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.

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informa	ition					
For	calenda	ar plan year 2010 or fise	cal plan year beginning	01/01/201	0	and ending	12/31/2	2010	
Α	This retu	urn/report is for:	single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This retu	urn/report is for:	first return/report	X	final retur	n/report		_	
			an amended return/repo	ort	short plar	year return/report (less than 12 m	onths)		
C	Check h	oox if filing under:	☐ Form 5558	H		extension	,	DFVC program	
Ü	CHECK D	oox ii iiiing under.	special extension (enter	Ll description		o externolori		_ 5. vo program	
D	ort II	Pacia Blan Infor	<u> </u>	•					
	art II Name o		mation—enter all reques	tea inform	ation		1h	Three-digit	
		or plan K GLASS CO., INC. 40	O1(K) PLAN				"	nlan number	
	2 01100		51(11) 1 L5 111					(PN) • 001	
							1c	Effective date of plan	
							-	06/01/1997	
		oonsor's name and add K GLASS CO., INC.	Iress (employer, if for single	-employer	plan)		2b	Employer Identification Number (EIN) 91-1118823	
IXLL	L 01100	IN OLAGO GO., ING.					2c	Plan sponsor's telephone number	
		OAD NE						360-491-5244	
OLI	IVIPIA, V	VA 98506					2d	Business code (see instructions) 327210	
22	Dlan an	desiniatrator's name an	d address (if some as Dion (ntor "Come	2"\	2h	Administrator's EIN	
KEL	L-CHUC	K GLASS CO., INC.		7 LILLY R	OAD NE	=)	30	91-1118823	
			OL	YMPIA, W	/A 98506		3с	Administrator's telephone number	
								360-491-5244	
4			lan sponsor has changed si er from the last return/repor			port filed for this plan, enter the	4b	EIN	
	name, L	in, and the plan numb	er nom me last retum/repor	t. Oponse	n s name		4c	PN	
5a	Total n	number of participants a	at the beginning of the plan	year			5a	15	
b	b Total number of participants at the end of the plan year					-	0		
С	Total n	number of participants v	with account balances as of	the end o	f the plan year (defined benefit plans do not				
	comple	ete this item)					5c	0	
6a		•	. ,	J		(See instructions.)		Yes No	
b						ndent qualified public accountant (li		X Yes ☐ No	
			•			SF and must instead use Form 5			
Pa	art III	Financial Inform							
7	Plan A	ssets and Liabilities				(a) Beginning of Year		(b) End of Year	
а	Total p	olan assets			. 7a	4165	99	0	
b	Total p	olan liabilities			. 7b				
С	Net pla	an assets (subtract line	7b from line 7a)		. 7c	4165	99	0	
8	Income	e, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total	
а		outions received or received							
	1.1				. 8a(1)		_		
	` '	•			. 8a(2)				
	` '	,	s)			158	44		
b		` ,				130	41	15841	
۲ C		, , ,	, 8a(2), 8a(3), and 8b)		. 8c			13041	
d			t rollovers and insurance pre		. 8d	4324	432440		
е			ctive distributions (see instru		. 8e				
f			ers (salaries, fees, commiss	,					
g		•		,	. 8g				
h		·	, 8e, 8f, and 8g)					432440	
i			ne 8h from line 8c)					-416599	
i		` , `	see instructions)						
,									

Form 5500-SF 2010	Page 2-

D IV	Diam	Ol	. 4! - 4!
Part IV	Plan	Charac	cteristics

If the plan provides pension benefits, enter the applicable pension 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 Characteristic Codes in the instructions:

art \	/ Compliance Questions						
)	During the plan year:		Yes	No		Amount	
а	Nas there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	ed 10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				5000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?	ıd 10d		X			
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		X			
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		X			
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
	f 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					
rt \	Pension Funding Compliance						
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (500))					Ye	s X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection (302 of	ERISA?	Ye	s 🛚 N
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
(f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	/lonth					
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Г	40h			
	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
ı	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		-	12d			
<u>e</u> '	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
rt \	II Plan Terminations and Transfers of Assets						
a I	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Ye	s N
	f "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?			ontrol		X Ye	s N
	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the pla	an(s) to)			
13c(1) Name of plan(s):				c(2) El	(2) EIN(s)		(3) PN(s)
autic	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable ca	use is	establ	ished.		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ret						

