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.

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I	Annual Report	ldentification Infor	mation								
For	calend	lar plan year 2009 or fis	cal plan year beginning	01/01/20	009	and ending	12/31/2	2009	_			
Α	This ref	turn/report is for:	X single-employer plan	า	multiple-	employer plan (not multiemployer)		one-participant plan				
		turn/report is for:	X first return/report	Ī	final retur	n/report						
_		,	an amended return/	report	short plan	n year return/report (less than 12 n	nonths)					
C	Chaola	hay if filing under		[= '	• ,		DFVC program				
C	Check box if filing under: Form 5558 automatic extension						☐ PLAC bloglam					
	4 11	Desir Dies Inte	special extension (e		,							
	art II		rmation—enter all req	uested inform	mation		16	There is all all				
	Name	of plan S & MIRROR, INC. 401('K') DI ANI				ID	Three-digit plan number				
D. I .	OLAGO	3 & WIINTON, 1140. 401(IN) I LAN					(PN) • 001				
							1c	Effective date of plan				
								01/01/2008				
			dress (employer, if for sir	igle-employe	er plan)		2b	Employer Identification Number				
В.Т.	GLASS	& MIRROR, INC.					20	(EIN) 65-0913593 Plan sponsor's telephone number	_			
5750	COLU	IMBIA CIRCLE, SUITE	7				20	561-841-7676	í			
		A PARK, FL 33407					2d	Business code (see instructions)				
								238100				
		administrator's name an	d address (if same as Pl			e") CLE. SUITE 7	3b	Administrator's EIN 65-0913593				
D.1.	OLAGO	o a minercore, iivo.			A PARK, FL		3c	Administrator's telephone number	r			
								561-841-7676	_			
4						eport filed for this plan, enter the	4b	EIN				
	name, I	EIN, and the plan numb	per from the last return/re	port. Spons	sor's name		4c	PN				
5a	Total number of participants at the beginning of the plan year						_		5			
b	•								5			
C							30	,,,				
	complete this item)					,	5c		5			
6a	Were	all of the plan's assets	during the plan year inv	ested in elig	ible assets?	(See instructions.)		X Yes N	Ю			
b						ndent qualified public accountant (X Yes □ N	ما			
			*		•	ions.) SF and must instead use Form		N	Ю			
Pá	art III	Financial Inforn		,aimot use	1 01111 3300	or and must instead use roining	3300.		_			
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year	_			
a					7a	284	808	2842	1			
		plan liabilities			7b				_			
С	Net pl	Ian assets (subtract line	7b from line 7a)			284	108	2842	1			
8	-	ne, Expenses, and Tran	•			(a) Amount		(b) Total	_			
а		ibutions received or rec				(a) i militari		(4)				
	(1) E	mployers			8a(1)							
	(2) P	articipants			8a(2)							
	(3) O	thers (including rollover	rs)		8a(3)							
b	Other	income (loss)			8b		13					
C		, , ,), 8a(2), 8a(3), and 8b)		8c			1:	3			
d			t rollovers and insurance		8d							
е	Certai	in deemed and/or corre	ctive distributions (see in	structions).	8e							
f	Admir	nistrative service provid	ers (salaries, fees, comr	nissions)	8f							
g	Other	expenses			8g							
h	Total	expenses (add lines 8d	, 8e, 8f, and 8g)									
i	Net in	ncome (loss) (subtract li	ne 8h from line 8c)		8i			1:	3			
j	Trans	fers to (from) the plan (see instructions)		8j							

Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

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

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	des in	tne instruct	ions:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		Amount	
а	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)						X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X			
С	Wa	as the plan covered by a fidelity bond?			10c		X			
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
f	Has	s 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 y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \		Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пуе	s X No
		0))his a defined contribution plan subject to the minimum funding requ							☐ Ye	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 Of the Code	01 36	Clion	JUZ UI	LINIOA:	□	о 🗀
		waiver of the minimum funding standard for a prior year is being am		n year, see instruct	tions,	and e	enter th	ne date of the	he letter i	uling
	-	nting the waiver.			h		Day		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	,	•		Γ	12b			
		er the minimum required contribution for this plan year er the amount contributed by the employer to the plan for this plan y					12c			
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the rative 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 fu	unding deadline?					Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Ye	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a		<u>, , , , , , , , , , , , , , , , , , , </u>	
b	We	re all the plan assets distributed to participants or beneficiaries, tran					ontrol		Ye	s X No
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plai	n(s) to	1			
13	13c(1) Name of plan(s):					13c(2) EIN(s) 13c				3) PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	0/20/2010	SCOTT TAYLOR						
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator										

Date

Enter name of individual signing as employer or plan sponsor

Form **5558**(Rev. January 2008) Department of the Treasury Internal Revenue Service

