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 01/01/2007 and ending 12/31/2007

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRL GLASS SYSTEMS, INC. CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/2001

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

PRL GLASS SYSTEMS, INC.

251 MASON WAY
CITY OF INDUSTRY, CA 91746-2330

2b Employer Identification Number (EIN) 33-0371201

2c Sponsor's telephone number 626-961-5890

2d Business code (see instructions) 327210

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	Filed with authorized/valid electronic signature.	04/24/2013	DAVID LANDEROS
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
PRL GLASS SYSTEMS, INC.

251 MASON WAY
CITY OF INDUSTRY, CA 91746-2330

3b Administrator's EIN
33-0371201

3c Administrator's telephone number
626-961-5890

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	311
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**	269
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	77
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	346
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	346
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1C 1G

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)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

A Name of plan
PRL GLASS SYSTEMS, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRL GLASS SYSTEMS, INC.

D Employer Identification Number (EIN)
33-0371201

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)

(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 ☐

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: RBZ, LLP	**b** EIN:	95-3439541
c	Position: ACCOUNTANT		
d	Address: 11755 WILSHIRE BLVD, SUITE 900 LOS ANGELES, CA 90025-1506	**e** Telephone:	310-478-4148

Explanation: RBZ NO LONGER PERFORMS FORM 5500 AUDITS, SO WE HAD TO ENGAGE A NEW ACCOUNTANT WHO PROVIDES THIS SERVICE.

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 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 01/01/2007 and ending 12/31/2007

A Name of plan
PRL GLASS SYSTEMS, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRL GLASS SYSTEMS, INC.

D Employer Identification Number (EIN)
33-0371201

Part I Asset and Liability Statement

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)	226520	269300
(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)	69669	
(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)	34702	
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	1016188	1396802
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	1347079	1666102
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1347079	1666102

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)	269300	
(B) Participants	2a(1)(B)		
(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)		269300
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		0

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		58450
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		327750
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8727	
(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)		8727
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8727
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		319023
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: HOLTHOUSE CARLIN & VAN TRIGT LLP **(2)** EIN: 95-4345526

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		50000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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)

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE,
AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2007

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN

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All other schedules have been omitted as not applicable.	

HCVT CERTIFIED PUBLIC ACCOUNTANTS

HOLTHOUSE CARLIN & VAN TRIGT LLP

Independent Auditors' Report

To the Plan Committee of the
PRL Glass Systems, Inc. Cash Balance Pension Plan:

We were engaged to audit the accompanying financial statements of the PRL Glass Systems, Inc. Cash Balance Pension Plan (the "Plan") as of December 31, 2007 and for the year then ended, and the supplemental schedule as of December 31, 2007, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2006, were audited by other auditors whose report dated October 12, 2007, expressed an unqualified opinion on those statements.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Hartford Life Insurance Company, the Custodian of the Plan, except for comparing the information with the related information included in the 2007 financial statements and supplemental schedule. We have been informed by the plan administrator that the Custodian held the Plan's investment assets and executed investment transactions from March 26, 2007 to December 31, 2007. The plan administrator has obtained a certification from the Custodian as of December 31, 2007 and for the period of March 26, 2007 to December 31, 2007, that the information provided to the plan administrator by the Custodian is complete and accurate.

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2007 that accompanies the Plan's financial statements does not disclose the historical costs of certain nonparticipant directed plan assets held by the Plan Custodian. In addition, the Plan has not presented the supplemental Schedule H, line 4j – Schedule of Reportable Transactions for the year ended December 31, 2007. Hartford Life Insurance Company and Fiserv Trust Company were unable to provide the reports necessary to develop the information needed for the reportable transactions, if any, for the year ended December 31, 2007. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2007 financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the 2007 financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the 2007 financial statement and supplemental schedule, other than that derived from the information certified by the Custodian of the Plan have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Holthouse Carlin & Van Trigt LLP

Camarillo, California
October 12, 2012

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31, 2007 AND 2006

	2007	2006
Assets:		
Investments, at fair value:		
Cash equivalents	$ -	$ 69,669
Exchange traded fund	-	34,702
Mutual funds	1,396,802	1,016,188
Total investments	1,396,802	1,120,559
Receivable:		
Company contributions	269,300	226,520
Total assets	1,666,102	1,347,079
Liabilities	-	-
Net assets available for plan benefits	$ 1,666,102	$ 1,347,079

See notes to financial statements.

