

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>DIVERSIFIED GLASS SERVICES, INC. EMPLOYEE'S 401(K) SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>04/01/1996</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>DIVERSIFIED GLASS SERVICES, INC.</u> <u>715 SOUTH BLVD E</u> <u>ROCHESTER HILLS, MI 48307</u>	2b Employer Identification Number (EIN) <u>38-1487702</u> 2c Sponsor's telephone number <u>248-829-3319</u> 2d Business code (see instructions) <u>444120</u>

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 accompanying schedules, statements and attachments, 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 HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>ANNA LEWIS</u>
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DIVERSIFIED GLASS SERVICES, INC. 715 SOUTH BLVD E ROCHESTER HILLS, MI 48307	3b Administrator's EIN 38-1487702 3c Administrator's telephone number 248-829-3319
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name DIVERSIFIED GLASS SERVICES, INC.	4b EIN 38-1487702 4c PN 002
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5 Total number of participants at the beginning of the plan year	5	164
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	132
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	18
d Subtotal. Add lines 6a , 6b , and 6c	6d	154
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	155
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	71
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2F 2K 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>DIVERSIFIED GLASS SERVICES, INC. EMPLOYEE'S 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIVERSIFIED GLASS SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>38-1487702</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PENSIONTREND INVESTMENT ADVISORS

27-0039500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISORY	14073	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PENSIONTREND, INC.

38-2508697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	11186	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>DIVERSIFIED GLASS SERVICES, INC. EMPLOYEE'S 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DIVERSIFIED GLASS SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>38-1487702</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE STABLE VALUE INVESTMENTS</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>26-0142858-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>440637</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND AGGRESSIVE GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320546-069</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7704</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND MODERATE INCOME</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320445-066</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6480</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND CONSERVATIVE GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320488-067</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1702</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND CONSERVATIVE INCOME</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320411-065</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND MODERATE GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320517-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37841</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan DIVERSIFIED GLASS SERVICES, INC. EMPLOYEE'S 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DIVERSIFIED GLASS SERVICES, INC.	D Employer Identification Number (EIN) 38-1487702	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	79598	82252
(9) Value of interest in common/collective trusts.....	1c(9)	547428	517728
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1845076	1830334
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2472102	2430314

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2472102	2430314
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	114216	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		114216
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3672	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3672
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	129942	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		129942
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10445
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-145679
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		112596

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129125	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		129125
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	11186	
(3) Investment advisory and management fees	2i(3)	14073	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25259
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		154384

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-41788
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLAYTON & MCKERVEY, P.C.

(2) EIN: 38-2383796

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>DIVERSIFIED GLASS SERVICES, INC. EMPLOYEE'S 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIVERSIFIED GLASS SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>38-1487702</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-1228437</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k)
SAVINGS PLAN & TRUST**

FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2011 AND 2010
AND FOR THE YEAR ENDED
DECEMBER 31, 2011**

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INDEPENDENT AUDITORS' REPORT

Retirement Committee
DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST

We have audited the accompanying statements of net assets available for benefits of DIVERSIFIED GLASS SERVICES, INC. EMPLOYEES' 401(k) SAVINGS PLAN & TRUST (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedules, as listed in the accompanying table of contents, as of and for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the year ended December 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) and the schedule of reportable transactions are not required parts of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

CLAYTON & MCKERVEY, P.C.

Clayton & McKervey, P.C.

