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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	Complete all entries in according to the complete all entries are considered to the con	dance wit	h the instructions to the Form 550	0-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α.	This return/report is for: $igwedge$ single-employer plan $igwedge$	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 plar	year return/report (less than 12 mor	nths)	
<u> </u>	Check box if filing under: Form 5558	•	extension	,	DFVC program
C			CENTERISION		bi ve program
_	special extension (enter description)	,			
	art II Basic Plan Information—enter all requested inform	ation		41	
	Name of plan			16	Three-digit plan number
ARC	HITECTURAL PANEL PRODUCTS, INC. DEFINED BENEFIT PLAN	N			(PN) • 002
				1c	Effective date of plan
					01/01/2007
2a	Plan sponsor's name and address (employer, if for single-employer		2b	Employer Identification Number	
ARC	HITECTURAL PANEL PRODUCTS, INC.				(EIN) 65-0505264
1175	N.W. 17TH AVE			2c	Plan sponsor's telephone number 561-265-0707
	RAY BEACH, FL 33445			24	
				Zu	Business code (see instructions) 321900
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN
ARC	HITECTURAL PANEL PRODUCTS, INC. 1175 N.W. 1 DELRAY BE.	7TH AVE			65-0505264
	DELIVIT DE	7.011, 1 2 0	0440	3с	Administrator's telephone number 561-265-0707
<u> </u>	f the name and/or EIN of the plan sponsor has changed since the la	ot roturn/ro	nort filed for this plan optor the	415	
	name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4D	EIN
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	30
b	Total number of participants at the end of the plan year			5b	0
С	Total number of participants with account balances as of the end of				
	complete this item)		•	5c	
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and report of				M v D v
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	00.	
					4.5
7	Plan Assets and Liabilities	_	(a) Beginning of Year 477903		(b) End of Year
	Total plan assets	. 7a	477000	_	
b	Total plan liabilities		477903	,	0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7с		,	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)			
	(2) Participants	` '			
	(3) Others (including rollovers)	` '		7	
h	Other income (loss)	` '	25330)	
b	,		2555		25330
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			20000
u	to provide benefits)	. 8d	494218	3	
е	Certain deemed and/or corrective distributions (see instructions)				
f	Administrative service providers (salaries, fees, commissions)		7995	5	
g g	Other expenses		1020		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				503233
;	Net income (loss) (subtract line 8h from line 8c)				-477903
i	Transfers to (from) the plan (see instructions)				
J	riandiolog to (norm, the plan (dee inditability)	. 8i	İ		

	Form 5500-SF 2010 Page 2-		_		
ar	t IV Plan Characteristics				
<u>a</u>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 1A 1G 1H 1I	cterist	ic Co	des in	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	rteristi	c Co	des in t	the instructions:
,	in the plant provided wentare benefits, officer the applicable wonard reading document the block of high characters.	Jionoti	0 00.	200 111 0	ne mandono.
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c		X	
d	,,,	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		208
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	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i	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		X	
rt	VI Pension Funding Compliance				
ĺ	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	tion 3	302 of I	ERISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver				
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г	401	
b	Enter the minimum required contribution for this plan year			12b	<u> </u>

		·				
Part	VII	Plan Terminations and Transfers of Assets				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c			
a	Ente	r the minimum required contribution for this plan year	120	<u> </u>		

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

ntrol	₩	7
	× Yes	No

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
		_

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/12/2011	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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