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2007

Additions:		
Company contributions	$	269,300
Net appreciation of investments		58,450
Total additions		327,750
Deductions:		
Benefits paid to participants		8,727
Total deductions		8,727
Net increase		319,023
Net assets available for plan benefits:		
Beginning of year		1,347,079
End of year	$	1,666,102

See notes to financial statements.

NOTE 1. PLAN DESCRIPTION

The following description of the PRL Glass Systems, Inc. Cash Balance Pension Plan (the "Plan") provides only general information. Participants and other interested parties should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a cash balance defined benefit plan covering all eligible employees who are employed by PRL Glass Systems, Inc. (the "Company" and the "Plan Sponsor"), that are at least 21 years of age and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company administers the Plan. Kravitz, Inc. is the actuary and recordkeeper for the Plan. Note 5 presents the actuarial determination of the amount of benefits that participants are entitled to receive upon termination, retirement or death. Hypothetical accounts are maintained for each participant in which contributions are credited for the benefit of the participant. Hypothetical accounts are credited with Company contributions and earnings, as calculated by the actuary.

Effective March 26, 2007, a majority of the Plan's assets were transferred from Fiserv Trust Company ("Fiserv") to Hartford Life Insurance Company (the "Custodian"). During April 2007 the remaining assets of the Plan were transferred to the Custodian.

Company Contributions

Company contributions to the Plan are determined by the Plan's actuary based on data submitted to the actuary by the Company. The amount to be contributed to the Plan was calculated using the unit credit funding method per the January 1, 2007 valuation. As calculated by the Plan's actuary and in compliance with the minimum funding standards of ERISA, the Company made a contribution of $269,300 for the year ended December 31, 2007.

Pension Benefits

Participants earn benefits based on the benefit formula, as defined in the Plan. In addition, participant accounts, which are notional accounts rather than actual accounts, are credited with interest at a rate equal to the 30-year U.S. Treasury rate in effect during the month prior to the beginning of the Plan year. The applicable rate was 4.68 percent for 2007.

Participants are vested in their actuarial equivalent of their accrued benefits at 20 percent after two years of service and an additional 20 percent each year thereafter until 100 percent vested upon six years of service. Upon termination or retirement, participants' benefits will be paid in the form of an annuity, or they may choose a lump sum payment option, as defined in the Plan. If participants have accumulated plan benefits of less than $1,000 at the time of termination or retirement, the benefits will automatically be paid as a lump sum payment. Alternate methods of receiving accrued benefits may be elected under certain circumstances as described in the Plan.

NOTE 1. PLAN DESCRIPTION (Continued)

Death Benefits

In the case of any participant who dies before distribution of his or her accrued benefits, a Qualified Preretirement Survivor Annuity shall be payable to the surviving spouse of the participant or a non-spouse beneficiary as designated by the participant in accordance with the terms of the Plan.

Administrative Expenses

Certain administrative expenses including Trustee fees, Custodian fees, and actuary fees may be paid by the Plan. Administrative expenses not paid by the Company are paid by the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, primarily from information provided by Fiserv and the Custodian.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan investments are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investments, such changes could materially affect the amounts reported in the financial statements.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Investments are valued daily. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date and is included in net appreciation of investments.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Benefits Payable to Participants

Benefits are recorded when paid.

Fair Value

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value measurement hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable. The three levels of the fair value hierarchy are the following:

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

- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

- Level 3 – Inputs to the valuation that are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2007 and 2006.

