## 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

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.			
		dentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 0	3/12/2	2010		
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В -	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am	
		special extension (enter description	on)					
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation					
1a	Name of plan				1b	Three-digit		
ADVA	ANCED GLAZING SYSTEMS, I	L.L.C. PROFIT SHARING				plan number	001	
					10	(PN) FEffective date of	of plan	
					10	01/01/2		
	Plan sponsor's name and addr	ress (employer, if for single-employer	plan)		2b	Employer Ident (EIN) 91-174		nber
ADVA	ANOLD GLAZING STOTEMS,	L.L.O.			2c	Plan sponsor's		umber
	0 NE 95TH ST MOND, WA 98052					425-86	7-1032	
					2d	Business code 238900	(see instruct	ions)
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	9")	3b	Administrator's		
ADVA	ANCED GLAZING SYSTEMS, I	L.L.C. 14580 NE 95 REDMOND,			20	91-174		
					30	Administrator's 425-86	7-1032	umber
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
1	name, EIN, and the plan number	er from the last return/report. Sponso	r's name		4c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a			10
		t the end of the plan year			5b			0
С	Total number of participants w	vith account balances as of the end of	f the plan y	rear (defined benefit plans do not				0
	,				5c		X v	0
	•	during the plan year invested in eligib		,			^ Yes	No
D		he annual examination and report of a (See instructions on waiver eligibility)					X Yes	No
		ner 6a or 6b, the plan cannot use F					<u> </u>	
Pa	rt III Financial Inform	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	419499	9			0
b	Total plan liabilities		. 7b					
C	Net plan assets (subtract line	7b from line 7a)	- 7c	419499	9			0
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b)	Total	
а	Contributions received or rece	ivable from:	. 8a(1)					
	., .,		` '					
	• •		8a(2)					
h	, ,	s)	. 8a(3) . 8b	-10564	-			
	` ,							-10564
c d		8a(2), 8a(3), and 8b)rollovers and insurance premiums	. 8c					3201
	to provide benefits)		. 8d	405910				
е		tive distributions (see instructions)	. 8e	2005	4			
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	3025				
g	•							100005
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					108935
į		e 8h from line 8c)					-2	119499
j	Transfers to (from) the plan (s	ee instructions)	. 8i					

Form 5500-SF 2010	Page <b>2-</b>
-------------------	----------------

Part IV	Plan	Characteristics	c
railiv	FIAII	CHALACLEH SUC:	

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

D	ir the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in	ne instru	uctions		
art	٧	Compliance Questions							
0	Dur	ring 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 line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		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 year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	101						
1	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•		Yes	∏ No
12								Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERISA?		res	NO
а	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru nting the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		_ 160		
		er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		[	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ontrol		X	Yes	No
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				
1	3c(1	) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	1		
Во	·Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, strue, correct, and complete.							
SIGI	F	illed with authorized/valid electronic signature.  10/27/2010 GLENN ALLEN							

SIGN	Filed with authorized/valid electronic signature.	10/27/2010	GLENN ALLEN
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