October 15, 2012
Southfield, Michigan

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31**

ASSETS	<u>2011</u>	<u>2010</u>
Investments:		
Mutual funds	\$ 1,830,334	\$ 1,845,076
Collective investment funds	53,712	38,378
Stable value fund	<u>464,016</u>	<u>509,050</u>
Total investments	2,348,062	2,392,504
Notes receivable from participants	<u>82,252</u>	<u>79,598</u>
Total assets at fair value	2,430,314	2,472,102
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(23,379)</u>	<u>(11,654)</u>
Net assets	2,406,935	2,460,448
 LIABILITIES		
Refund of excess contributions	<u>4,002</u>	<u> </u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 2,402,933</u>	 <u>\$ 2,460,448</u>

The accompanying notes are an integral part of the financial statements.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2011**

ADDITIONS

Additions to net assets attributed to:

Income:		
Interest and dividends	\$ 133,614	
Net investment gain in stable value fund	10,929	
Participant contributions	<u>114,216</u>	
Total additions		\$ 258,759

DEDUCTIONS

Deductions from net assets attributed to:

Investment losses:		
Net investment loss in collective investment funds	484	
Net realized and unrealized depreciation in fair value of mutual funds	157,404	
Distributions:		
Benefits paid to participants	129,125	
Corrective distributions	4,002	
Administrative expenses	<u>25,259</u>	
Total deductions		<u>316,274</u>
Net decrease		(57,515)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,460,448</u>
End of year	<u>\$ 2,402,933</u>

The accompanying notes are an integral part of the financial statements.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS

NOTE A: DESCRIPTION OF PLAN

The following description of DIVERSIFIED GLASS SERVICES, INC. EMPLOYEES' 401(k) SAVINGS PLAN & TRUST (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description.

General

The Plan was adopted effective April 1, 1996, and most recently amended effective January 1, 2008 for administrative purposes. The Plan is a defined contribution plan with a 401(k) elective deferral arrangement, which covers substantially all employees of DIVERSIFIED GLASS SERVICES INC., HENDERSON GLASS INC., and GREAT LAKES CLAIMS SERVICE (collectively the "Company"), meeting the eligibility requirements discussed below. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility

Employees who have provided one year of service and reached 21 years of age are eligible to participate in the 401(k) elective deferral arrangement portion of the Plan and are also eligible for the discretionary employer matching contribution and discretionary employer profit sharing contribution. Eligible participants may enter the Plan on the first day of the Plan year quarter following the date the eligibility requirements are met.

Contributions

Contributions to participant accounts are made by employees through tax-deferred salary deductions and by the Company from its earnings, at the discretion of management. Participants may voluntarily contribute up to 100% of their compensation, not to exceed Internal Revenue Code ("IRC") limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions as defined by the IRC. Participants may elect to change fund elections and transfer investment balances between funds on a daily basis and change contribution percentages quarterly. Employees may directly "roll over" their assets from a qualified plan at a previous employer and transfer the assets into their plan account. The Company elected not to make a discretionary matching or profit sharing contribution for the Plan years ended December 31, 2011 and 2010.

Participant Accounts

Each participant's account is credited with participant contributions, Company discretionary matching and profit sharing contributions, and any allocations of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined in the Plan document.

Investment Programs

Participant contributions are invested in accordance with the participant's election in one or more mutual funds, collective investment funds, or a stable value fund established by Fidelity Management Trust Company.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE A: DESCRIPTION OF PLAN, Continued

Vesting

Upon the attainment of age 59 ½, termination of employment, death or disability, participants (or their beneficiaries) are entitled to receive the vested balance in their account. Participant contributions and earnings thereon are 100% vested at the date of contribution. Participants are vested in Company discretionary matching and profit sharing contributions and earnings thereon as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
0-2	0%
3 or more	100%

In the event of attainment of normal retirement age of 65, early retirement age of 55, death or disability of a participant, as defined in the Plan document, Company contributions fully vest.

Forfeitures

Forfeitures are first used to pay Plan expenses with any remaining amounts allocated to all participants eligible to share in the allocation of profit sharing contributions in the same proportion that each participant's compensation for the plan year bears to the compensation of all participants for such year. There were no forfeiture account balances as of December 31, 2011 and 2010.