							File as a	an attachm	ent to Form	5500 or	5500-	·SF.					
For	caler	ndar p	lan year 201	0 or f	iscal plan ye	ear	beginning 01	1/01/2010				and end	ing 12/3	1/201	0		
•	Rour	nd off	amounts to	near	est dollar.												
•	Cauti	ion: A	penalty of \$	31,000) will be ass	ess	sed for late filing o	f this report	t unless reas	onable ca	ause is	s establish	ed.				
A 1	lame	of pla	n								В	Three-did	nit				
AR	CHITE	ECTUI	RAL PANEL	PRO	DUCTS, INC	C. [DEFINED BENEF	IT PLAN				plan num	,)	002	
												•					
							Form 5500 or 550	00-SF			D	Employer	Identificat	ion N	umber ((EIN)	
ARC	CHITE	CTU	RAL PANEL	PRO	DUCTS, INC	C.					65-	-0505264					
E 1	ype c	of plan:	X Single	П	Multiple-A	П	Multiple-B	F	Prior year pla	an size: 🛚	100	or fewer	101-50	00	More	than 500	
					•	ш	•			<u>L</u>							
	art I		asic Infor		ion												
1	Ent	er the	valuation da	ite:	N	∕lon	ith <u>06</u> [Day30	Year <u>/</u>	2010	_						
2	Ass	ets:															
	а	Mark	et value										2a				477903
	b	Actu	arial value	<u></u>	<u></u>			<u></u>	·····	······	<u></u>	<u></u>	2b				477903
3	Fun	nding t	arget/partici	pant c	count break	wob	/n			(1) N	lumbe	er of partici	pants		(2)	Funding Targ	jet
	а	For	etired partic	ipants	s and benefi	icia	ries receiving pay	ment	3a	, ,			0				0
	b		•	•									18				13033
	С		active partici														
	·		•						3c(1)								0
																	429913
		(2)							. ,				12				429913
		` '							- ` · ′								
	d	Tota	l			•••••			3d		_		30				442946
4	If th	ie plar	is at-risk, cl	heck t	the box and	COI	mplete items (a) a	and (b)									
	а	Fund	ling target di	srega	rding presc	ribe	ed at-risk assumpt	tions					4a				
	b	Fund	ling target re	flectir	ng at-risk as	sur	nptions, but disre	garding trai	nsition rule fo	r plans th	at ha	ve been	4b				
		at-ris	sk for fewer	than f	ive consecu	ıtive	e years and disreg	garding load	ding factor								
5	Effe	ective	interest rate										5				6.38 %
6	Tar	get no	rmal cost										6				0
Stat	emer	nt by I	Enrolled Ac	tuary	,												
							nis schedule and accom nion, each other assum										
							nce under the plan.	plion is reasone	able (taking into a	ccount the c	хрепе	ice of the plan	and reasons	DIC CX	occiations,	and such other a	issumptions, in
Ç	IGN	J															
	ERI														04/26/2	2011	
•		_			Cianos	4	of cotucins				_				Doto		
JEE	REY	′ JACŁ	(SON		Signal	luie	e of actuary								Date 11-066	227	
		07101									_	-					
T.	DEN	OLONI	OTUBIO		Type or pri	int r	name of actuary						Most re			nent number	
THE	PEN	SION	STUDIO								_			6	03-648-	-2545	
4.404			A L . L III O L IVA / A		F	irm	name					Te	elephone	numb	er (incl	uding area co	de)
			AL HIGHWA FL 33460	ΛY													
		• • •															
					Δddr	.ese	s of the firm				_						
	actua action	-	s not fully re	flecte	d any regula	atio	n or ruling promu	lgated unde	er the statute	in comple	eting t	this schedu	ıle, check	the b	ox and	see	

