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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMPOSITES HORIZONS INC, PROFIT SHARING & SALARY REDUCTION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1988

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

COMPOSITES HORIZONS INC.

1471 INDUSTRIAL PARK STREET
COVINA, CA 91722

2b Employer Identification Number (EIN)
95-3633752

2c Sponsor's telephone number
626-331-0861

2d Business code (see instructions)
325200

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.	10/11/2013	JEFFREY T HYNES
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

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**	143
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**	125
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	148
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	148
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	115
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 Characteristics Codes in the instructions:
2E 2J 2K 2G 2F 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] 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)** [ ] **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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
COMPOSITES HORIZONS INC, PROFIT SHARING & SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMPOSITES HORIZONS INC.

D Employer Identification Number (EIN)
95-3633752

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

ING INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	PH3768	115	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
9971	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WELLS FARGO ADVISORS INS AGCY LLC D
P.O. BOX 2700
WORCHESTER, ME 01613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2973	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WELLS FARGO ADVISORS FINL NETW
ATTN COMMISSIONS WS1142
10750 CAPITOL ONE WAY
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
-739	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WELLS FARGO INSURANCE SERV INVEST

19TH FLOOR MAIL CODE NC1396
301 S. COLLEGE ST
CHARLOTTE, NC 28202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6998	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1085059
5	Current value of plan's interest under this contract in separate accounts at year end	5	1450139

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	932695
c	Additions: (1) Contributions deposited during the year	7c(1)	292835		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	29936		
	(4) Transferred from separate account	7c(4)	43546		
	(5) Other (specify below)	7c(5)	40400		
	▶ LOAN RE-PYMTS, POS VAL ADJ				
	(6) Total additions			7c(6)	406717
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1339412
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	31713		
	(2) Administration charge made by carrier	7e(2)	250		
	(3) Transferred to separate account	7e(3)	208329		
	(4) Other (specify below)	7e(4)	14061		
	▶ LOAN DISBURSEMENTS, NEG VAL ADJ				
	(5) Total deductions			7e(5)	254353
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1085059

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
COMPOSITES HORIZONS INC, PROFIT SHARING & SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMPOSITES HORIZONS INC.

D Employer Identification Number (EIN)
95-3633752

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).. . . . . [X] 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

ING LIFE INSURANCE & ANNUITY CO

71-0294708

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

ING MUTUAL FUNDS

95-4516049

(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)

ING LIFE INS & ANNUITY CO

71-0294708

(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?
60 64 66	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	23059	Yes [ ] No [X]

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

ING MUTUAL FUNDS

(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?
29 52	INVESTMENT PRODUCT PROVID	0	Yes [X] No [ ]	Yes [ ] No [X]	6428	Yes [ ] No [X]

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

WELLS FARGO INSURANCE SERVICES INVE

11-1223333

(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?
26 27 29 49 70 99	INSURANCE AGENT FINL ADVI	0	Yes [X] No [ ]	Yes [ ] No [X]	9232	Yes [ ] No [X]

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
ING LIFE INSURANCE AND ANNUITY CO	60 66	1305

(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.
FIDELITY VIP EQTY INCOME PORT I 04-2940581	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1851

(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.
FIDELITY VIP GROWTH PORTFOLIO I 04-2940579	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INS & ANNUITY CO	64	5794

(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.
ING FIXED ACCOUNT 71-0294708	RECORD-KEEPING FEES

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
ING LIFE INS & ANNUITY CO	60 66	3100

(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.
ING GROWTH AND INCOME PORT I 06-0912550	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE & ANNUITY CO	60 66	1548

(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.
ING INTERMEDIATE BOND PORT I 06-0891902	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE & ANNUITY CO	60 66	1122

(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.
ING MONEY MARKET PORT I 06-0920532	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE & ANNUITY CO	60 66	1190

(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.
ING OPPENHMR GLOBAL PORT I 75-3023503	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE & ANNUITY CO	60 66	4181

(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.
ING TROWE PRICE DIVR MDCP GR PT I 52-2354156	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	1514

(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.
ING GROWTH AND INCOME PORT I 06-0912550	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

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
ING MUTUAL FUNDS	28 52	2142

(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.
ING TROWE PRICE DIVR MDCP PT I 52-2354156	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE & ANNUITY CO.	60 64 66	23059

(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.
SEE ATTACHMENT	SEE ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52	6428

(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.
SEE ATTACHMENT	SEE ATTACHMENT

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
COMPOSITES HORIZONS INC, PROFIT SHARING & SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COMPOSITES HORIZONS INC.

