For	m 5500-SF	of Small Employ	OMB Nos. 121 121							
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	nd 4065 of the Employee	Э	2012					
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F	ctions 6057(b) and 6058		s Open to Public					
Pension Be	nefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	ctions to the Form 5500	)-SF.	Ins	pection			
Part I		entification Information								
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012				
A This ret	urn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan			
B This ret	urn/report is:	the first return/report the	ne final return/report							
		an amended return/report	short plan year returr	n/report (less than 12 mo	eport (less than 12 months)					
C Check b	box if filing under:	Form 5558	utomatic extension			DFVC progra	im			
		special extension (enter description)								
Part II	Basic Plan Inform	nation—enter all requested informati	on							
1a Name					1b	Three-digit plan number				
BEST GLAS	S COMPANY, INC. PRO	FIT SHARING PLAN				(PN)	001			
					1c	Effective date or	f plan			
						01/01/	•			
	oonsor's name and address COMPANY, INC.	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 63-06				
215 N. BAIN	BRIDGE ST.				2c	Sponsor's telep 334-26	hone number 5-8261			
MONTGOM	ERY, AL 36102-2499				2d	Business code (see instructions) 238900				
3a Plan a	dministrator's name and	address 🗙 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN				
		lan sponsor has changed since the las er from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN				
<b>a</b> Sponse					<b>4c</b> PN					
5a Total r	number of participants at	the beginning of the plan year			· 5a 2					
<b>b</b> Total r	number of participants at	the end of the plan year			5b	5b 2				
	· ·	count balances as of the end of the pla	<b>,</b> ,		5c		21			
_		uring the plan year invested in eligible					X Yes No			
<b>b</b> Are yo	ou claiming a waiver of th	e annual examination and report of an See instructions on waiver eligibility an	independent qualifie	d public accountant (IQF	PA)		X Yes No			
		er line 6a or line 6b, the plan cannot	,							
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.				
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.								
SIGN	Filed with authorized/va	lid electronic signature.	07/08/2013	STEVEN J. DUNN						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	gning as plan adn	ninistrator			
SIGN	Filed with authorized/va	lid electronic signature.	07/08/2013	STEVEN J. DUNN						
HERE	Signature of employe		Date		dual signing as employer or plan sponsor					
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)			

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	. 7a	115056	1			1202846
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	. 7c	115056	1			1202846
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total
а	Contributions received or receivable from:	0-(4)					
	(1) Employers	. 8a(1)					
	<ul><li>(2) Participants</li><li>(3) Others (including rollovers)</li></ul>	8a(2) 8a(3)					
b	Other income (loss)	. 8b	6033	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0000	-			60334
	Benefits paid (including direct rollovers and insurance premiums						00004
	to provide benefits)	. 8d	208	4			
	Certain deemed and/or corrective distributions (see instructions)	. 8e			_		
f	Administrative service providers (salaries, fees, commissions)	. 8f					
<u> </u>	Other expenses	. 8g	596	5			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8049
<u></u>	Net income (loss) (subtract line 8h from line 8c)	. 8i			_		52285
1	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	. 8j					
b Par	2E       2G       2R       3D         If the plan provides welfare benefits, enter the applicable welfare for         t       V       Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
10	During the plan year:				Yes	No	Amount
a				10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefit	ts under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	d.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	••••••••••••		10h		x	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>11a</u>	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requirement	ts of section 412 of the Code	e or se	ection 3	302 of I	ERISA? 🛛 Yes 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	e MB (Form			<u> </u>	12b	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