age	2-	1
ayu	_	•

Pa	rt II	Begir	nning of year	carryov	er and prefunding ba	lances						
				-			(a) (Carryover balance		(b) F	Prefundi	ng balance
7		_			icable adjustments (Item 13	-			0			0
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)			0					0
10	Interest	on item	9 using prior year	's actual re	eturn of%				0			0
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Exce	ess conti	ributions (Item 38	from prior	year)							0
	b Intere	est on (a	a) using prior year	's effective	e rate of%							0
	C Total	availabl	le at beginning of c	urrent plan	year to add to prefunding bala	ance						0
	d Portion of (c) to be added to prefunding balance											0
12	12 Reduction in balances due to elections or deemed elections											0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d - item	12)			0			0
P	art III	Fun	ding percenta	ages								
14	Funding										14	112.24 %
											15	112.24 %
	 Adjusted funding target attainment percentage											115.25 %
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										17	%
	art IV		tributions an					<u> </u>		Į.	L	
				•	ear by employer(s) and emp	olovees:						
	(a) Date		(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount pa	id by	(0) Amou	nt paid by
(N	IM-DD-YY	(YY)	employer	(s)	employees	(MM-DD	-YYYY)	employer(s	s)		empl	oyees
											1	
						Totals ►	18(b)			18(c)		
19			•		structions for small plan with			, , , , , , , , , , , , , , , , , , ,				
	_			•	nimum required contribution	. ,		-	19a			0
	b Contri	ibutions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Contri	butions a	allocated toward mi	inimum rec	uired contribution for current y	ear adjusted	to valuation	date	19c			0
20		-	outions and liquidit	-								1 🔛
	_		-		the prior year?						_	Yes No
	b If 20a	is "Yes,	" were required q	uarterly ins	stallments for the current yea	ar made in a	timely man	ner?				Yes No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap							
		(1) 1	et		Liquidity shortfall as of e	nd of Quarte		-			(4) 4th	1
(1) 1st (2) 2nd (3) 3rd (4										(<i>T)</i> 411	1	

Pa	rt V Assumptio	ons used to determine	funding target and	target n	ormal cost						
21	Discount rate:										
	a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %		3rd segment: 6.68 %	,	N/A, full yield cu	rve used			
	b Applicable month	(enter code)				21b		0			
22	Weighted average ref	tirement age				22		65			
23	Mortality table(s) (se	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	te				
Pa	rt VI Miscellane	ous items									
	Has a change been n	made in the non-prescribed ac			•		· · · -	es 🖺 No			
25	Has a method change	e been made for the current pl	an year? If "Yes," see ins	structions	regarding required attac	hment		es X No			
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," se	e instruct	ions regarding required	attachment	X Y	es No			
27	, ,	or (and is using) alternative fu	0 / 11			27		_			
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contrib	utions	for prior years						
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0				
29		0									
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus	item 29).		30		0			
Pa	rt VIII Minimum	required contribution	for current year								
31		adjusted, if applicable (see inst				31		0			
32	Amortization installme	ents:			Outstanding Bala	ance	Installmen	t			
	a Net shortfall amort	tization installment									
	b Waiver amortization	on installment									
33		approved for this plan year, er Day Year				33					
34	• •	ment before reflecting carryov				34		0			
			Carryover balance	е	Prefunding bala	nce	Total baland	се			
35	Balances used to offs	set funding requirement									
36	Additional cash requi	rement (item 34 minus item 35	5)			36		0			
37		ed toward minimum required c	•	•		37		0			
38	Interest-adjusted exc	ess contributions for current ye	ear (see instructions)			38		0			
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item	n 36 over	item 37)	39		0			
40	Unpaid minimum regu	uired contribution for all years				40		0			

Architectural Panel Products, Inc.

Defined Benefit Plan

Schedule of Active Participant Data Plan Year: 1/1/2010 to 6/30/2010 Valuation Date: 6/30/2010

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	0	1	1	2	2	1	3	1	1	0	0	12
5-9	0	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	1	2	2	1	3	1	1	0	0	12

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age: 44.7 Average Service: 2

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2010 to 6/30/2010 Valuation Date: 6/30/2010

	For PPA Funding	For 417(e)	For Actuarial Equiv.		
Interest Rates	Segment 1 4.16%	Segment 1 2.55%	Pre-Retirement 5.00%		
	Segment 2 6.52%	Segment 2 4.36%	Post-Retirement 5.00%		
	Segment 3 6.68%	Segment 3 5.13%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Post-Retirement					
Mortality	Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs	2010 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F		
Assumed Benefit Form	For Funding	Lump Sum			
Calculated Effective Int	erest Rate	6.38%			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