D Employer Identification Number (EIN)
95-3633752

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-001	P	1450139

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
COMPOSITES HORIZONS INC, PROFIT SHARING & SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMPOSITES HORIZONS INC.

D Employer Identification Number (EIN)
95-3633752

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	265	1977
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2969
(2) Participant contributions	1b(2)	7354	8707
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	48778	32378
(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)	2066866	1448162
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		1085059
(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	2123263	2579252
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	89	
k Total liabilities (add all amounts in lines 1g through1j)	1k	89	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2123174	2579252

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)	81604	
(B) Participants	2a(1)(B)	215554	
(C) Others (including rollovers)	2a(1)(C)	12671	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		309829
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)	1858	
(F) Other	2b(1)(F)	29936	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31794
(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)		
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		150920
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		492543
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35165	
(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)		35165
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)	1300	
(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)		1300
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36465
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		456078
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: KHO & PATEL, CPAS **(2)** EIN: 33-0381007

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
COMPOSITES HORIZONS INC, PROFIT SHARING & SALARY REDUCTION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMPOSITES HORIZONS INC.

D Employer Identification Number (EIN)
95-3633752

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):

EIN(s): 71-0294708 95-7006868

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

COMPOSITES HORIZONS, INC.
PROFIT SHARING & SALARY REDUCTION PLAN
FINANCIAL STATEMENTS
December 31, 2012 and December 31, 2011
SUPPLEMENTAL INFORMATION
December 31, 2012

COMPOSITES HORIZONS, INC.
PROFIT SHARING & SALARY REDUCTION PLAN
December 31, 2012 and December 31, 2011

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Composites Horizons, Inc.
Profit Sharing & Salary Reduction Plan
1471 Industrial Park Street
Covina, CA 91722-3499

We were engaged to audit the financial statements of the Composites Horizons, Inc., Profit Sharing & Salary Reduction Plan as of December 31, 2012 and December 31, 2011 and for the year ended December 31, 2012, and the supplemental schedule as of and for the year ended December 31, 2012 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 D, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian, as of and for the years ended December 31, 2012 and December 31, 2011, that the information provided to the Plan administrator by the custodian is complete and accurate.

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 financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and are not a required part of the financial statements but 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 financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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.

KHO & PATEL

San Dimas, California
September 20, 2013

COMPOSITES HORIZONS, INC.
PROFIT SHARING & SALARY REDUCTION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and December 31, 2011

	2012	2011
ASSETS		
Investments at fair value *(Notes A, B, C, D and E):*		
Cash	$ 1,977	$ 265
Investment contract	1,085,059	932,695
Mutual funds	1,448,162	1,134,171
Total investments	2,535,198	2,067,131
Participants' notes receivable	32,378	48,778
Receivables*:*		
Employer contributions	2,969	0
Participant contributions	8,707	7,354
Total receivables	11,676	7,354
Total assets	2,579,252	2,123,263
LIABILITIES		
Excess contributions payable	0	89
Net assets reflecting investments at fair value	2,579,252	2,123,174
Adjustment from fair value for fully benefit-responsive investment contract	0	0
Net assets available for benefits	$ 2,579,252	$ 2,123,174

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

COMPOSITES HORIZONS, INC.
PROFIT SHARING & SALARY REDUCTION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2012

ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments:	$ 150,920	
Interest	29,936	
Dividends	0	
	180,856	
Less investment expenses	0	
		$ 180,856
Interest income on participants' notes receivable		1,858
		182,714
Contributions *(Note A):*		
Employers	81,604	
Participants'	215,554	
Others/rollovers	12,671	
Total contributions		309,829
Total additions		492,543
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	(35,165)	
Administrative expenses	(1,300)	
Total deductions		(36,465)
Net increase		456,078
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		2,123,174
End of year		$ 2,579,252

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

COMPOSITES HORIZONS, INC
PROFIT SHARING & SALARY REDUCTION PLAN
Notes to Financial Statements
December 31, 2012 and December 31, 2011

