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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1996

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

DIVERSIFIED GLASS SERVICES, INC.

715 SOUTH BLVD E
ROCHESTER HILLS, MI 48307

2b Employer Identification Number (EIN) 38-1487702

2c Sponsor's telephone number 248-829-3319

2d Business code (see instructions) 444120

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.	10/14/2013	ANNA LEWIS
	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**	155
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**	126
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	147
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	147
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	69
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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 2F 2K 2T

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
DIVERSIFIED GLASS SERVICES, INC. EMPLOYEES' 401(K) SAVINGS PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
38-1487702

Part I 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

ALERUS INVESTMENT ADVISORS

42-1378382

(b) Enter name and EIN or address of person who provided you disclosure 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)

ALERUS INVESTMENT ADVISORS

42-1378382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISORY	19185	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DIVERSIFIED GLASS SERVICES, INC.

D Employer Identification Number (EIN)
38-1487702

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: METLIFE STABLE VALUE INVESTMENTS

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY

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)
26-0142858-094	C	480191

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

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY

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)
20-5320546-069	C	0

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

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES

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)
20-5320445-066	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PENSIONTREND CONSERVATIVE GROWTH FU

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES

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)
20-5320488-067	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PENSIONTREND CONSERVATIVE INCOME FU

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES

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)
20-5320411-065	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PENSIONTREND MODERATE GROWTH FUND

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES

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)
20-5320517-068	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: ALERUS AGGRESSIVE GROWTH FUND

b Name of sponsor of entity listed in (a): ALERUS FINANCIAL, N.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)
45-0417057-009	C	6682

a Name of MTIA, CCT, PSA, or 103-12 IE: ALERUS CONSERVATIVE GROWTH FUND

b Name of sponsor of entity listed in (a): ALERUS FINANCIAL, N.A.

c EIN-PN 45-0417057-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4011

a Name of MTIA, CCT, PSA, or 103-12 IE: ALERUS CONSERVATIVE INCOME FUND

b Name of sponsor of entity listed in (a): ALERUS FINANCIAL, N.A.

c EIN-PN 45-0417057-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30

a Name of MTIA, CCT, PSA, or 103-12 IE: ALERUS MODERATE GROWTH FUND

b Name of sponsor of entity listed in (a): ALERUS FINANCIAL, N.A.

c EIN-PN 45-0417057-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59584

a Name of MTIA, CCT, PSA, or 103-12 IE: ALERUS MODERATE INCOME FUND

b Name of sponsor of entity listed in (a): ALERUS FINANCIAL, N.A.

c EIN-PN 45-0417057-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7043

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

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

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
38-1487702

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		8309
(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)	82252	78487
(9) Value of interest in common/collective trusts	1c(9)	517728	557541
(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)	1830334	1999300
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2430314	2643637
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2430314	2643637

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)	4279	
	(B) Participants	2a(1)(B)	125070	
	(C) Others (including rollovers)	2a(1)(C)	216570	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		345919
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)	3546	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3546
	(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)	80135	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		80135
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		16442
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		214650
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		660692
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	421283	
(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)		421283
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	22635	
(4) Other	2i(4)	3451	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26086
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		447369
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		213323
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CLAYTON & MCKERVEY, P.C. **(2)** EIN: 38-2383796

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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	X		

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
38-1487702

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 27-1228437 45-6062081

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):

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

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2012 AND 2011
AND FOR THE YEAR ENDED
DECEMBER 31, 2012

CONTENTS

	PAGE
INDEPENDENT AUDITOR'S REPORT	3 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 20
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	21
Schedule H, Line 4(j) - Schedule of Reportable Transactions	22

Clayton & McKervey P.C.
CPAs with global reach

INDEPENDENT AUDITOR'S REPORT

Retirement Committee
Diversified Glass Services, Inc.
Employees' 401(k) Savings Plan & Trust

Report on the Financial Statements
We have audited the accompanying financial statements of Diversified Glass Services, Inc. Employees' 401(k) Savings Plan & Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Retirement Committee
Diversified Glass Services, Inc.
Employees' 401(k) Savings Plan & Trust
October 11, 2013

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2012 and 2011, and the changes in net assets available for benefits for the year ended December 31, 2012 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) – Schedule of Reportable Transactions, together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

CLAYTON & McKERVEY, P.C.
Clayton & McKervey, P.C.
Southfield, Michigan
October 11, 2013

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31

ASSETS	2012	2011
Investments:		
Mutual funds	$ 1,999,300	$ 1,830,334
Collective investment funds	77,350	53,712
Stable value fund	480,191	464,016
Total investments	2,556,841	2,348,062
Participants contribution receivable	8,309	
Notes receivable from participants	78,487	82,252
Total assets at fair value	2,643,637	2,430,314
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(26,457)	(23,379)
Net assets	2,617,180	2,406,935
LIABILITIES		
Excess contributions payable	2,872	4,002
NET ASSETS AVAILABLE FOR BENEFITS	**$ 2,614,308**	**$ 2,402,933**

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

ADDITIONS

Additions to net assets attributed to:

Income:		
Net realized and unrealized appreciation in fair value of mutual funds	$ 214,650	
Net investment gain in stable value fund	7,696	
Net investment gain in collective investment funds	5,668	
Interest and dividends	83,681	
		$ 311,695
Contributions:		
Participant contributions	125,070	
Employer contributions	4,279	
Rollover contributions	216,570	
		345,919
Total additions		657,614

DEDUCTIONS

Deductions from net assets attributed to:

Distributions:		
Benefits paid to participants	411,633	
Deemed distributions	5,648	
Corrective distributions	2,872	
Administrative expenses	26,086	
Total deductions		446,239
Net increase		211,375

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	2,402,933
End of year	**$ 2,614,308**

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

NOTE A: DESCRIPTION OF PLAN

The following description of Diversified Glass Services, Inc. Employees' 401(k) Savings Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description.