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OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For	calendar plan year 2010 or fiscal plan year beginning	ent to Form	n 5500 or 5500-SF	F.			
	Round off amounts to nearest dollar.			and ending			
A .	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable cause is e	stablished.			
	lame of plan CHITECTURAL PANEL PRODUCTS, INC. DEFINED BENEFIT PLAN			Three-digit blan number (l	PN)	•	002
CF	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		_				
ARC	CHITECTURAL PANEL PRODUCTS, INC.		D En	nployer Identi	fication	Number	(EIN)
71110	WITTESTORME PANEL PRODUCTS, INC.		65-05	505264			
Ет	ype of plan: Single Multiple-A Multiple-B	Prior year pla	an size: X 100 or	fewer 10	01-500	More	than 500
Pa	rt I Basic Information						
1							
2	Assets: Month 06 Day 30	Year _	2010		Section 201		
-						9-37	
				2	а		477903
				2	b		477903
3	Funding target/participant count breakdown		(1) Number of	f participants		(2)	Funding Target
	a For retired participants and beneficiaries receiving payment	. 3a			0		0
	b For terminated vested participants	. 3b			18		13033
	C For active participants:						
	(1) Non-vested benefits	3c(1)					0
	(2) Vested benefits						429913
	(3) Total active	- '			12		429913
	d Total	3d			30		442946
4	If the plan is at-risk, check the box and complete items (a) and (b)		П			No.	112010
	a Funding target disregarding prescribed at-risk assumptions						
	b Funding target reflecting at-risk assumptions, but disregarding trans				a		
_	at-risk for fewer than five consecutive years and disregarding loadir	ng factor		41	0		
	Effective interest rate			5			6.38 %
6	Target normal cost			6			0
	ment by Enrolled Actuary						
	the best of my knowledge, the information supplied in this schedule and accompanying schedule cordance with applicable law and regulations. In my opinion, each other assumption is reasonable mbination, offer my best estimate of anticipated experience under the plan.	es, statements a le (taking into ac	and attachments, if any, count the experience of	is complete and a f the plan and reas	accurate. Es sonable ex	ach prescrib pectations)	ped assumption was applied in and such other assumptions, in
	GN Jeffrey Josephan			4-	26-	-201	/
	Signature of actuary					Date	
JEFFI	REY JACKSON					11-0662	27
	Type or print name of actuary			Mos	t recent		ent number
THE F	PENSION STUDIO			IVIOS		03-648-2	
	Firm name			Telephor	ne numb	er (includ	ding area code)
1426	N FEDERAL HIGHWAY LAKE WORTH FL 33460						
	Address of the firm						
f the a	ctuary has not fully reflected any regulation or ruling promulgated under t	the statute ir	n completing this s	schedule che	ck the h	ox and e	ее П
nstruc	tions			, 5110		-A GIIG O	

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Pa	ırt II	Begir	nning of year	carryov	er and prefunding ba	lances								
							(a) C	Carryover balance		(b) F	Prefundi	ng balance		
7		-			icable adjustments (Item 13				0			0		
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	r year)			0			0		
9	Amount	remaini	ng (Item 7 minus i	tem 8)					0			0		
10	Interest	on item	9 using prior year	's actual re	eturn of%				0	0				
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:									
	a Exce	ess conti	ributions (Item 38	from prior	year)							0		
	b Inter	est on (a	a) using prior year	's effective	e rate of%							0		
	c Total available at beginning of current plan year to add to prefunding balance									0				
	d Porti	on of (c)) to be added to p	refunding l	balance							0		
12	Reduction	on in bal	lances due to elec	tions or de	eemed elections				0			0		
13	13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)										0			
P	art III	Fun	ding percenta	ages										
14	Funding										14	112.24 %		
											15	112.24 %		
16	-				s of determining whether car		-	•			16	115.25 %		
17					is less than 70 percent of the						17	%		
P	art IV	Con	tributions an	d liauid	ity shortfalls						Į.			
				•	ear by employer(s) and emp	olovees:								
	(a) Date)	(b) Amount p	aid by	(c) Amount paid by	(a) D		(b) Amount pa		(0	•	int paid by		
(N	IM-DD-Y\	YYY)	employer	(s)	employees	(MM-DD	1-DD-YYYY) employer(s)				employees			
						-	40(1)			40()	1			
40						Totals ▶	18(b)			18(c)				
19					structions for small plan with									
				•	nimum required contribution			-	19a			0		
					djusted to valuation date			-	19b			0		
					uired contribution for current y	ear adjusted	to valuation	date	19c			0		
20		-	outions and liquidit	-								1,		
	_		_		the prior year?						<u> </u>	Yes X No		
					stallments for the current yea		timely man	ner?				Yes No		
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	•	r of this plan	n voor						
		(1) 19	st		Liquidity shortfall as of e	iu oi Quarte		n year 3rd			(4) 4th	า		
		(., 1			(-,		(0)	<u> </u>			\., .u			