Note A - Description of the Plan

The following description of the Composites Horizons, Inc., Profit Sharing & Salary Reduction Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a contributory profit sharing plan for eligible employees of Composites Horizons, Inc. The Plan was originally established on January 1, 1988 by Composites Horizons, Inc. and was amended and restated effective January 1, 2010. The Plan's investments are held by ING Life Insurance and Annuity Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Participation

All employees of the Company who are age 20.5 or older and have completed 6 months of service, with respect to making salary reduction contributions, are generally eligible to participate in the Plan on the Plan Entry Date. The following classes of employees are not eligible; employees whose compensation and conditions of employment are established under a collective bargaining agreement; employees who are non-resident aliens who receive no earned income from services rendered within the United States; employees who are leased. The Plan Entry date is the first day of each Plan Year and the first day of the seventh month of each Plan Year following the date an employee satisfies the age and service requirements, thereby becoming an "Eligible Employee". All "Eligible Employees" shall receive (1) matching contributions, and (2) discretionary profit sharing contributions, with the latter being credited in accordance with allocation procedures set forth in the Plan.

Contributions

Eligible participants are allowed to make contributions from their pre-tax compensation. The Company may also make matching contributions of participants' pre-tax contribution up to 30% of such participant's pre-tax compensation. In addition, the Company may make discretionary profit sharing plan contributions in amounts as determined by its Board of Directors.

There were no profit sharing plan contributions made to the Plan by the Company during the years ended December 31, 2012 and 2011.

The maximum permissible amount that may be contributed to a participant's account each year shall not exceed the lesser of:

Note A - Description of the Plan (continued)

Contributions (concluded)

(1) The total of:

- The employee elective deferral, as prescribed by the Internal Revenue Code, currently at $17,000 for the year 2012, and $16,500 for the year 2011, plus
- The employee "catch-up" contribution for participants who are age 50 by the end of the Plan year, as prescribed by the Internal Revenue Code, currently at $5,500 for the years 2012 and 2011, plus
- Company matching contributions, plus
- Company discretionary profit sharing plan contributions, or

(2) The *Defined Contribution Dollar Limit* currently at $50,000 for the year 2012, and $49,000 for the year 2011.

(3) 100% of a participant's annual gross compensation (not exceeding $250,000) for the year 2012, and (not exceeding $245,000) for the year 2011.

Participants' Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms cannot extend beyond five years, unless used for the purchase of a primary residence. Specific rate of interest, security and repayment are determined at the time the loan is executed.

Investment Options

Under the ING Life Insurance and Annuity Company contract, upon enrollment in the Plan, a participant may direct employee contributions in % multiples or a fixed dollar amount among the guaranteed or separate pooled accounts.

Except for participants' notes receivable, the Plan's assets were invested and held by ING Life Insurance and Annuity Company, the custodian of the Plan. The custodian of the Plan invests all monies in guaranteed accounts and mutual accounts for the employee. The employee chooses from different types of investment securities offered and contributes periodically via payroll deductions.

Note A - Description of the Plan (concluded)

Participant Accounts & Vesting

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions portion of participant accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service. For purposes of vesting, employees will have completed a Year of Service if they have been credited with at least 1000 hours of Service.

Distributions to Participants

Upon termination for any reason, including total disability or death, a participant with vested benefits equal to or less than $5,000, will be distributed in a single lump-sum payment. A participant with vested benefits greater than $5,000 must consent to the distribution before it may be made. A participant's rollover account will not be considered as part of the benefit.

Forfeitures

Forfeitures may be used to reduce employer contributions. At December 31, 2012, forfeited non-vested accounts totaled $1,042. At December 31, 2011, forfeited non-vested accounts totaled $1,874.

Note B - Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan.

Date of Management's Review

Subsequent events were evaluated through September 20, 2013, which is the date the financial statements were available to be issued.

Note B - Summary of Significant Accounting Policies (continued)

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Note B - Summary of Significant Accounting Policies (concluded)

Operating Expenses

All significant expenses of maintaining the Plan are paid by the Company.