Identification

Part I

Signature ▶

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Α	Name of filer, plan administrator, or plan sponsor (see instructions) B.T. GLASS & MIRROR, INC.	B		see instruction er (EIN).	s).					
	Number, street, and room or suite no. (If a P.O. box, see instructions)	65	65-0913593 Social security number (SSN)							
	5750 COLUMBIA CIRCLE, SUITE 7 City or town, state, and ZIP code									
	MANGONIA PARK FL 33407									
С	Plan name		Plan			Plan year ending—				
•			numb	er	MM	DD	YYYY			
1	B.T. GLASS & MIRROR, INC. 401(K) PLAN	0	0	1	12	31	2009			
2										
3			i	<u> </u>						
Par	t II Extension of Time to File Form 5500 or Form 5500	-EZ (see in	struct	tions)						
1	I request an extension of time until 10 / 15 / 2010 to f	ile Form 5500	or Fo	orm 550	00-EZ.					
	The application is automatically approved to the date shown on normal due date of Form 5500 or 5500-EZ for which this extension months after the normal due date.									
	You must attach a copy of this Form 5558 to each Form 5500 and 55	600-EZ filed at	ter the	due d	ate for the p	lans listed in	C above.			
Note	. A signature is not required if you are requesting an extension to file Form	n 5500 or Forn	n 5500	-EZ.						
Par	t III Extension of Time to File Form 5330 (see instruction	ns)								
2	I request an extension of time until/ to f You may be approved for up to a six (6) month extension to file Form 53:			due date	e of Form 53	30.				
а	Enter the Code section(s) imposing the tax	•	а							
b	Enter the payment amount attached				•	b				
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the rev State in detail why you need the extension	/ersion/amend	ment c	late .	•	С				
Unde autho	r penalties of perjury, I declare that to the best of my knowledge and belief, the sirized to prepare this application.	tatements made	on this	form ar	e true, correct	, and complete	, and that I am			

Date ▶

Form 5500-SF 2009

Part IV Plan Characteristics

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Page **2**-

9a	1f 2/	the plan provides pension benefits, enter the applicable pension te . 2E 2G 2J 2T	ature codes from th	e List of Plan Char	acteris	tic Co	dės in	the instruct	ions:	
þ		the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	e List of Plan Chara	cteris	ic Co	des in	the instructi	ons:	
Pari	· \	Compliance Questions		"						
10		uring the plan year:				Yes	No	1	Amount	
a	٧	thing the plan year. las there a failure to transmit to the plan any participant contributions CFR 2610.3-102? (See instructions and DOL's Voluntary Fiduci			10a	103	X		Amount	
b	٧	/ere there any nonexempt transactions with any party-in-interest?	sactions reported	10b		Х				
С	١	Vas the plan covered by a fidelity bond?			10c		Х			
d		id the plan have a loss, whether or not reimbursed by the plan's flo r dishonesty?	delity bond, that was	s caused by fraud	10d		Х			
e	ir	lere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of structions.)	the benefits under t	he plan? (See	10e		×			
f	H	as the plan failed to provide any benefit when due under the plan?	·		10f		Х			
g	Ċ	id the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		Х			
h	II	this is an individual account plan, was there a blackout period? (Sec., 101-3.)	ee instructions and	29 CFR	10g		Х			1.42
i	H	10h was answered "Yes," check the box if you either provided the acceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	one of the	10i			4. 34.		:
Part	v	Pension Funding Compliance								
11	ls	this a defined benefit plan subject to minimum funding requiremen							☐ Yes	No
12		this a defined contribution plan subject to the minimum funding re							Yes	No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate			0. 00	,,,,,,,,,,		witto/11	□ /••	<u>~</u>
а	Ìf	a waiver of the minimum funding standard for a prior year is being anting the waiver.	amortized in this pla	an year, see instruc	tions,	and e	nter th Day		e letter ruli Year	
lf y		completed line 12a, complete lines 3, 9, and 10 of Scheduje N				_				
b	Ε	iter the minimum required contribution for this plan year				[_	12b			
C	Εı	iter the amount contributed by the employer to the plan for this pla	n year <i>,,,,</i> ,			L	12c		"-	
	ne	btract the amount in line 12c from the amount in line 12b. Enter the gative amount)				∟	12d			
		Il the minimum funding amount reported on line 12d be met by the	funding deadline?.		.,,,,,,,,,			Yes	No	N/A
art	VI	Plan Terminations and Transfers of Assets						_		
I3a	He	s a resolution to terminate the plan been adopted during the plan y	year or any prior ye	ar?	,,,	,,,,,,,,,			Yes	X No
		Yes," enter the amount of any plan assets that reverted to the emp					13a			
	W of	ere all the plan assets distributed to participants or beneficiaries, tra the PBGC7	ansferred to anothe	r plan, or brought u	nder t	he cor	ntrol	, , , , , , , , , , , , , , , , , , , ,	Yes [No.
	W	furing this plan year, any assets or liabilities were transferred from ilch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan	(s) to				_
1	3c(1) Name of plan(s):				13c	(2) EIN	V(\$)	13c(3) F	PN(s)
					_					
		" "					_	,		4
Cauti	on	A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonable	e caus	e is e	stabil:	shed	<u> </u>	
Jnder 3B or	pe Sc	naities of pegury and other penaities set forth in the instructions, inequie MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	déclare that I have	Ovaminad this sour	-	- In-a		:F 1*	le, a Sched lowledge a	dule nd
SIGN		Atatt EL	10/20/10	SCOTT TAYLOR	₹					
HERE		Signature of plan administrator Date Enter name of indi					ng as	plan admin	strator	_
SIGN										
HERE		Signature of employer/plan sponsor	Date	Enter name of inc	lividua	 I siani	ng as	emplover o	rojan soor	sor.
		- Transaction -							priori Guori	