Pa	rt V Assumptio	ns used to determine t	funding target and t	arget no	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %		3rd segment: 6.68 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	irement age				22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	ribed - separate	Substitu	te
Pa	rt VI Miscellane	ous items					
24	Has a change been m	nade in the non-prescribed act	•	-	•		· · · · · ·
25	Has a method change	been made for the current pl	an year? If "Yes," see inst	tructions re	egarding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	e instructio	ons regarding required	attachment	Yes No
27	If the plan is eligible for	or (and is using) alternative fu	nding rules, enter applicab	ole code ar	d see instructions	27	<u> </u>
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contrib	utions f	or prior years		
28	•	uired contribution for all prior y	•			28	0
29	Discounted employer	contributions allocated toward	l unpaid minimum required	d contribut	ons from prior years	29	0
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus	item 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
		djusted, if applicable (see insti				31	0
	Amortization installme				Outstanding Bala	ance	Installment
		ization installment					
	_	n installment		-			
33	If a waiver has been a	approved for this plan year, en Day Year	ter the date of the ruling le	etter granti		33	
34	• .	nent before reflecting carryove				34	0
			Carryover balance	е	Prefunding bala	nce	Total balance
35	Balances used to offs	et funding requirement					
36	Additional cash requir	rement (item 34 minus item 35)			36	0
37		d toward minimum required co	•	•		37	0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item	36 over it	em 37)	39	0
40	Unpaid minimum regu	uired contribution for all years				40	0

Attachment to 2010 Schedule B: Employer ID# 65-0505264: Plan No. 002

Architectural Panel Products, Inc. Defined Benefit Plan

Optional Forms of Benefit

The following forms of benefit are provided under this plan:

The normal form of benefit under this plan is Life Only.

This benefit is payable for the life of the participant.

For married participants, the actuarial equivalent of this benefit will be paid in the form of Joint and 50% Survivor unless the participant elects otherwise and his/her spouse consents. This benefit is payable for the life of the participant. Should the participant die before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.

The following forms of benefit are also available under this plan:

Life Only

This benefit is payable for the life of the participant.

Joint and 75% Survivor

This benefit is payable for the life of the participant. Should the participant

die before his/her beneficiary, 75% of the benefit will continue for the life

of the beneficiary.

Joint and 50% Survivor

This benefit is payable for the life of the participant. Should the participant

die before his/her beneficiary, 50% of the benefit will continue for the life

of the beneficiary.

Single Lump Sum

This is a one-time payment of the lump sum equivalent of the plan's normal

form of benefit.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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(s) 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