General
The Plan was adopted effective April 1, 1996, and most recently amended effective January 1, 2008 for administrative purposes. The Plan is a defined contribution plan with a 401(k) elective deferral arrangement, which covers substantially all employees of Diversified Glass Services Inc., Henderson Glass Inc., and Great Lakes Claims Service (collectively the "Company" and "Plan Sponsor"), meeting the eligibility requirements discussed below. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"). Management of the Company is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

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

Contributions
Contributions to participant accounts are made by employees through tax-deferred salary deductions and by the Company from its earnings, at the discretion of management. Participants may voluntarily contribute up to 100% of their compensation, not to exceed Internal Revenue Code ("IRC") limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions as defined by the IRC. Participants may elect to change fund elections and transfer investment balances between funds on a daily basis and change contribution percentages quarterly. Employees may directly "rollover" their assets from a qualified plan at a previous employer and transfer the assets into their plan account. The Company elected not to make a discretionary matching or profit sharing contribution for the Plan years ended December 31, 2012 and 2011.

Participant Accounts
Each participant's account is credited with participant contributions, Company discretionary matching and profit sharing contributions, and any allocations of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A: DESCRIPTION OF PLAN, Continued

Investment Programs
Participant contributions are invested in accordance with the participant's election in one or more mutual funds, collective investment funds, or a stable value fund.

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

Years of Service	Vested Percentage
0-2	0%
3 or more	100%

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

Notes Receivable from Participants
Participants may borrow from the Plan an amount up to the lesser of one-half of their total vested account balance or $50,000. Principal and interest payments are made through payroll deductions over a term not to exceed five years, except for home purchase loans, which can be for terms consistent with normal mortgages. No home purchase loans were outstanding as of December 31, 2012 or 2011. Participant loans are secured by the balance in the participant's account and bear interest at a rate set by the plan administrator in accordance with local prevailing rates for similar types of loans.

Payment of Benefits
Distributions and withdrawals are allowed upon attaining early retirement age of 55, disability, death or termination of employment. Participants or their beneficiaries may elect to receive a lump-sum distribution of their total account balance, while still employed at the Company. If the participant is no longer employed at the Company, they may be subject to various force-out provisions depending on the participant's account balance upon the date of valuation after termination. Amounts allocated to accounts of persons who are terminated but have not yet elected to withdraw their balance totaled $477,027 and $842,356 for the years ended December 31, 2012 and 2011, respectively.

NOTE A: DESCRIPTION OF PLAN, Continued

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

Forfeitures
Forfeitures are first used to pay Plan expenses with any remaining amounts allocated to all participants eligible to share in the allocation of profit sharing contributions in the same proportion that each participant's compensation for the Plan year compares to the compensation of all participants for such year. There were no forfeiture account balances as of December 31, 2012 and 2011.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Use of Estimates
The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America periodically requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosures presented in the financial statements. Actual results could differ from those estimates.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Investment Valuation and Income Recognition
The Plan's investments, except for the stable value fund ("MetLife Stable Value Fund"), which is stated at contract value, are stated at fair value. 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. Management of the Plan determines the Plan's valuation policies utilizing information provided by Alerus Retirement Solutions, the custodian. See Note E for further details regarding investments at fair value.

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

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest rates relating to notes receivable were 4.25% as of December 31, 2012 and ranged from 4.25% to 9.25% as of December 31, 2011. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded at December 31, 2012 and 2011. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document. Notes receivable of $5,648 were reclassified as distributions during the year ended December 31, 2012.

Payment of Benefits
Benefits are recorded when paid.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net realized and unrealized appreciation in fair value of mutual funds, net investment gain in stable value fund and net investment gain in collective investment funds. The Company also pays some administrative expenses on behalf of the Plan as discussed in Note F.

Excess Contributions Payable
Excess contributions payable are amounts payable to participants for contributions in excess of amounts allowed by the IRC are recorded as a liability on the statement of net assets available for benefits. The Plan distributed the 2012 excess contributions to the applicable participants in March 2013.

Subsequent Events
The financial statements were approved and authorized for issue by management on October 11, 2013. All events and transactions through October 11, 2013 were evaluated by management for potential recognition and disclosure in the financial statements.