Cash Equivalent – Cash equivalents are at par and valued at fair value and therefore classified as Level 1 within the valuation hierarchy.

Exchange Traded Funds – Exchange traded funds are traded on stock exchanges. The price of the exchange traded funds is quoted on the exchange where the fund is traded and therefore classified as Level 1 within the valuation hierarchy.

Mutual Funds – This category consists of publicly traded funds of registered investment companies. The net asset value of the mutual fund's shares is quoted on the exchange where the fund is traded and therefore classified as Level 1 within the valuation hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

All of the Plan's investments are Level 1 and the following table sets forth, by investment type, the Plan's investments at fair value as of December 31:

	2007	2006
Cash equivalents	$ -	$ 69,669
Exchange traded fund	-	34,702
Mutual funds:		
Growth funds	216,284	256,926
Blend funds	277,075	116,915
Value funds	213,422	179,917
Fixed income funds	690,021	462,430
Total mutual funds	1,396,802	1,016,188
Total investments at fair value	$ 1,396,802	$ 1,120,559

NOTE 3. FUNDING POLICY

The Company is solely responsible for the funding of the Plan. The Company's policy is to contribute at least the minimum funding required by ERISA as calculated by the Plan's actuary. The Company met the minimum funding requirements of ERISA as calculated by the Plan's actuary for the years ended December 31, 2007 and 2006.

NOTE 4. INVESTMENTS

The following presents investments that represent five percent or more of the Plan's net assets at December 31:

	2007	2006
American Funds Bond Fund of America	$ 341,043	$ *
American Funds Growth Fund of America	216,284	*
Davis New York Venture Fund	277,075	*
Eaton Vance Large-Cap Value Fund	213,422	*
Pioneer Strategic Income Fund	348,978	*
First Trust Money Market Account	*	69,669
American Beacon International Equity Fund	*	120,680
American Funds AMCAP Fund	*	91,758
American Funds Washington Mutual Investors Fund	*	116,915
Columbia Intermediate Bond Fund	*	164,586
Phoenix Multi-Sector Short Term Bond Fund	*	241,233

* Fund was not an option in the Plan as of December 31.

NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an the Plan's actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31:

	2007	2006
Active participants	$ 1,303,377	$ 1,042,119
Vested terminated participants	317,964	303,354
Nonvested participants	70,373	63,078
Actuarial present value of accumulated plan benefits	$ 1,691,714	$ 1,408,551

The changes in actuarial present value of accumulated plan benefits for the year ended December 31, 2006 to December 31, 2007 is as follows:

Actuarial present value of accumulated plan benefits, beginning of year	$ 1,408,551
Increase (decrease) during the year attributable to:	
Additional Benefits Accumulated	228,258
Increase for interest due to decrease in the discount period	65,779
Benefits paid to participants	(8,727)
Actuarial (gains)/losses	(2,147)
Actuarial present value of accumulated plan benefits, end of year	$ 1,691,714

The significant actuarial assumptions used in the December 31, 2007 and 2006 valuations were:

- Accumulation Rate: 6.00% per annum compounded annually, for all future years. The prior year-end 30-year treasury rate (4.68%) is used for the current plan year. This rate and the 94 GAR mortality table are used to convert balances to annuities.

- Retirement age: Normal Retirement Age, 59

- Retired Mortality: The 1994 Group Annuity Reserving (94 GAR) unisex table projected to 2002 and the RP-2000 combined Mortality tables for males and females, are used for conversions to annuities and funding, respectively.

NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 6. TAX STATUS

The Plan obtained its latest determination letter on December 10, 2008 in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been subsequently amended and the Company believes that the Plan currently is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to 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, 2007, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. 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 it is no longer subject to income tax examinations for years prior to 2004.

NOTE 7. TERMINATION OF THE PLAN

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Net assets available for plan benefits will be allocated as prescribed in the Plan document and by ERISA and its related regulations to provide the accrued benefit payable to each participant on the termination date. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") should the Plan terminate. The PBGC does not guarantee all benefits under the Plan, and the amount of protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company.