Notes Receivable from Participants

Participants may borrow from the Plan an amount up to the lesser of one-half of their total vested account balance or \$50,000. Principal and interest payments are made through payroll deductions over a term not to exceed five years, except for home purchase loans, which can be for terms consistent with normal mortgages. No home purchase loans were outstanding as of December 31, 2011 or 2010.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Loans bear interest at a rate set by the Plan Administrator in accordance with local prevailing rates for similar types of loans. Interest rates relating to notes receivable ranged from 4.25% to 9.25% as of December 31, 2011 and 2010. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document. There were no deemed distributions for the year ended December 31, 2011. Deemed distributions for the year ended December 31, 2010 totaled \$14,689.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE A: DESCRIPTION OF PLAN, Continued

Distributions and Withdrawals

Distributions and withdrawals are allowed upon attaining early retirement age of 55, disability, death or termination of employment. Participants or their beneficiaries may elect to receive a lump-sum distribution of their total account balance, while still employed at the Company. If the participant is no longer employed at the Company, they may be subject to various force-out provisions depending on the participant's account balance upon the date of valuation after termination. Amounts allocated to accounts of persons who are terminated but have not yet elected to withdraw their balance totaled \$842,356 and \$935,175 for the years ended December 31, 2011 and 2010, respectively.

The Plan provides for early withdrawal of savings in the event of a financial hardship of a participant. A hardship is considered to be payments necessary in cases of immediate and significant financial need. Events that may qualify as an immediate and significant need include medical expenses incurred that are not covered by insurance, purchase of a principal residence, payment of tuition and prevention of eviction from or foreclosure on the mortgage of a principal residence. A hardship exists only when funds are not reasonably available from the participant's other sources. The amount withdrawn must not exceed the amount needed in the situation. A participant who has taken a hardship withdrawal is not allowed to make contributions for six months following the withdrawal.

To maintain the tax exempt qualification under the IRC, the Plan is required to comply with defined tests. Excess contributions, to enable compliance with these tests, are accrued as liabilities on the statements of net assets available for benefits.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustments of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments, except for the stable value fund ("MetLife Stable Value Fund"), which is stated at contract value, are stated at fair value, based on quoted market prices. See Note E for further details regarding investments at fair value.

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments bought and sold as well as held during the year. Purchases and sales of investments are reflected on a trade-date basis. Gains and losses on sales of investments are based on average cost. Interest and dividend income is recorded as earned on an accrual basis.

The Plan's MetLife Stable Value Fund is comprised of individual investment contracts, including synthetic investment contracts, and is stated at contract value. These investment contracts provide for benefit responsive withdrawals at contract value, including those instances when, in connection with synthetic investment contracts, underlying investment securities are sold to fund normal benefit payments prior to the maturity of such contracts. If an event occurs affecting the value of the contracts, an adjustment is recorded. See Note D for a summary of investment contracts.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses are paid by the Plan and are reflected in the statement of changes in net assets available for benefits. These expenses included investment management fees and contract administrator fees. The Company also pays some administrative expenses on behalf of the Plan as discussed in Note F.

Subsequent Events

The financial statements were approved and authorized for issue by management on October 15, 2012. All events and transactions through October 15, 2012 were evaluated by management for potential recognition and disclosure in the financial statements.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE C: INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31:

	<u>2011</u>	<u>2010</u>
Baron Asset Retail	\$ 539,440	\$ 551,095
MetLife Stable Value Fund	464,016	497,396
Fidelity Spartan 500 Index	356,589	349,290
T. Rowe Price New Horizons	221,364	198,551
American Funds EuroPacific Growth	218,337	254,564
Vanguard Wellington	131,516	147,966

During the years ended December 31, 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$(146,959) and \$259,618, respectively, as follows:

	<u>2011</u>	<u>2010</u>
Baron Asset Retail	\$ (93,899)	\$ 88,760
American Funds EuroPacific Growth	(42,376)	18,396
T. Rowe Price New Horizons	(14,402)	44,830
Fidelity Spartan 500 Index	*	39,909
Vanguard Mid Cap Index	*	16,857
Vanguard Wellington	*	11,050
MetLife Stable Value Fund	10,929	13,874
Other investments	<u>(7,211)</u>	<u>25,942</u>
Total	<u>\$ (146,959)</u>	<u>\$ 259,618</u>