Note C – Investments

Significant Investments

The following investments, as of December 31, 2012 and 2011, represent more than 5% of the Plan's beginning of year net assets:

	2012	2011
Mutual Funds		
Artisan International Fund	$ 139,378	$ *
ING Growth and Income	$ 314,029	$ 217,312
ING Money Market	$ 112,022	$ 101,676
ING Intermediate Bond Portfolio	$ 151,802	$ 132,183
Fidelity VIP Growth	$ 125,092	$ 105,240
ING T. Rowe Price DV MC	$ 334,584	$ 236,359
Investment Contract		
ING Fixed Account	$ 1,085,059	$ 932,695

* Represents less than 5% of net assets

Net Appreciation/(Depreciation)

For the year ended December 31, 2012, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value as follows:

Fair value as determined by quoted market prices, or by the bank:	
Pooled accounts	$ 180,856
Net appreciation in fair value of investments	$ 180,856

Note D - Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule were obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	December 31, 2012	December 31, 2011
Investments at fair value:		
Cash	$ 1,977	$ 265
Investment contract	1,085,059	932,695
Mutual funds	1,448,162	1,134,171
Total investments	$ 2,535,198	$ 2,067,131

Note E – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Note E – Fair Value Measurements (continued)

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded. Level 1 inputs are quoted prices in active markets for identical assets that the plan has the ability to access at the measurement date (for example, prices derived from NYSE, NASDAQ and the Chicago Board of Trade). If a Level 1 input is available for a particular investment, it typically must be used to value that investment.

Level 2 Fair Value Measurements

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Observable inputs are those that reflect the assumptions market participants would use in pricing the asset developed on market data obtained from sources independent of the plan.

Level 3 Fair Value Measurements

Level 3 inputs are unobservable inputs for the asset or liability. Unobservable inputs are those that reflect the plan's own assumptions about the assumptions that market participants would use in pricing the asset, developed based on the best information available in the circumstances.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:		
2012	Fair Value	Level 1	Level 2	Level 3
Pooled accounts	$ 1,450,139	$ 1,450,139	$ 0	$ 0
Investment contract	1,085,059	0	0	1,085,059
Total	$ 2,535,198	$ 1,450,139	$ 0	$ 1,085,059

Note E – Fair Value Measurements (concluded)

2011	Fair Value	Level 1	Level 2	Level 3
Pooled accounts	$ 1,134,436	$ 1,134,436	$ 0	$ 0
Investment contract	932,695	0	0	932,695
Total	$ 2,067,131	$ 1,134,436	$ 0	$ 932,695

Fair Value Measurements Using Significant Unobservable Inputs (Level 3):

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the investment contract with insurance company for the years ended December 31, 2012 and 2011.

2012	Level 3
Beginning balance	$ 932,695
Total gains or losses included in changes in net assets available for benefits	29,936
Issuances and settlements	122,428
Ending balance	$ 1,085,059

2011	Level 3
Beginning balance	$ 742,013
Total gains or losses included in changes in net assets available for benefits	23,662
Issuances and settlements	167,020
Ending balance	$ 932,695

Unrealized gains (losses) included in changes in net assets available for benefits for the years ended December 31, 2012 and 2011, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2012 and 2011, there were no significant transfers into or out of Level 3.

Note F - Plan Termination

Although it has not expressed any intent to do so, 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. In the event of Plan termination, participants will become 100% vested in their accounts.

Note G - Tax Status

On March 31, 2008, the Internal Revenue Service issued a favorable opinion letter with respect to the qualified status of the Plan's prototype form under §401 of the Code. Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note H - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note I – Subsequent Event

Subsequent to December 31, 2012, AIP/Aerospace Holdings, LLC (the parent company of the plan sponsor) decided to consolidate all the individual plans of its subsidiaries into one plan. As of the last business day of 2013, the Composite Horizons, Inc. Profit Sharing & Salary Reduction Plan will be terminated. All plan assets from the Composite Horizons, Inc. Profit Sharing & Salary Reduction Plan will be transferred to the AIP/Aerospace Holdings, LLC Plan.

