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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Com	olete all entries in acco	rdance witl	h the instructions to the Form 5500	0-SF.				
Pa	art I Annual Report Identifica	tion Information							
For	calendar plan year 2011 or fiscal plan yea	r beginning 01/01/20	11	and ending 1	2/31/2	011			
Α	This return/report is for:	employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is:	return/report	the final r	eturn/report					
	an amer	nded return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under:	58	automatic	extension		DFVC progra	m		
	special	extension (enter descripti	on)						
Pa	art II Basic Plan Information—	enter all requested inforn	nation						
1a	Name of plan				1b	Three-digit			
	GLASS & MIRROR, INC. 401(K) PLAN					plan number			
						(PN) ▶	001		
					1c	Effective date of			
	Plan sponsor's name and address; include	room or suite number (amployer if	for a single-employer plan)	2h	01/01/ Employer Identif			
	GLASS & MIRROR, INC.	o room or oake namber (omployer, ii	Tot a single employer plant		(EIN) 65-09			
					2c	Sponsor's telep	hone number		
5750	COLUMBIA CIRCLE, SUITE 7					561-84	1-7676		
MAN	IGONIA PARK, FL 33407				2d	Business code (s)	
						23810			
	Plan administrator's name and address (if GLASS & MIRROR, INC.	same as plan sponsor, 6 5750 COLUI		,	3b	Administrator's E 65-09	EIN 13593		
		MANGONIA	PARK, FL	33407	3с	3c Administrator's telephone number			
_					41	561-841	-7676		
4	If the name and/or EIN of the plan sponsoname, EIN, and the plan number from the		last return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name				4c	PN			
5a	Total number of participants at the beginning of the plan year							5	
b	Total number of participants at the end of	the plan year			5b			4	
С									
	complete this item)				5c		V v П	NI-	
-	Were all of the plan's assets during the p	,		'			X Yes	No	
b	Are you claiming a waiver of the annual eunder 29 CFR 2520.104-46? (See instruc						X Yes	No	
	If you answered "No" to either 6a or 6l	• .		•					
Pa	art III Financial Information	.,							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Vear		
·			7a	28663		(b) Liid	27896		
b	Total plan liabilities								
C	Net plan assets (subtract line 7b from line			28663			27896		
8	Income, Expenses, and Transfers for this			(a) Amount		(b) T	otal		
а				(4) / 1110 4111		(2)			
	(1) Employers		8a(1)						
	(2) Participants		8a(2)						
	(3) Others (including rollovers)		8a(3)						
b	, , , , ,			478					
С	Total income (add lines 8a(1), 8a(2), 8a(3)						478		
d	Benefits paid (including direct rollovers ar								
	to provide benefits)			1245					
е	Certain deemed and/or corrective distribu								
f	Administrative service providers (salaries	, fees, commissions)							
g	Other expenses								
h	, , , ,						1245		
į	Net income (loss) (subtract line 8h from li	,					-767		
j	Transfers to (from) the plan (see instruction	ons)	··· 8j						

F ~ ***	5500	CL	204	,
	ววบบ	-5-	/()	

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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: 9a 2A 2E 2G 2J 2T
 - 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							
0	During the plan year:		Yes	No		Amou	nt	
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	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
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.)		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					9215
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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				
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						es :	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					١	es :	X 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 instruction granting the waiver	th						
				12b				
	Enter the minimum required contribution for this plan year.		⊢	12c				
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a	-	12d				
_	negative amount)				Yes	l No	П	N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				168	NO		IN/A
art				\Box	es X No			
Ja	Has a resolution to terminate the plan been adopted in any plan year?				es 🔨 NO	,		
<u> </u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	unaer 	tne co	ntroi			es [No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	13	c(3) F	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			
ВВ о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return. it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/08/2012	SCOTT TAYLOR
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

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Department of Labor Benefits Security Administr