SIGN	Filed with authorized/valid electronic signature.	05/23/2011	KIM KELLY				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	05/23/2011	KIM KELLY				
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

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

	Pension Benefit Guaranty Corporation	omplete all entries in ac	cordance wit	h the instructions to the Form 5	500-SF.	"	opodion		
P	art I Annual Report Identif	ication Information	n						
For	the calendar plan year 2010 or fiscal p	olan year beginning	01/0	1/2010 and ending	1	2/31/2010			
A	This return/report is for:	e-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ınt plan		
В	This return/report is for:	etum/report	x final retur	n/report					
	an an	mended return/report	short plan	year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Ħ	extension	,	DFVC program				
•	·	ial extension (enter descri	L			☐ Di vo biogit	••••		
D									
_	art II Basic Plan Informatio Name of plan	n enter all requested	information.		16	Three-digit	T		
	,				ו ויי	plan number			
	Kell-Chuck Glass Co., Inc.	401(K) Plan				(PN) ►	001		
					10	Effective date of	f plan		
2a	Plan sponsor's name and address (emp	ployer, if for single-employ	ver plan)		2b		ification Number		
	Kell-Chuck Glass Co., Inc.		, , , ,			(EIN) 91-11			
	117 LILLY ROAD NE				2c	2c Plan sponsor's telephone			
	III BIBBI KOND NE				24	(360) 491-5244 Business code (see instructions)			
		A 98506			2u	327210	(See instructions)		
3 a	Plan administrator's name and address	(If same as plan employe	er, enter "Same	")	3b	Administrator's	EIN		
	Same								
					3с	Administrator's	telephone number		
4	If the name and/or EIN of the plan spor	sor has changed since th	e last return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN and the plan number from the	ne last return/report. Spon	sor's Name		4c	4 c PN			
5a	Total number of participants at the begi	inning of the plan year .			. 5a	<u> </u>	15		
b							0		
C	Total number of participants with accou	int balances as of the end	of the plan yea	ır (defined benefit plans do not					
6a	complete this item)	plan year invested in elia	ible accete? (C	oo instructions			0		
b	Are you claiming a waiver of the annual					• • • • •	X Yes No		
	under 29 CFR 2520.104-46? (See instr	uctions on waiver eligibilit	y and condition	s.)	· •		XYes No		
	If you answered "No" to either 6a or	6b, the plan cannot use	Form 5500-SF	and must instead use Form 5500	•				
	art III Financial Information								
7	Plan Assets and Liabilities		(2-16-16)	(a) Beginning of Year		(b) End	of Year		
a	Total plan assets		7a	416,599			0		
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7b from li	ne 7a)	7c	416,599			0		
8	Income, Expenses, and Transfers for th			(a) Amount		(b)	Total		
а	Contributions received or receivable from	m:	0-/4\		8 1 20				
	(1) Employers	• • • • • • •	8a(1) 8a(2)						
	(3) Others (including rollovers)	• • • • • • • •	8a(3)		10	国际			
b	Other income (loss)	• • • • • • •	8b	15,841					
C	Total income(add lines 8a(1), 8a(2), 8a((3) and 8h)	8c	15,01	60.5		15.044		
ď	Benefits paid (including direct rollovers			1000 1000 1000 1000 1000 1000 1000 100	1000		15,841		
	to provide benefits)		8d	432,440	100				
е	Certain deemed and/or corrective distrib	outions (see instructions)	8e		100				
f	Administrative service providers (salarie	s, fees, commissions) .	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e, 8f, an	d 8g)	8h				432,440		
i	Net income (loss) (subject line 8h from l	ine 8c)	81			V-10-11-11-11-11-11-11-11-11-11-11-11-11-	(416,599)		
j	Transfers to (from) the plan (see instruc	tions)	8j		110	7/19/4/4	The transfer of		