NOTE 8. FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the Custodian and was not subjected to any auditing procedures performed by the independent public accountants:

a. Total investments as shown in the accompanying Statements of Net Assets Available for Plan Benefits of $1,396,802 as of December 31, 2007.

b. Net appreciation of investments of $45,887 out of the $58,450, as shown in the accompanying Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2007.

c. Total assets as of December 31, 2007 as shown in the accompanying Schedule of Assets (Held at End of Year).

NOTE 9. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Custodian. Transactions with the Custodian qualify as party-in-interest transactions for which exemptions exist.

NOTE 10. BONDING

As of December 31, 2007, the amount of the bond in place was $50,000, which is not in compliance with DOL Rules and Regulations. During August 2012, the Company obtained a bond in the amount of $500,000.

NOTE 11. SUBSEQUENT EVENTS

The Company has evaluated subsequent events that have occurred from December 31, 2007 through October 12, 2012, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements, except as disclosed below.

Effective December 5, 2008, all of the Plan's assets were transferred from Hartford Life Insurance Company to State Street Bank & Trust Co. Effective January 1, 2009 the Plan was frozen. Effective March 5, 2010, all of the Plan's assets transferred from State Street Bank & Trust Co. to Mass Mutual.

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN

EIN 33-0371201 PLAN #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2007

Identity of issue, borrower, lessor or similar party	# of shares	Cost value	Current value
Mutual Funds:			
* American Funds Bond Fund of America	26,097	N/A	$ 341,043
* American Funds Growth Fund of America	11,620	N/A	216,284
* Davis New York Venture Fund	14,657	N/A	277,075
* Eaton Vance Large-Cap Value Fund	10,873	N/A	213,422
* Pioneer Strategic Income Fund	26,998	N/A	348,978
Total Investments			$ 1,396,802

* Indicates a party-in-interest to the Plan.

N/A - Not available, see independent auditors' report.

See notes to financial statements and accompanying independent auditors' report.

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN

EIN 33-0371201 PLAN #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2007

Identity of issue, borrower, lessor or similar party	# of shares	Cost value	Current value
Mutual Funds:			
* American Funds Bond Fund of America	26,097	N/A	$ 341,043
* American Funds Growth Fund of America	11,620	N/A	216,284
* Davis New York Venture Fund	14,657	N/A	277,075
* Eaton Vance Large-Cap Value Fund	10,873	N/A	213,422
* Pioneer Strategic Income Fund	26,998	N/A	348,978
Total Investments			$ 1,396,802

* Indicates a party-in-interest to the Plan.

N/A - Not available, see independent auditors' report.

See notes to financial statements and accompanying independent auditors' report.

Form 5500, Box D – DFVC FILING

Plan Name: PRL Glass Systems, Inc. Cash Balance Pension Plan

EIN: 33-0371201

Plan #: 001

This plan is being filed under the DFVC Program.

SCHEDULE B (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500-EZ if applicable.**

▶ **See separate instructions.**

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2007 or fiscal plan year beginning 01/01/2007 , and ending 12/31/2007 ,

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PRL GLASS SYSTEMS, INC. CASH BALANCE PENSION PLA

B Three-digit plan number ... ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
PRL GLASS SYSTEMS, INC.

D Employer Identification Number
33-0371201

E Type of plan: (1) [ ] Multiemployer (2) [X] Single-employer (3) [ ] Multiple-employer

F [ ] 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2007

b Assets:

(1) Current value of assets	b(1)	1347079
(2) Actuarial value of assets for funding standard account	b(2)	1347079
c (1) Accrued liability for plans using immediate gain methods	c(1)	1362124
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE Joseph D Sintov
Signature of actuary