# FINAL

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

P	ension Benefit Guaranty Corporation	Complete all entries in accor	dance with	the instructi	ons to the Form 5500	-SF.	Ins	spection
Pa	art I Annual Report Id	lentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning	01/01/2	2010	and ending	(	3/12/2010	)
Α.	This return/report is for:	X single-employer plan	multiple-e	mployer plan	(not multiemployer)		one-participa	nt plan
В	This return/report is for:	first return/report	final retur	n/report				
	·	an amended return/report	short plan	year return/re	port (less than 12 mon	ths)		
C	Check box if filing under:	X Form 5558	automatic	extension			DFVC progra	ım
	•	special extension (enter description	on)					
Pa	rt II Basic Plan Infor	nation—enter all requested Inform	ation	<u></u>			· · · · · · · · · · · · · · · · · · ·	
200 3000	Name of plan	,				1b	Three-digIt	
	ADVANCED GLAZING S	YSTEMS, L.L.C. PROFIT	SHARIN	'G			plan number	001
					-		(PN) ▶ Effective date o	1
							01/01/200	•
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	plan)					fication Number
	ADVANCED GLAZING S	YSTEMS, L.L.C.	. ,				EIN) 91-174	
	14580 NE 95TH ST						Plan sponsor's 425-867-1	telephone number
	11000 112 30111 22				<u> </u>			(see instructions)
	REDMOND	WA 98052					238900	
3a	Plan administrator's name and	address (if same as Plan sponsor, e YSTEMS, L.L.C.	nter "Same	e")		3b	Administrator's	
		ISTEMS, IL.I.C.			-	3c	91-174519 Administrator's	telephone number
	14580 NE 95TH ST REDMOND	WA 98052				00 /	425-867-1	•
4 1	4 If the name and/or EIN of the plan sponsor has changed since the la			port filed for th	is plan, enter the	4b	EIN	
name, EIN, and the plan number from the last return/report. Sponsor's name				4¢	DNI			
52	5a Total number of participants at the beginning of the plan year			5a	111	10		
	bTota I number of participants at the end of the plan year				5b		0	
	DTota I number of participants at the end of the plan year.  C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not			<u>-</u>	SD	ļ		
·	complete this item)	THE BECOUNT DAILINES US OF THE CITY OF		······································		5c	<u> </u>	0
		during the plan year invested in eligib					*********	X Yes No
b	Are you claiming a walver of t	ne annual examination and report of See instructions on waiver eligibility	an indeper	ident qualified	public accountant (IQP	'A)		X Yes No
	If you answered "No" to eith	ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must	instead use Form 550	0,	***************************************	□ · □ · ·
Pa	rt III Financial Inform							
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End	i of Year
а			. 7a		419499	9		0
þ.	Tota I plan liabilities		. 7b					
C	Net plan assets (subtract line	7b from line 7a)	. 7c		419499	3		. 0
8	Income, Expenses, and Trans	fers for this Plan Year			a) Amount			Total
а	Contributions received or rece		20(4)					
			8a(1) 8a(2)					
	• •	Α	1					
h	, ,	s)	. 8a(3) . 8b	<b></b>	-10564	4		
		8a(2), 8a(3), and 8b)		TABLE BUSINE		- w.222	and the state of t	-10564
c d	• • • • • • • • • • • • • • • • • • • •	rollovers and insurance premiums	. 56	eses a sue a receivable à	o year o o marine a marine a Companya in terretaria a marine a mari	Marking Charles		
u			. 8d		40591	וב		
е	Certain deemed and/or correct	tive distributions (see instructions)	. <u>8e</u>					
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f		302!	5		
g	Other expenses		. 8g	Montagenes-systems	on the second of	21.077 723,42.		
h		8e, 8f, and 8g)				ji L		408935
i	,	e 8h from line 8c)				ii Igorae	ng sing) pagananan Ka	-419499
:	Transfers to (from) the plan (s	ee instructions)	. 8j			\$100000 1000000		

Page	2-	

	Form	5500	-SF	201	0
--	------	------	-----	-----	---

particular to the second of the second		
Dave III	Dian Ch	aracteristics

- 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:
  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:

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	1 Characteris	tic Cod	ies in i	ine instru	cuons;	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period descri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program)			х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reponline 10a.)			Х			
c	Was the plan covered by a fidelity bond?	10c	х				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carriensurance service or other organization that provides some or all of the benefits under the plan? (Sinstructions.)		х				
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.)	10g		х.			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
j	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					
Part	VI Pension Funding Compliance		,				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a					. Yes	_ <u></u>
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code or so	ection :	302 of	ERISA?.	. Yes	X No
а		Instructions	, and e	enter th	ne date of	the letter ru	ling ,
14	granting the waiver	Month ine 13		Day		Year	
	Enter the minimum required contribution for this plan year		Г	12b			
	C Enter the amount contributed by the employer to the plan for this plan year					<del>,_</del> ,,	
d		the left of a		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 during the plan year or any prior year?	•••••				X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		,,,,,,,,	13a			0
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or beneficiaries, and transferred to another plan, or beneficiaries, and or beneficiari					X Yes	☐ No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to	· 			
	13c(1) Name of plan(s):				IN(s)	13c(3	) PN(s)
					14,500		
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless re						
SB	ter penalties of perjury and other penalties set forth in the instructions, I declare that I have examined or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ef, it is true, correct, and complete.	this return/re return/repoi	port, in t, and	ncludin to the	g, if appli best of m	cable, a Scł y knowledge	nedule e and
	10/12/10 GLENN	ALLEN					
SIC	SN CONTRACTOR	me of individ	ual sig	nino a	s plan ad	ministrator	
10000	JOAN GLENN						
SIC		me of individ	ual sin	mina s	s employ	er or plan er	onsor
	HERE Signature of						