				······································				
Depa	rm 5500-SF	Short Form Annual F	Return/Report Benefit Plan	of Small Employe	e 	OMB Nos.	1210-0110 1210-0089	
Inte	rnal Revenue Service	This form is required to be	filed under sections 104 a	and 4065 of the Employee		2012		
C	epartment of Labor	Retirement Income Security Act						
Employee B	enefits Security Administration	· · ·	mal Revenue Code (the (					
Pension I	Benefit Guaranty Corporation		Indi Nevenue Code (ine i	50ue).	This Fo	orm is Open	to Public	
	Scheme Guaranty Corporation	Complete all entries in according	rdance with the inst	ructions to the Form 5500-SI	=	Inspectior	ו	
Dent	Annual Daman	-						
Part I		t Identification Information						
		scal plan year beginning		d ending	_			
A This r	eturn/report is for:	🗴 a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-	participant p	lan	
<b>B</b> This r	eturn/report is:	the first return/report	the final return/repor	t				
		an amended return/report	a short plan year ret	urn/report (less than 12 month	s)			
C Check	box if filing under:	Form 5558	automatic extension	Г	-	program		
		special extension (enter descripti		L				
Part II	Basic Plan Inf	ormation—enter all requested in						
		officiation enter an requested in			1b	Thursday all all and a		
	ne of plan					Three-digit pla		
BE	ST GLASS COMPA	ANY, INC. PROFIT SHAR	ING PLAN			number (PN)		
					1c	Effective d	•	
						01/01/1	.999	
2a Plar	sponsor's name and a	address; include room or suite numb	er (employer, if for a	single-employer plan)	2b	Employer Iden	tification No.	
	r glass compan					(EIN) 63-0	0620769	
		,			2c	Sponsor's tele	phone number	
215	N. BAINBRIDGE	с СП				334-265		
215	N. DAINDRIDGE	. 51.			24			
		AL 36102-2499			2d	Business code	(see instr.)	
MON	IGOMERY	AL 36102-2499						
						238900		
<b>3a</b> Plar	n administrator's name	and address X Same as Plan Spo	nsor Name 🔄 Sam	e as Plan Sponsor Address	3b	Administra	tor's EIN	
					30	Administrat telephone		
4 If the	nome and/or EIN of the n	lan anongor has abanged since the last rat	urn/roport filed for this pla	an optor the name FIN	4b	EIN		
		lan sponsor has changed since the last ref	ummeport nieu tor triis pla	an, chich the fidilite, city,	40 40			
		ast return/report. a Sponsor's name				PN		
		s at the beginning of the plan year			<u>5a</u>		22	
		s at the end of the plan year				5b		
C Num	ber of participants with acc	ount balances as of the end of the plan ye	ear (defined benefit plans	do not complete this item)	<u> </u>		21	
6a Wei	re all of the plan's asse	ts during the plan year invested in e	eligible assets? (See i	nstructions.)		🗶 Ye	s 🗌 No	
<b>b</b> Are	you claiming a waiver	of the annual examination and repor	t of an independent q	ualified public accountant (IQP)	۹)			
und	er 29 CFR 2520.104-4	6? (See instructions on waiver eligib	ility and conditions.)			X Ye	s 🗌 No	
lf ye	ou answered "No" to	either line 6a or line 6b, the plan o	cannot use Form 55	00-SF and must instead use	Form 55	00.		
		or incomplete filing of this return						
		ther penalties set forth in the instruct					ble, a	
-		ompleted and signed by an enrolled						
	e and belief, it is true, o							
and the second	e and rener, it is true, t		6-28-13	STEVEN J. DUNN				
SIGN HERE	C	") Silusinintunton						
	Signature of plan a		Date	Enter name of individual sign	ing as pla	an administra	alor	
SIGN	- ACL	/	6-28-15	STEVEN J. DUNN		- 14		
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individual sign	ing as en	nployer or pla	an sponsor	
Preparer's	name (including firm r	name, if applicable) and address; inc	dude room or suite nu	umber (optional) Prepare	er's telepl	none numbe	r (optional)	
					-			
Eor Door	work Doduction Act Not	ice and OMB Control Numbers, see th	a instructions for F	- 5500.05		F	00-SF (2012)	
	WORK REQUCTION ACTINOT	ice and civic control Numbers, see th	IE INSUICIONS TOF FOR	n pouu-ar.		Enrm 55	uusse (2012)	

BEST GLASS COMPANY, INC.

Form 5500-SF 2012

## 63-0620769

Page **2-**

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginni			(b)	) End		
a	Total plan assets	. 7a		1150	561		1	2028	346
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c		1150	561		1	.2028	346
8	Income, Expenses, and Transfers for this Plan Year		(a) Ar	nount			(b) T	otal	
а	Contributions received or receivable from:								
(1	I) Employers	. 8a(1)							
(2	2) Participants	8a(2)							
(3	3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		60,	334				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						60,3	334
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		2,	084				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		5,	965				
 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		······				8,6	049
i	Net income (loss) (subtract line 8h from line 8c)	8i						52,2	285
i	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the l	List of Pl	an Character	ristic (	Codes i	n the	instruc	ctions:	
	2E 2G 2R 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the Li	st of Pla	n Characteris	stic Co	odes in	the i	nstruct	ions:	
-									
Par	t V Compliance Questions								
10	During the plan year:			Yes	No		Amo	unt	
a	Was there a failure to transmit to the plan any participant contributions within the time period	od descr	ibed in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program		10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transac		ported						
~	on line 10a.)		1 4 64		x				
c	Was the plan covered by a fidelity bond?		10c	x				200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was ca								
••	or dishonesty?	·····	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insura	nce carri							
•	insurance service or other organization that provides some or all of the benefits under the								
	instructions.)		10e		x				
f	Has the plan failed to provide any benefit when due under the plan?		100		x				
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29			[					
	2520.101-3.)		10h		x				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one								
•	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i						
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instr	ructions :	and complete	Sch	edule S	B			
••	Form 5500) and line 11a below)						∏ Y∈	s X	No
11a	Enter the amount from Schedule SB line 39			<u></u>	11a	<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code			 \?	1		Υe	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	. 51 00000							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan	vear se	e instructions	s and	enter	the dr	ate of t	he lett	er rulin
a	granting the waiver.				)ay		ear		2. runny
If ,	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s			U	uy		501		·
<u> </u>	Enter the minimum required contribution for this plan year				12b				
U									