COMPOSITES HORIZONS, INC.
PROFIT SHARING & SALARY REDUCTION PLAN
SCHEDULE 1 - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
(FORM 5500, SCHEDULE H, LINE 4i)
December 31, 2012
EIN # 95-3633752 IRS Plan # 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Pooled Accounts				
	ING	Artisan International Fund	$ N/A	$ 139,378
	ING	Fidelity VIP Equity-Income	N/A	95,762
	ING	Fidelity VIP Growth	N/A	125,092
	ING	ING Fixed Account	N/A	1,085,059
	ING	ING Growth and Income	N/A	314,029
	ING	ING Intermediate Bond Portfolio	N/A	151,802
	ING	ING Large Cap Growth	N/A	73,941
	ING	ING Money Market	N/A	112,022
	ING	ING Russell Small Cap Index	N/A	5,376
	ING	ING T. Rowe Price DV MC	N/A	334,584
	ING	Janus Balanced Fund	N/A	98,153
	Total pooled accounts		$ N/A	$ 2,535,198
Participants' Notes Receivable				
	Other	1.0-8.0%	$ N/A	$ 32,378
	Total participants' notes receivable		$ N/A	$ 32,378
	Total assets held for investment purposes		$ N/A	$ 2,567,576

ING

Fee and Compensation Report
Form 5500 Schedule C
TRS OF COMPOSITES HORIZONS, INC. 401(K) PLAN
Plan # PH3768
01/01/2012- 12/31/2012

Indirect Compensation Received by Artisan Funds - EIN # 39-1811840

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Artisan International Fund Inv	39-1833241	28	$210.25		INVESTMENT MANAGEMENT
Artisan International Fund Inv	39-1833241	52	$65.56		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$275.81	
Total Indirect Comp Received:				$275.81	

Indirect Compensation Received by Fidelity Funds - EIN # 06-1194217

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Fidelity VIP Eqty-Income Port I	04-2940581	28	$410.91		INVESTMENT MANAGEMENT
Fidelity VIP Eqty-Income Port I	04-2940581	52	$89.29		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$500.20	
Fidelity VIP Growth Portfolio I	04-2940579	28	$710.11		INVESTMENT MANAGEMENT
Fidelity VIP Growth Portfolio I	04-2940579	52	$130.89		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$841.00	
Total Indirect Comp Received:				$1,341.20	

ING

Fee and Compensation Report
Form 5500 Schedule C
TRS OF COMPOSITES HORIZONS, INC. 401(K) PLAN
Plan # PH3768
01/01/2012- 12/31/2012

Indirect Compensation Received by ING Financial Advisers - EIN # 06-1375177

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Janus Balanced Fund S	84-1202874	63	$40.46		12B-1 DISTRIBUTION FEES
Sub-Total Source				**$40.46**	
Total Indirect Comp Received:				***$40.46***	

Indirect Compensation Received by ING Life Insurance and Annuity Company - EIN # 71-0294708

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Artisan International Fund Inv	39-1833241	60	$79.13		SUB-TRANSFER/REIMBURSEMENT FEES
Artisan International Fund Inv	39-1833241	66	$248.69		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				**$327.82**	
Fidelity VIP Eqty-Income Port I	04-2940581	60	$187.56		SUB-TRANSFER/REIMBURSEMENT FEES
Fidelity VIP Eqty-Income Port I	04-2940581	66	$1,116.74		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				**$1,304.30**	
Fidelity VIP Growth Portfolio I	04-2940579	60	$266.26		SUB-TRANSFER/REIMBURSEMENT FEES
Fidelity VIP Growth Portfolio I	04-2940579	66	$1,585.12		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				**$1,851.38**	
ING Balanced Portfolio I	25-1599480	60	$134.36		SUB-TRANSFER/REIMBURSEMENT FEES
ING Balanced Portfolio I	25-1599480	66	$403.19		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				**$537.55**	
ING BlackRock Lrg Cp Grw Port Inst	02-0558346	60	$92.91		SUB-TRANSFER/REIMBURSEMENT FEES
ING BlackRock Lrg Cp Grw Port Inst	02-0558346	66	$369.13		INSURANCE MORTALITY AND EXPENSE CHARGE

ING

Fee and Compensation Report
Form 5500 Schedule C
TRS OF COMPOSITES HORIZONS, INC. 401(K) PLAN
Plan # PH3768
01/01/2012- 12/31/2012

Indirect Compensation Received by ING Life Insurance and Annuity Company - EIN # 71-0294708 (Contin