2010

This Form is Open to Public Inspection

	t I Annual Report Identification Information		and ending		
For G	slendar plan year 2010 or fiscal plan year beginning			one-participant plan	
A T	illa letti litti epoit la lot.	nuitiple-emp	loyer plan (not multiemployer)	One-barrichant bion	
Вп	ils return report is ior.	inal return/re	-		
	an amended return/report	short plan ye	ar return/report (less than 12 months)	_	
c c	neck box if filing under: Form 5558	automatic ex	tension	DFVC program	
	special extension (enter description	1)			
Par					
	lame of plan		11	Three-digit	
	ITECTURAL PANEL PRODUCTS, INC. DEFINED BENEFIT PLAN			plan number 002	
MINUT	TEO TOTALE TRABBOTO TO THE PERSON OF THE PER			(PN) F	
			18	Effective date of plan 01/01/2007	
		1 1	21	Employer Identification Number	
2a (Plan sponsor's name and address (employer, if for single-employer ; HTECTURAL PANEL PRODUCTS, INC.	olan)		(EIN) 65-0505264	
ARCE	FIEGURAL PANEL PROBOOTS, INC.		20	Plan sponsor's telephone numb	er
1175	N.W. 17TH AVE			561-265-0707	
DELR	AY BEACH FL 33445		20	Business code (see instructions 321900	5)
			2	Administrator's EIN	
	Plan administrator's name and address (if same as Plan sponsor, er	iter "Same")) ~	65-0505264	
SAME	;		3	C Administrator's telephone numb	ber
				561 - 265-0707	
4 If	the name and/or EIN of the plan sponsor has changed since the las	t return/repo	rt filed for this plan, enter the 4	b EIN	
п	ame, EIN, and the plan number from the last return/report. Sponsor	r's name		C PN	
	Total number of participants at the beginning of the plan year		5		30
					0
	Total number of participants at the end of the plan year			<u> </u>	
C	Total number of participants with account balances as of the end of complete this item)	the plan yea	er (defined benefit plans do not	c	
	complete tris itam)				
ъа	as a second at a second and a second and a second in slight	le assets? (S	See instructions)	X Yes 📗	No
h	Were all of the plan's assets during the plan year invested in eligib	le assets? (S en independe	See instructions.)ee instructions.)		
b	Are you claiming a waiver of the annual examination and report of a	le assets? (\$ an independe and condition	see instructions.)eint qualified public accountant (IQPA)		
ь	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility at the you answered "No" to either 6a or 6b, the plan cannot use Fig.	le assets? (\$ an independe and condition	see instructions.)eint qualified public accountant (IQPA)		
b	Are you claiming a waiver of the annual examination and report of a	le assets? (\$ an independe and condition	see instructions.)	X Yes [
р Ра 7	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities	le assets? (\$ an independe and condition	see instructions.)		No
р Ра 7	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use For III Financial Information	le assets? (\$ an independe and condition	see instructions.)	X Yes [
р Ра 7	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities	le assets? (Sen independend condition orm 5500-Si	see instructions.)	X Yes [No O
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Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use First III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other Income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	re assets? (Sen independiand condition orm 5500-Si 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	see instructions.)	(b) End of Year (b) Total	No 0 0
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Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the your answered "No" to either 6a or 6b, the plan cannot use Firt It Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other Income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Gertain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	e assets? (Sen independent condition orm 5500-Sin 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	see instructions.)	(b) End of Year (b) Total	No 0 0
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Pa 7 a b c 8 a b c d e f 9	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fire It It Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other Income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	e assets? (Sen independiand condition orm 5500-Si 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	see instructions.)	(b) End of Year (b) Total	No 0 0 0 33330
Pa 7 a b c 8 a b c d e f 9 h i i	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other Income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g).	e assets? (Sen independiand condition orm 5500-Si 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j	see instructions.)	(b) End of Year (b) Total 25	No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Page	2-	1

Form	5500	-SF	20	10
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Par	t I\	V	F	'lan	Ch	aracte	ristics	4411											. =			
9a	if t	he	plan	prov	ides	pension	benefits,	enter the ap	oplicable pensio	on fe	feature	occe	s from	n the	List of	Plan	Chai	acteris	uc Co	odes in u	ue iuennon	ons:
				1H																		
Ь	lf t	he	plan	prov	ides	welfare	benefits,	enter the ap	plicable welfare	e fe	eature	code	s from	the l	ist of	Plan (Chan	acterist	iç Co	des in th	e instructio)ris:

							· -		<i>'</i>
Part		Compliance Questions			Yes	No		mount	
10 a	Was	ng the plan year: : there a failure to transmit to the plan any participant contributions wi	ithin the time perio	d described in		X		vant	
	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C e there any nonexempt transactions with any party-in-interest? (Do n	correction Program))a	 ^		1	
D	on li	e there any honexempt transactions with any party-in-interest; (DO III ne 10a.)	Mr Honde Abusen	1	ь	X			
¢		s the plan covered by a fidelity bond?)c	X			
đ	or di	the plan have a loss, whether or not reimbursed by the plan's fidelity ishonesty?		·····)d _	x			.
е	insu instr	e any fees or commissions paid to any brokers, agents, or other pers rance service or other organization that provides some or all of the b ructions.)	enefits under the p	olan? (See	De X				208
f	Has	the plan failed to provide any benefit when due under the plan?		1	Of	X			
g		the plan have any participant loans? (If "Yes," enter amount as of ye		Dg	× -	-	,,,		
h	252	is is an individual account plan, was there a blackout period? (See in 0.101-3.)		<u>1</u>	Din				
i	If 10 exc	On was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	ired notice or one	of the1	Oi	x			
Part		Pension Funding Compliance							
11	is th	is a defined benefit plan subject to minimum funding requirements?	(If "Yes," see instr	uctions and compl	te Sch	edule SE	3 (Farm	X Yes	No
12 a	ls ti (if "	his a defined contribution plan subject to the minimum funding require Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amounting the waiver.	ements of section ortized in this plan	412 of the Code o vear, see instruction	section	n 302 of I enter ti	ERISA? ne date of the	e letter ruli	M No
If	you (You	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	skip to line 13.					
Ь		er the minimum required contribution for this plan year				12b			
C	Enf	er the amount contributed by the employer to the plan for this plan ye	:#r		.,,,,	12c	ļ. <u> </u>		
d	neğ	stract the amount in line 12c from the amount in line 12b. Enter the re		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12d) F	3
e	Will	the minimum funding amount reported on line 12d be met by the fun	ding deadline?	/14444	*****		Yes	No	N/A
Part		Plan Terminations and Transfers of Assets						П.	<u> </u>
13a		s a resolution to terminate the plan been adopted during the plan yea						X Yes	No
	H 1	es," enter the amount of any plan assets that reverted to the employ	er this year			13a	1		
b	of t	re all the plan assets distributed to participants or beneficiaries, trans he PBGC?	,		***********	*******		X Yes	No
¢	lfd whi	uring this plan year, any assets or liabilities were transferred from thi igh assets or liabilities were transferred. (See instructions.)	s plan to another p	man(s), identify the				13c(3)	DN(a)
	13 <u>c(</u> 1) Name of plan(s):				13c(2 <u>)</u> E	:IN(S)	130(3)	rid(s)
					_				
	•							<u> </u>	_
Cau	tion.	A penalty for the late or incomplete filing of this return/report w	/ili be assessed u	niess reasonable	cause	is <u>estal</u>	olished.		
Und SB (er/pe	nalties of perjury and other penalties set forth in the instructions, I de heddle MB completed and signed by an enrolled actuary, as well as is the, correct, and complete.	clare that I have a	vamined this retur	n/report	i, includi	ng, if applica	ble, a Sch knowledge	edule and
			-3-2011	ROBERT DARR		,			
SKE			Date	Enter name of inc	lividual	signing :	as plan adm	inistrator_	
 -		aidivarare of bien annumbraro							
SIG		Signature of employer/plan sponsor E	Date	Enter name of inc	lividual	signing	as employer	or plan sp	onsor
		CHANGERIA AL AMBIALAMBEAN ABANGA.							

Summary of Plan Provisions Plan Year: 1/1/2010 to 6/30/2010

Plan Effective Date January 1, 2007

Plan Year From January 1 to June 30

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Normal Retirement AgeAll participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

Maximum benefit is \$16,250 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

the salary and/or service to the date of calculation, but payable at

normal retirement.

Termination Benefit Upon termination for any reason other than death, disability or

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

vesting schedule:

Immediate 100% vesting

Credited years are plan years commencing with the year of hire and

ending with the retirement year excluding the following:

Years before the effective date Years with less than 1,000 hours

Top-Heavy Minimum Benefit Top-heavy minimum benefits are provided under another plan of the

employer.

Summary of Plan Provisions Plan Year: 1/1/2010 to 6/30/2010

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued benefits

in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This

plan is currently top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of death

Attachment to 2009 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Plan: Architectural Panel Products, Inc. Defined Benefit Plan

EIN: PN: 65-0505264

002

All participants are assumed to retire at age: 65

The Weighted Retirement Age is age: 65