Short Form Annual Return/Report of Small Employee Benefit Plan

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2011

This Form is Open to Public

		— the interna	o vevelue	Code (me Code).		Inspectio	30			
- Α	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	10-SF.	where	r 1 8			
	Part I Annual Report Identification Information									
For	calendar plan year 2011 or fl	scal plan year beginning 01/01/201	1	and ending	12/31/2	011				
A ·	This return/report is for:	🛮 a single-employer plan	a multiple	e-employer plan (not multiemployer)	[a one-participant pl	an			
В	This return/report is:									
		an amended return/report	a short pla	an year return/report (less than 12 m	ionths)					
C	Check box if filing under:	∑ Form 5558	automatic	extension	[DFVC program				
		special extension (enter description	,							
		rmation—enter all requested inform	ation							
1a	Name of plan					Three-digit				
B,T.	GLASS & MIRROR, INC. 40	I(K) PLAN				plan number 60	i			
						(1.14) 6	•			
					16	Effective date of plan 01/01/2008				
2a	Plan sponsor's name and ad	ldress; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification	n Number			
B.1.	GLASS & WIRROR, NVC.				1	(€IN) 65-0913593				
					2c	Sponsor's telephone r				
	I COLUMBIA CIRCLE, SUITE IGONIA PARK EL 33407	≧ 7			24	561-841-7676 Business code (see In:				
MONTH.	GOMA PARK FE 33407				24	238100	siructions)			
		nd address (if same as plan sponsor, er	nter "Same	o")	3b .	Administrator's EIN				
SAM	lm.				3c	Administrator's telepho	ne gumber			
_					OO Parimitsuator's telephone homoer					
4	if the name and/or EIN of the name. FIN, and the plan put	e plan sponsor has changed since the li mber from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name				4c	ΡN				
5a	Total number of participants	at the beginning of the plan year		***/**	5a		5			
b	Total number of participants	at the end of the plan year			5b		4			
С	Number of participants with	account balances as of the end of the p	olan year (d	defined benefit plans do not						
6a					5c		4 V [] N-			
		s during the plan year invested in eligibl f the annual examination and report of a		·		<u>N</u>	Yes [No			
	under 29 CFR 2520.104-46	? (See instructions on walver eligibility a	and conditi	lons.)		×	Yes 🔲 No			
D-		ither 6a or 6b, the plan cannot use Fo	orm 5500-	<u>SF and must instead use Form 55</u>	00.					
	rt III Financial Infor	mauon		· · · · · · · · · · · · · · · · · · ·		·				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Yea				
a	•			28663	3		27896			
Cl							****			
	,	e 7b from line 7a)	7c	28663	3		27896			
8 a	Income, Expenses, and Tra Contributions received or re		-	(a) Amount	+	(b) Total				
a		Celvable from:	8a(1)							
	,		8a(2)				ļ.,			
		ers)	8a(3)				· (i)			
b			86	478	3		1 .			
C		1), 8a(2), 8a(3), and 8b)	8c		,		478			
d	Benefits paid (including dire	ct rollovers and insurance premiums		'	···	Process 1 1 1 1 1 1 1 1 1	F 191 (38).			
_		- Alice Make the state of the s	. 8d	1248						
e		ective distributions (see instructions)	8e		\dashv		네 [# #			
1		ders (salaries, fees, commissions)	8f							
g	·	d Da Of and Dal	8g	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>			
h		d, 8e, 8f, and 8g)			+		1245			
ı	,	line 8h from line 8c)		The second secon			-767			
J	manerers to (ironi) the bigh	(see instructions)	8j				121 125 1			

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Par	t IV	Plan Characteristics								
distantining the second	If the	plan provides pension benefits, enter the applicable pension featu	re codes from the L	ist of Plan Charact	eristic C	odes in	the instructi	ions:		
b	2A If the	2E 2G 2J 2T plan provides welfare benefits, enter the applicable welfare feature	e codes from the Lis	st of Plan Characte	ristic Co	des in 1	the instructio	ns;		
Pari	v	Compliance Questions		7.						
10		ing the plan year:			Yes	No	Γ .	Amount		
	Was	s there a failure to transmit to the plan any participant contributions CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary			0a	X		Amount	*	
b		e there any nonexempt transactions with any party-in-interest? (Doine 10a.)		оь	×					
С	VV≘	s the plan covered by a fidelity bond?	1)c	X		78			
d		the plan have a loss, whether or not reimbursed by the plan's fideli			0d	×				
e	Wei	re any fees or commissions paid to any brokers, agents, or other per rrance service or other organization that provides some or all of the ructions.)	ersons by an insura	nce carrier, plan? (See	De .	×				
f	Has	the plan failed to provide any benefit when due under the plan?	.,,		Of	Х		8	VV	
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)		× gc				9215	
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)		CFR	oh .	×	7.2.5			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			01	×				
Part	VI	Pension Funding Compliance			-9/	10		***	no. (1	
11		is a defined benefit plan subject to minimum funding requirements?						Yes 7	X No	
If	lf a grai you s	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being an sting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MB	nortized in this plan 3 (Form 5500), and	skip to line 13.	Г			e letter rulin Year		
b		er the minimum required contribution for this plan year			A115.11 - 11.414	12c	 			
d	Sub	er the amount contributed by the employer to the plan for this plan y erract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	s sign to the left of	a	12d	-			
Δ.		the minimum funding amount reported on line 12d be met by the ft					Yes	No □	N/A	
Pari		Plan Terminations and Transfers of Assets								
- 4	- 4	s a resolution to terminate the plan been adopted in any plan year?					Yes X N	0		
0.70		es," enter the amount of any plan assets that reverted to the emplo			· F				F 0 - 4 C / 390 c	
b	We of t	re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought ur	der the d			Yes	X No	
c	If d wh	uring this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	20 May 1		Santana ana ana			
	13¢(′	I) Name of plan(s):		<u> </u>	1	3c(2) E	EIN(s)	13c(3)	PN(s)	
		A penalty for the late or incomplete filing of this return/report						W		
SB	or Sc	naifies of perjury and other penaities set forth in the instructions, I on the dule MB completed and signed by an enrolled actuary, as well as sitrue, correct, and complete.	declare that I have e the electronic vers	examined this return tion of this return/re	n/report, port, and	includi d to the	ng, if applica best of my l	ible, a Sche knowledge a	dule and	
	- 1	15457. h		SCOTT TAYLOR			***************************************			
HE		Signature of plan administrator	Date	Enter name of ind		igning .	as plan adm	inistrator		
Sic				(Mark 127 - 127 -				- 18/ 7c		
HE	RE !	Signature of employer/plan sponsor	Date	Enter name of ind	ividual s	igning:	as employer	or plan spo	nsor	