Date

JOSEPH D. SINTOV, FSA
Type or print name of actuary

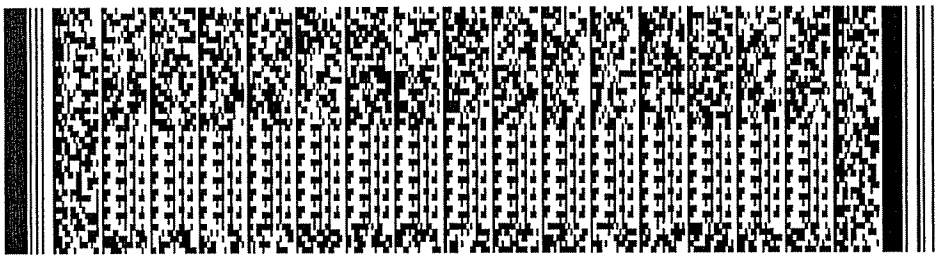
G 08-02658
Most recent enrollment number

LOUIS KRAVITZ & ASSOCIATES, INC.
Firm name

818-995-6100
Telephone number (including area code)

15760 VENTURA BOULEVARD, SUITE 910
ENCINO CA 91436-3017
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions. [ ]



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1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	1419577
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	221279
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	0

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions) — 2a: 1347079

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	0	0	0
(2) For terminated vested participants	85	304854	304854
(3) For active participants	222	1078331	1114723
(4) Total	307	1383185	1419577

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage — 2c: %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
05/16/2008	33665				
05/28/2008	33665				
05/30/2008	33665				
06/16/2008	33665				
06/16/2008	33665				
06/19/2008	33665				
06/27/2008	33665				
07/07/2008	33643				
			3 Totals ▶ (b)	269298	(c) 0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) — 4a: 98.5 %

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

0 8 0 7 3 2 0 2 0 M

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5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit)

d ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium

g ☐ Individual aggregate **h** ☐ Other (specify) ▶

i Has a change been made in funding method for this plan year? ☐ Yes ☒ No

j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No

k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	5.78 %		☐ N/A
b Weighted average retirement age	6b	59		☐ N/A
		Pre-retirement	Post-retirement	
c Rates specified in insurance or annuity contracts	6c	☐ Yes ☒ No	☐ Yes ☒ No	☐ N/A
d Mortality table code for valuation purposes:				
(1) Males	d(1)	0	A	
(2) Females	d(2)	0	A	
e Valuation liability interest rate	6e	6.00 %	6.00 %	☐ N/A
f Expense loading	6f	0.0 %	0.0 %	☐ N/A
		Male	Female	
g Annual withdrawal rates:		Rate Code	Rate Code	
(1) Age 25	g(1)	U 0.00 %	U 0.00 %	
(2) Age 40	g(2)	U 0.00 %	U 0.00 %	
(3) Age 55	g(3)	U 0.00 %	U 0.00 %	
h Salary scale	6h	0.00 %	0.00 %	☐ N/A
i Estimated investment return on actuarial value of assets for year ending on the valuation date	6i	5.8 %		
j Estimated investment return on current value of assets for year ending on the valuation date	6j	5.8 %		

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	-22466	-5031
3	4353	298

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year

0 8 0 7 3 2 0 3 0 N

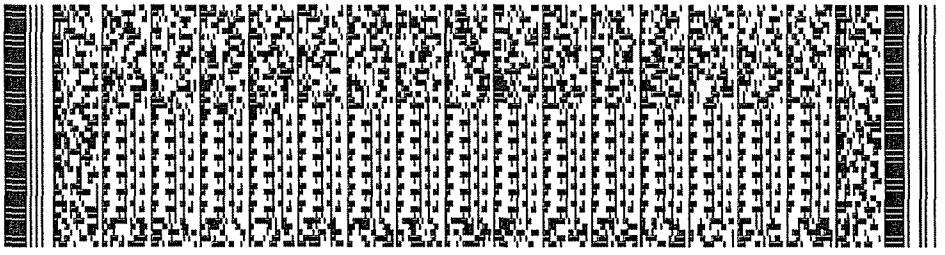
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8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