*Gains/losses for these funds were either not applicable or not material to the Plan

NOTE D: INVESTMENT CONTRACT

The Plan has entered into a benefit-responsive investment contract with MetLife Insurance Company ("MetLife"). MetLife maintains the contributions in a separate account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay principal and a specified interest rate that is guaranteed to the Plan.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE D: INVESTMENT CONTRACT, Continued

Because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. The investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported by MetLife, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. For the year ended December 31, 2011, the average yield and crediting interest rates were approximately 6% and 3%, respectively. For the year ended December 31, 2010, the average yield and crediting interest rates were each approximately 5% and 3%, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with MetLife. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination), (b) bankruptcy of the plan sponsor, or (c) the failure of the trust to qualify for exemption from federal income taxes. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

NOTE E: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic on Fair Value Measurements and Disclosures establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the guidance are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE E: FAIR VALUE MEASUREMENTS, Continued

Level 2: Inputs to the valuation methodology include;

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Collective investment funds: Valued at the NAV of shares held by the Plan at year end.

Stable value fund: Valued by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer (see Note D).

There have been no changes in the methodologies used at December 31, 2011 and 2010.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE E: FAIR VALUE MEASUREMENTS, Continued

The following tables sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at fair value as of December 31, 2011:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 1,830,334	\$	\$	\$ 1,830,334
Collective investment funds	53,712			53,712
Stable value fund			464,016	464,016
	<u>\$ 1,884,046</u>	<u>\$</u>	<u>\$ 464,016</u>	<u>\$ 2,348,062</u>

Investments at fair value as of December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 1,845,076	\$	\$	\$ 1,845,076
Collective investment funds	38,378			38,378
Stable value fund			509,050	509,050
	<u>\$ 1,883,454</u>	<u>\$</u>	<u>\$ 509,050</u>	<u>\$ 2,392,504</u>

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS, Continued**

NOTE E: FAIR VALUE MEASUREMENTS, Continued

Level 3 gains and losses as of December 31:

	<u>2011</u>	<u>2010</u>
Balance, beginning of year	\$ 509,050	\$ 515,192
Net investment gain included in the statement of changes in net assets available for benefits	10,929	13,874
Purchases, sales, issuances and settlements:		
Purchases	25,886	18,571
Issuances		
Sales	(76,934)	(33,365)
Settlements	<u>(4,915)</u>	<u>(5,222)</u>
Balance, end of year	<u>\$ 464,016</u>	<u>\$ 509,050</u>

NOTE F: PARTY-IN-INTEREST TRANSACTIONS

The Company, Plan Administrator, independent auditors, participants, third party administrator, and trustee have all been identified as parties-in-interest.

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of collective investment trusts, receiving advisory services from PensionTrend Investment Advisors. PensionTrend Investment Advisors is the third party administrator of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Certain expenses, including salaries and services required for Internal Revenue Service ("IRS") reporting, related to the administration of the Plan are paid by the Company, as described in Note B. The Company is the sponsor of the Plan, and, therefore these transactions qualify as party-in-interest transactions. For the year ended December 31, 2011, Company payments totaled approximately \$15,000.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE F: PARTY-IN-INTEREST TRANSACTIONS, Continued

The Plan allows participants to borrow from their individual accounts as described in Note A. These transactions qualify as party-in-interest transactions. Notes receivable from participants at December 31 were as follows:

	<u>2011</u>	<u>2010</u>
Balance, beginning of year	\$ 79,598	\$ 81,926
Add: New loans issued	45,920	44,750
Less: Principal repayments	(43,266)	(32,389)
Less: Deemed distributions	<u> </u>	<u>(14,689)</u>
Balance, end of year	<u><u>\$ 82,252</u></u>	<u><u>\$ 79,598</u></u>

NOTE G: INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes that it is no longer subject to income tax examinations for years prior to 2008.