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				$462.04	
ING Fixed Account	71-0294708	64	$5,793.60		RECORD-KEEPING FEES
Sub-Total Source				$5,793.60	
ING Growth and Income Port I	06-0912550	60	$775.00		SUB-TRANSFER/REIMBURSEMENT FEES
ING Growth and Income Port I	06-0912550	66	$2,325.12		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$3,100.12	
ING Intermediate Bond Port I	06-0891902	60	$245.86		SUB-TRANSFER/REIMBURSEMENT FEES
ING Intermediate Bond Port I	06-0891902	66	$1,302.00		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$1,547.86	
ING Large Cap Growth Portfolio Inst	20-0573935	60	$96.81		SUB-TRANSFER/REIMBURSEMENT FEES
ING Large Cap Growth Portfolio Inst	20-0573935	66	$355.09		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$451.90	
ING Money Market Portfolio I	06-0920532	60	$178.29		SUB-TRANSFER/REIMBURSEMENT FEES
ING Money Market Portfolio I	06-0920532	66	$944.18		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$1,122.47	
ING Oppenhmr Global Port I	75-3023503	60	$260.87		SUB-TRANSFER/REIMBURSEMENT FEES
ING Oppenhmr Global Port I	75-3023503	66	$928.80		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$1,189.67	
ING Russell Sm Cp Index Port I	26-1751874	60	$2.59		SUB-TRANSFER/REIMBURSEMENT FEES
ING Russell Sm Cp Index Port I	26-1751874	66	$7.78		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$10.37	
ING Strategic Alloc Growth Port I	06-1417419	60	$45.85		SUB-TRANSFER/REIMBURSEMENT FEES
ING Strategic Alloc Growth Port I	06-1417419	66	$172.06		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$217.91	
ING Strategic Alloc Moderate Port I	06-1417422	60	$21.16		SUB-TRANSFER/REIMBURSEMENT FEES
ING Strategic Alloc Moderate Port I	06-1417422	66	$79.46		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$100.62	
ING TRowePrice Divr MdCp Gr Pt I	52-2354156	60	$916.94		SUB-TRANSFER/REIMBURSEMENT FEES
ING TRowePrice Divr MdCp Gr Pt I	52-2354156	66	$3,264.36		INSURANCE MORTALITY AND EXPENSE CHARGE

ING

Fee and Compensation Report
Form 5500 Schedule C
TRS OF COMPOSITES HORIZONS, INC. 401(K) PLAN
Plan # PH3768
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Indirect Compensation Received by ING Life Insurance and Annuity Company - EIN # 71-0294708 *(Contin*

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				$4,181.30	
ING Templeton Foreign Eqty Port I	20-3606522	60	$39.49		SUB-TRANSFER/REIMBURSEMENT FEES
ING Templeton Foreign Eqty Port I	20-3606522	66	$140.71		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$180.20	
Invesco V.I. Core Equity Fund SI	76-0343427	60	$85.38		SUB-TRANSFER/REIMBURSEMENT FEES
Invesco V.I. Core Equity Fund SI	76-0343427	66	$375.78		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$461.16	
Janus Balanced Fund S	84-1202874	60	$40.46		SUB-TRANSFER/REIMBURSEMENT FEES
Janus Balanced Fund S	84-1202874	66	$178.06		INSURANCE MORTALITY AND EXPENSE CHARGE
Sub-Total Source				$218.52	
Total Indirect Comp Received:				*$23,058.79*	

Indirect Compensation Received by ING Mutual Funds - EIN # 95-4516049

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
ING Balanced Portfolio I	25-1599480	28	$223.98		INVESTMENT MANAGEMENT
ING Balanced Portfolio I	25-1599480	52	$70.90		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$294.88	
ING BlackRock Lrg Cp Grw Port Inst	02-0558346	28	$268.44		INVESTMENT MANAGEMENT
ING BlackRock Lrg Cp Grw Port Inst	02-0558346	52	$3.31		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$271.75	
ING Growth and Income Port I	06-0912550	28	$1,291.71		INVESTMENT MANAGEMENT
ING Growth and Income Port I	06-0912550	52	$222.77		INVESTMENT MANAGEMENT FEES

ING

Fee and Compensation Report
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Indirect Compensation Received by ING Mutual Funds - EIN # 95-4516049