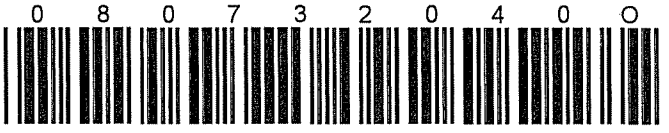
c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule . . . . . ☒ Yes ☐ No

9	Funding standard account statement for this plan year:			
	Charges to funding standard account:			
a	Prior year funding deficiency, if any		9a	0
b	Employer's normal cost for plan year as of valuation date		9b	210094
c	Amortization charges as of valuation date:	Outstanding Balance		
	(1) All bases except funding waivers ▶	($ 37511)	c(1)	11213
	(2) Funding waivers ▶	($ 0)	c(2)	0
d	Interest as applicable on lines 9a, 9b, and 9c		9d	13278
e	Additional interest charge due to late quarterly contributions, if applicable		9e	9589
f	Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A		9f	0
g	Total charges. Add lines 9a through 9f		9g	244174
	Credits to funding standard account:			
h	Prior year credit balance, if any		9h	0
i	Employer contributions. Total from column (b) of line 3		9i	269298
		Outstanding Balance		
j	Amortization credits as of valuation date ▶	($ 22466)	9j	5031
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k	301
l	Full funding limitation (FFL) and credits			
	(1) ERISA FFL (accrued liability FFL)	l(1) 238647		
	(2) "RPA '94" override (90% current liability FFL)	l(2) 134223		
	(3) FFL credit		l(3)	194
m	(1) Waived funding deficiency		m(1)	0
	(2) Other credits		m(2)	0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		9n	274824
o	Credit balance: If line 9n is greater than line 9g, enter the difference		9o	30650
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p	0
	Reconciliation account:			
q	Current year's accumulated reconciliation account:			
	(1) Due to additional funding charges as of the beginning of the plan year	q(1) 0		
	(2) Due to additional interest charges as of the beginning of the plan year	q(2) 0		
	(3) Due to waived funding deficiencies:			
	(a) Reconciliation outstanding balance as of valuation date	q(3)(a) 0		
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b) 0		
	(4) Total as of valuation date ▶		q(4)	0
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable		10	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions . . . . . ☒ Yes ☐ No



0 8 0 7 3 2 0 4 0 0



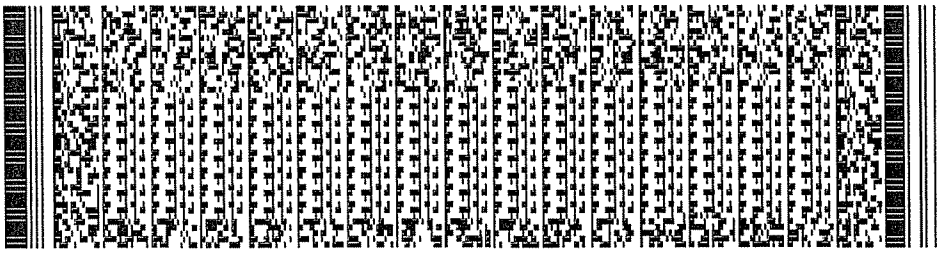
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Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a	Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12q and enter -0-. If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0-. Otherwise, go to line 12b	12a	94.9 %
b	"RPA '94" current liability. Enter line 1d(2)(a)	12b	
c	Adjusted value of assets (see instructions)	12c	
d	Funded current liability percentage. Divide line 12c by 12b and multiply by 100	12d	%
e	Unfunded current liability. Subtract line 12c from line 12b	12e	
f	Liability attributable to any unpredictable contingent event benefit	12f	
g	Outstanding balance of unfunded old liability	12g	
h	Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative	12h	
i	Unfunded new liability amount (_____ % of line 12h)	12i	
j	Unfunded old liability amount	12j	
k	Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b)	12k	
l	Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero	12l	
m	Unpredictable contingent event amount:		
	(1) Benefits paid during year attributable to unpredictable contingent event	m(1)	
	(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100%	m(2)	%
	(3) Enter the product of lines 12m(1) and 12m(2)	m(3)	
	(4) Amortization of all unpredictable contingent event liabilities	m(4)	
	(5) "RPA '94" additional amount (see instructions)	m(5)	
	(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5)	m(6)	
n	Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest	12n	
o	Contributions needed to increase current liability percentage to 100% (see instructions)	12o	
p	Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o	12p	
q	Adjusted additional funding charge. (.0 % of line 12p)	12q	0