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE H: PLAN TERMINATION

Although it has not expressed any intentions of doing so, the Company has the right under the Plan document to terminate the Plan at any time subject to the provisions of ERISA. If the Plan is terminated, participants would become 100% vested in their accounts and the assets would be distributed to the participants according to their respective account balances.

NOTE I: RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of mutual funds, collective investment funds or a stable value fund. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in assets available for benefits.

NOTE J: SELF CORRECTION PROGRAM

During the 2011 Plan audit it was determined the Plan Sponsor was not properly withholding deferrals on bonus compensation of participating employees. During 2012 the Plan sponsor self corrected pursuant to the principles enunciated in the IRS's Employee Plans Compliance Resolution System. The financial statements do not include accruals for qualified non-elective contributions or earnings to be remitted to the Plan for employees not given the opportunity to make elective deferrals on bonus compensation as such amounts have not been determined by the Plan.

NOTE K: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 to Form 5500:

Net assets available for benefits, per the 2011 financial statements	\$ 2,402,933
Plus: 2011 refund of excess contributions	4,002
Plus: 2011 adjustment from fair value to contract value	<u>23,379</u>
Net assets available for benefits, per the Form 5500	<u>\$ 2,430,314</u>

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS, Continued

**NOTE K: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500,
Continued**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 to Form 5500:

Net assets available for benefits, per the 2010 financial statements	\$ 2,460,448
Plus: 2010 adjustment from fair value to contract value	<u>11,654</u>
Net assets available for benefits, per the Form 5500	<u><u>\$ 2,472,102</u></u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements at December 31, 2011 to Form 5500:

Net decrease in assets available for benefits, per the 2011 financial statements	\$ (57,515)
Plus: 2011 adjustment from fair value to contract value	23,379
Plus: 2011 refund of excess contributions	4,002
Less: 2010 adjustment from fair value to contract value	<u>(11,654)</u>
Net change in assets available for benefits, per the Form 5500	<u><u>\$ (41,788)</u></u>

DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST
EIN: 38-1487702 PLAN NUMBER: 002
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	Baron Capital Group	Baron Asset Retail	\$ 539,440
	MetLife	MetLife Stable Value Fund	464,016
*	Fidelity Investments	Fidelity Spartan 500 Index	356,589
	T. Rowe Price	T. Rowe Price New Horizons	221,364
	American Funds	American Funds EuroPacific Growth	218,337
	Vanguard	Vanguard Wellington	131,516
	Vanguard	Vanguard Mid Cap Index	85,123
	First Eagle	First Eagle Global A	75,796
	American Funds	American Funds Growth Fund of America	57,173
*	PensionTrend	PensionTrend Moderate Growth	37,807
	Oppenheimerfunds	Oppenheimer International Bond A	31,855
	PIMCO	PIMCO Total Return D	29,158
	T. Rowe Price	T. Rowe Price Equity Income	26,147
*	Fidelity Investments	Fidelity Inflation-Protected	21,011
	Royce	Royce Opportunity Investment	18,431
*	PensionTrend	PensionTrend Aggressive Growth	7,696
	Franklin Templeton	Franklin Convertible Securities A	7,438
*	PensionTrend	PensionTrend Moderate Income	6,480
*	Fidelity Investment	Fidelity Strategic Income	6,021
	Vanguard	Vanguard High-Yield Corporate	2,409
*	Fidelity Investments	Fidelity Real Estate Investment	1,801
*	PensionTrend	PensionTrend Conservative Growth	1,700
	Vanguard	Vanguard Selected Value	726
*	PensionTrend	PensionTrend Conservative Income	28
	Subtotal		2,348,062
*	Participant loans	Interest rates ranging from 4.25% to 9.25%, maturing at various dates through November 2016	82,252
			<u>\$2,430,314</u>

*Represents parties-in-interest