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				$1,514.48	
ING Intermediate Bond Port I	06-0891902	28	$578.63		INVESTMENT MANAGEMENT
ING Intermediate Bond Port I	06-0891902	52	$144.63		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$723.26	
ING Large Cap Growth Portfolio Inst	20-0573935	28	$149.23		INVESTMENT MANAGEMENT
ING Large Cap Growth Portfolio Inst	20-0573935	52	$44.37		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$193.60	
ING Money Market Portfolio I	06-0920532	28	$262.22		INVESTMENT MANAGEMENT
ING Money Market Portfolio I	06-0920532	52	$94.37		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$356.59	
ING Oppenhmr Global Port I	75-3023503	28	$506.58		INVESTMENT MANAGEMENT
ING Oppenhmr Global Port I	75-3023503	52	$96.90		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$603.48	
ING Russell Sm Cp Index Port I	26-1751874	28	$2.67		INVESTMENT MANAGEMENT
ING Russell Sm Cp Index Port I	26-1751874	52	$1.29		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$3.96	
ING Strategic Alloc Growth Port I	06-1417419	28	- $7.71		INVESTMENT MANAGEMENT
ING Strategic Alloc Growth Port I	06-1417419	52	$146.29		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$138.58	
ING Strategic Alloc Moderate Port I	06-1417422	28	- $3.59		INVESTMENT MANAGEMENT
ING Strategic Alloc Moderate Port I	06-1417422	52	$65.42		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$61.83	
ING TRowePrice Divr MdCp Gr Pt I	52-2354156	28	$1,838.21		INVESTMENT MANAGEMENT
ING TRowePrice Divr MdCp Gr Pt I	52-2354156	52	$303.42		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$2,141.63	
ING Templeton Foreign Eqty Port I	20-3606522	28	$101.03		INVESTMENT MANAGEMENT
ING Templeton Foreign Eqty Port I	20-3606522	52	$23.26		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$124.29	

ING

Fee and Compensation Report
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Indirect Compensation Received by ING Mutual Funds - EIN # 95-4516049

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Total Indirect Comp Received:				*$6,428.33*	

Indirect Compensation Received by Invesco Funds - EIN # 58-2287224

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Invesco V.I. Core Equity Fund SI	76-0343427	28	$208.37		INVESTMENT MANAGEMENT
Invesco V.I. Core Equity Fund SI	76-0343427	52	$95.62		INVESTMENT MANAGEMENT FEES
Sub-Total Source				$303.99	
Total Indirect Comp Received:				*$303.99*	

Indirect Compensation Received by Janus Funds - EIN # 43-1804048

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Janus Balanced Fund S	84-1202874	28	$89.02		INVESTMENT MANAGEMENT
Janus Balanced Fund S	84-1202874	52	$46.94		INVESTMENT MANAGEMENT FEES
Janus Balanced Fund S	84-1202874	63	$40.46		12B-1 DISTRIBUTION FEES
Sub-Total Source				$176.42	
Total Indirect Comp Received:				*$176.42*	

COMPOSITES HORIZONS, INC.
PROFIT SHARING & SALARY REDUCTION PLAN
SCHEDULE 1 - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
(FORM 5500, SCHEDULE H, LINE 4i)
December 31, 2012
EIN # 95-3633752 IRS Plan # 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost**	**Current value**
Pooled Accounts				
	ING	Artisan International Fund	$ N/A	$ 139,378
	ING	Fidelity VIP Equity-Income	N/A	95,762
	ING	Fidelity VIP Growth	N/A	125,092
	ING	ING Fixed Account	N/A	1,085,059
	ING	ING Growth and Income	N/A	314,029
	ING	ING Intermediate Bond Portfolio	N/A	151,802
	ING	ING Large Cap Growth	N/A	73,941
	ING	ING Money Market	N/A	112,022
	ING	ING Russell Small Cap Index	N/A	5,376
	ING	ING T. Rowe Price DV MC	N/A	334,584
	ING	Janus Balanced Fund	N/A	98,153
	Total pooled accounts		$ N/A	$ 2,535,198
Participants' Notes Receivable				
	Other	1.0-8.0%	$ N/A	$ 32,378
	Total participants' notes receivable		$ N/A	$ 32,378
	Total assets held for investment purposes		$ N/A	$ 2,567,576