0 8 0 7 3 2 0 5 0 P



from EXHIBIT III

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN
EIN 33-0371201 Plan Number 001

Schedule B, line 6 -- Statement of Actuarial Assumptions/Methods

Valuation Date	First day of the plan year.
Actuarial Method	Unit credit
Actuarial Assumptions	
- Interest Rate	
-- Pre-Retirement	6.00% per annum, compounded annually.
-- Post-Retirement	6.00% per annum, compounded annually.
-- RPA '94 Current Liability	5.78% per annum, compounded annually *(Changed from 5.77% to 5.78%)*

*Current Liability interest rates changed as a result of changes in the permissible range of interest rates under Code section 412.

-- Accumulation Rate (for account earnings and converting balances to annuities)	6.00% per annum compounded annually, for all future years. The prior year-end 30-year treasury rate (4.68%) is used for the current plan year. This rate and the 94 GAR mortality table are used to convert balances to annuities.
- Experience - Active Employees	
-- Retirement	Normal Retirement Age.
-- Death	None.
-- Other Separation	None.
-- Earnings Progression	None.

- Retired Mortality	
-- Funding / Conversion to Annuities	1994 Group Annuity Reserving (94 GAR) unisex table projected to 2002
-- RPA '94 Current Liability	RP-2000 combined Mortality tables for males and females. (changed from 1983 GAM male and female tables)
- Form of Payment	Normal form.
- Expense Loading	None.
- Asset Valuation Basis	Market Value.

from EXHIBIT IV

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN
EIN 33-0371201 Plan Number 001

Schedule B, line 6 -- Summary of Plan Provisions

Effective Date	September 1, 2001 as amended through October 2, 2007.
Definitions	
- Plan Year	January 1 through December 31
- Compensation	Total compensation paid during Plan Year.
- Years of Service	Service for eligibility and benefits based upon entire period of service. Service for vesting based upon period of service since the effective date of the plan. The 1,000 hours of service method is used in measuring this service.
- Accrued Pension	Actuarial equivalent of the balance of the Participant's Accumulation Account as of Valuation Date projected to his Normal Retirement Date.
- Actuarial Equivalence	Based on the 30-year Treasury interest rate for the month preceding the first day of the plan year and mortality in accordance with the 1994 Group Annuity Reserving table projected to 2002.
- Accumulation Account	Hypothetical account established for each participant. Each plan year, the account is credited with participant's hypothetical contribution in accordance with the plan. Account accumulates guaranteed earnings based on 30-year Treasury securities interest rate in effect for the month preceding the first day of the plan year.
- Hypothetical Contribution	Contribution formula varies by participant. The minimum annual contribution for eligible participants is $250.

	Contribution amounts this year range from 0.23% to 29.87% of prior year compensation.
Eligibility	Employees become eligible on the attainment of age 21 and the completion of one year of service and enter the plan on the January 1 or July 1 following their completion of the eligibility requirements.
Normal Retirement	
- Age	The first day of the month coinciding with or immediately following the participant's 59th birthday, or the date he completes five Years of Service, if later.
- Annual Pension	The participant's Accrued Benefit determined as of his Normal Retirement Date based on the actuarial equivalent value of the Accumulation Account.
- Payment of Pensions	Straight life annuity for single employees. Reduced Joint and 50% Survivor annuity for married employees. Optional forms o benefits include single sum and annuities.
Early Retirement Benefit	Same as Severance Benefit.
Late Retirement Benefit	Actuarial equivalent of Accumulation Account as of the participant's late retirement date.
Disability Benefit	Actuarial equivalent value of accrued pension.
Severance Benefit	Accrued pension times vested percentage. The vested percentage is 20% after 2 years of service increasing 20% per year thereafter until 100% vested after 6 years of service.
Death Benefit Before Retirement	
- Active Participants	Actuarial equivalent value of accrued pension.
- Former Participants	100% of the value of the vested deferred pension.

