Questions			\neg	Yes	No	Δ	mount		
10 a	Was	ng the plan year: there a failure to transmit to the plan any participant contributions w CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (vithin the time perio Correction Progran	od described in	10a		Х				
b	Wer	e there any nonexempt transactions with any party-in-interest? (Do no no 10a.)	not include transac	tions reported	10b		х				
С		s the plan covered by a fidelity bond?			10c	Х				50000	
d	Did t	the plan have a loss, whether or not reimbursed by the plan's fidelity shonesty?	bond, that was ca	used by fraud	10d		х				
е	Wer	e any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the b uctions.)	sons by an insurar penefits under the	nce carrier, plan? (See	10e		х				
f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х				
	If thi	s is an individual account plan, was there a blackout period? (See ir 0.101-3.)	nstructions and 29	CFR	10h		х				
i	IF 10	th was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the	10i						
Part	VI	Pension Funding Compliance						/F			
11	5500	is a defined benefit plan subject to minimum funding requirements?		***************************************					Yes	No No	
12	ls th	nis a defined contribution plan subject to the minimum funding requir	rements of section	412 of the Code	or se	ection	302 of I	ERISA?	Yes	X No	
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	l	saa lastru	otione	and	ontor th	a data of the	letter rul	ina	
а	Ifav	waiver of the minimum funding standard for a prior year is being amounting the waiver.	ortized in this plan	year, see instru Mor	th	, and	Day	\	ear	<u>-</u>	
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB ((Form 5500), and	skip to line 13.		г					
b	Ente	er the minimum required contribution for this plan year					12b				
	Ente	er the amount contributed by the employer to the plan for this plan ye	ear				12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the reative amount)	esult (enter a minu	s sign to the left	of a	[12d		1 [7 21/0	
е	Will	the minimum funding amount reported on line 12d be met by the fur	nding deadline?					Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior year	?				1	Yes	X No	
	If "V	es " enter the amount of any plan assets that reverted to the employ	yer this year				13a				
	Wer	e all the plan assets distributed to participants or beneficiaries, trans	sferred to another	plan, or brought	unde	r tne c			Yes	X No	
С	lf du whic	uring this plan year, any assets or liabilities were transferred from thi ch assets or liabilities were transferred. (See instructions.)	is plan to another p	olan(s), identify	ine pia			INICO	120/2) PN(s)	
1	13c(1) Name of plan(s):			-	1.	3c(2) E	111(5)	130(3	1114(3)	
					_						
Caul	tion:	A penalty for the late or incomplete filing of this return/report w	vill be assessed u	ınless reasona	ble ca	use i	s estab	lished.			
Unde SB o	er per or Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e	examined this re	turn/re	eport.	includir	ig, if applica	ble, a Sch nowledge	e and	
	· T		07/26/2010	GLENN ALLI	EN						
SIG HEF	- 1		Date	Enter name of	of individual signing as plan administrator						
		Signature of plant during state.		GLENN A							
SIG HEF				Enter name of			ianina a	s employer	or plan si	onsor	
пен	<u> </u>	Signature of employer/plan sponsor	Date	LITE HAITE OF	maivit	audi 3	.gg C				