		Form 5500-SF 2010	ı	Page 2-						
Par	t IV	Plan Characteristics						····		
		plan provides pension benefits, enter the applicable pension feat 2E 2F 2J 2K 3E plan provides welfare benefits, enter the applicable welfare featur							· · · · · · · · · · · · · · · · · · ·	
Par	rt V	Compliance Questions								
<u> </u>				·····	T.	es	No			
		ing the plan year: s there a failure to transmit to the plan any participant contributior	within the time period	ad described in		e8	NO	A	mount	
b	29 (We	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar re there any nonexempt transactions with any party-in-interest? (I	y Correction Progran Do not include transa	n) 1 actions reported	0a		ж			
	on I	ine 10a.)		· · · · · <u>1</u>	0ь		X			
C	Wa	s the plan covered by a fidelity bond?		1	0c :	x				50,000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			0d		x			
е	inst	re any fees or commisions paid to any brokers, agents, or other parance services or other organization that provides some or all of ructions.)	the benefits under th	e plan? (See	0e		х			
f	Has	the plan failed to provide any benefit when due under the plan?		1	01		x			
g	Did	the plan have any participant loans? (If "Yes," enter amount as o	f vear end.)		00		x			
h	lf th	is is an individual account plan, was there a blackout period? (Se 0.101-3.)	e instructions and 29	CFR	0h					
l		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			01					
		Pension Funding Compliance				_				- Charles
11	ls tt 550	nis a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see inst	tructions and complete	Sche	dule	SB (F	orm	☐Yes	x No
12	ls th	nis a defined contribution plan subject to the minimum funding rec							Yes	X No
а	l Ifa	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab waiver of the minimum funding standard for a prior year is being atting the waiver	amortized in this plar	n year, see instructions	s, and	ente				
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule Mi					Day	Y	ear	
b	Ent	er the minimum required contribution for this plan year	· • • • • • •			Г	12b			
C	Ente	er the amount contributed by the employer to the plan for this plar	nyear				12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d			
		the minimum funding amount reported on line 12d be met by the	funding deadline?	· · · · · · · ·				Yes [_No ∣	□N/A
Pari	t VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan y	year or any prior year	n					X Yes	□No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	oloyer this year	• • • • • • • •			13a			
b	of th	e all the plan assets distributed to participants or beneficiaries, tra- e PBGC?					ol • •		X Yes	□No
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another p	plan(s), identify the plan	n(s) to		******		.	·
	13c(1)	Name of plan(s):				13c	(2) EII	N(s)	13c(3)	PN(s)
Cauti	ion: A	penalty for the late or incomplete filing of this return/report w	vill be assessed uni	ess reasonable caus	e is e	stab	iished	l.		
BB or	r Sche	lties of perjury and other penalties set forth in the instructions, I d dule MB completed and signed by an enrolled actuary, as well as ue, correct, and complete.	eclare that I have ex the electronic versio	amined this return/report,	ort, inc and to	ludii the	ng, if a best o	pplicable, a of my knowle	Schedule dge and	
SIG	IN	Mulsorulls		Kim Kelly						
HE	1000	Ignature of plan administrator	Date 1/19/2011	Enter name of individ	tual si	gnin	g as n	lan administi	rator	******
SIG	an I	MILLETALLES		Kim Kelly					· ···· · · · · · · · · · · · · · · · ·	
HE	0.00	Ignature of employer/plan sponsor	Date /19/2011	Enter name of individ	lual si	gnin	g as e	mployer or p	lan spons	or