Top-Heavy Provisions	
- Minimum Benefit	Contribution of 5% of total compensation to be provided under the PRL Glass Systems, Inc. Profit Sharing Plan.
Voluntary Contributions	Not permitted.
Rollover Contributions	Not permitted.
Loans to Participants	Not permitted.

ATTACHMENT TO 2007 SCHEDULE B (FORM 5500)

PRL Glass Systems, Inc. Cash Balance Pension Plan
EIN/PN: 33-0371201 / 001

Line 8c - Schedule of Active Participant Data

	YEARS OF CREDITED SERVICE																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
Attained Age	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	Total	
Under 25			33		7																**40**	
25 to 29			30		24																**54**	
30 to 34			24		23																**47**	
35 to 39			15		9																**24**	
40 to 44			14		7																**21**	
45 to 49			10		9																**19**	
50 to 54			6		5																**11**	
55 to 59			3		2																**5**	
60 to 64					1																**1**	
65 to 69																						
70 & up																						
Total			**135**		**87**																**222**	

PRL GLASS SYSTEMS, INC.
CASH BALANCE PENSION PLAN
EIN 33-0371201 Plan Number 001

Schedule B, line 9c and 9j -- Schedule of Funding Standard Account Bases

(1)	(2)	(3)	(4)	(5)	(6)
Date Estab.	Source	Original Balance	Amort Period Years	Minimum Amort. Payment (BOY)	Unamortized Balance as of 01/01/2007
01/01/2005	Experience loss	36,863	5	8,256	23,391
01/01/2006	Experience loss	11,873	5	2,659	9,767
01/01/2007	Amendment chg	4,353	30	298	4,353
01/01/2007	Experience (gain)	(22,466)	5	(5,031)	(22,466)
	Total Charges			11,213	37,511
	Total Credits			(5,031)	(22,466)
	Net			6,182	15,045

Official Use Only

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 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).

▶ **File as an Attachment to Form 5500.**

OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

For calendar year 2007 or fiscal plan year beginning 01/01/2007 , and ending 12/31/2007 ,

A Name of plan
PRL GLASS SYSTEMS, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRL GLASS SYSTEMS, INC.

D Employer Identification Number
33-0371201

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 $ 0

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). 61-1447412

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 11

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(c)(8) or ERISA section 302(c)(8)? . . . . . ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 7.

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 . . . . . ▶ Month ____ Day ____ Year ____

If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year . . . . . 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 7 and 8 and complete line 9.

7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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

8 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(es). If no, check the "No" box. (See instructions.) . . . . . ☒ Increase ☐ Decrease ☐ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements . . . . ☒ the ratio percentage test ☐ average benefit test

2 2 0 7 3 2 0 1 0 H

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 01/01/2007 and ending 12/31/2007

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRL Glass Systems, Inc.
Cash Balance Pension Plan

1b Three-digit plan number (PN) ▶ 001

09/01/2001

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)
PRL Glass Systems, Inc.

251 Mason Way

City of Industry CA 91746-2330

2b Employer Identification Number (EIN)
33-0371201

2c Sponsor's telephone number
(626) 961-5890

2d Business code (see instructions)
327210

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	[signature]	4/16/2013	DAVID LANDEROS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	4/16/2013	DAVID LANDEROS
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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	**4b** EIN	
	4c PN	

5 Total number of participants at the beginning of the plan year	**5**	311
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**	269
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	77
d Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	346
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	346
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1C 1G

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)