NOTE C: INVESTMENTS

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

	2012	2011
MetLife Stable Value Fund	$ 480,191	$ 464,016
Janus Enterprise Fund	472,408	*
T. Rowe Price New Horizons	439,878	221,364
Vanguard 500 Index Inv	387,357	*
American Funds EuroPacific Growth	178,916	218,337
Vanguard Wellington	139,931	131,516
Baron Asset Retail	*	539,440
Fidelity Spartan 500 Index	*	356,589

*Investments were not 5% or more of the Plan's net assets for the corresponding year

NOTE C: INVESTMENTS, Continued

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $228,014 and $(146,959), for the years ended December 31, 2012 and 2011 respectively, as shown below:

	2012	2011
Baron Asset Retail	$ 56,694	$ (93,899)
American Funds EuroPacific Growth	36,923	(42,376)
Vanguard 500 Index Inv	25,024	*
Fidelity Spartan 500 Index	23,666	*
T. Rowe Price New Horizons	*	(14,402)
MetLife Stable Value Fund	*	10,929
Other investments	85,707	(7,211)
Total	$ 228,014	$ (146,959)

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

NOTE D: INVESTMENT CONTRACT

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

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

NOTE D: INVESTMENT CONTRACT, Continued

There are no reserves against contract value for credit risk of the contract issuer or otherwise. For the year ended December 31, 2012, the average yield and crediting interest rates were approximately 4% and 3%, respectively. For the year ended December 31, 2011, the average yield and crediting interest rates were each approximately 6% and 3%, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

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

NOTE E: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include;

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

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

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

NOTE E: FAIR VALUE MEASUREMENTS, Continued

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

There have been no changes in the methodologies used at December 31, 2012 and 2011.

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

NOTE E: FAIR VALUE MEASUREMENTS, Continued

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

Investments at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Domestic equity funds	$ 1,582,898	$	$	$ 1,582,898
International equity funds	178,916			178,916
Balanced fund	139,931			139,931
Bond funds	97,555			97,555
	1,999,300			1,999,300
Collective investment funds:				
Equity funds		70,277		70,277
Fixed income funds		7,073		7,073
		77,350		77,350
Stable value fund – fixed income			480,191	480,191
	$ 1,999,300	$ 77,350	$ 480,191	$ 2,556,841

NOTE E: FAIR VALUE MEASUREMENTS, Continued

Investments at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Domestic equity funds	$ 1,382,590	$	$	$ 1,382,590
International equity finds	218,337			218,337
Balanced fund	131,515			131,515
Bond funds	97,892			97,892
	1,830,334			1,830,334
Collective investment funds:				
Fixed income funds	47,203			47,203
Equity funds	6,509			6,509
	53,712			53,712
Stable value fund – fixed income			464,016	464,016
	$ 1,884,046	$	$ 464,016	$ 2,348,062

NOTE E: FAIR VALUE MEASUREMENTS, Continued

Level 3 gains and losses for the years ended December 31:

	2012	2011
Balance, beginning of year	$ 464,016	$ 509,050
Net investment gain included in the statement of changes in net assets available for benefits	7,696	10,929
Purchases, sales, issuances and settlements:		
Purchases	22,103	25,886
Issuances		
Sales	(8,823)	(76,934)
Settlements	(4,801)	(4,915)
Balance, end of year	$ 480,191	$ 464,016

NOTE F: PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of collective investment funds managed by and receiving advisory service from Alerus Retirement Solutions. Alerus Retirement Solutions is the trustee of the Plan, therefore, these transactions and asset management fees paid by the Plan qualify as party-in-interest transactions. For the year ended December 31, 2012, the Plan made direct payments to Alerus Retirement Solutions of approximately $19,600.

The Plan's investments were previously managed by Fidelity Management Trust Company. Fidelity Management Trust Company was the Plan's previous trustee, therefore, fees paid to Fidelity Management Trust Company qualify as party-in-interest transactions. For the year ended December 31, 2012, the Plan made direct payments to Fidelity Management Trust Company of approximately $6,500.

Certain expenses, including salaries and services required for Internal Revenue Service ("IRS") reporting, related to the administration of the Plan are paid by the Company. The Company is the sponsor of the Plan, therefore, these transactions qualify as party-in-interest transactions. For the year ended December 31, 2012, Company payments totaled approximately $16,000.

NOTE F: PARTY-IN-INTEREST TRANSACTIONS, Continued

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

	2012	2011
Balance, beginning of year	$ 82,252	$ 79,598
Add: New loans issued	37,000	45,920
Less: Principal repayments	(35,117)	(43,266)
Less: Deemed distributions	(5,648)	
Balance, end of year	$ 78,487	$ 82,252

NOTE G: INCOME TAX STATUS

The Plan is a prototype plan sponsored by PensionTrend, Inc. The IRS has determined and informed PensionTrend, Inc. by a letter dated March 31, 2008, that the prototype plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes that it is no longer subject to income tax examinations for years prior to 2009.

NOTE H: PLAN TERMINATION

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

NOTE I: RISKS AND UNCERTAINTIES

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

NOTE J: SELF CORRECTION PROGRAM

During the 2011 Plan audit it was determined the Plan Sponsor was not properly withholding deferrals on bonus compensation of participating employees. During 2012 the plan sponsor self corrected pursuant to the principles enunciated in the IRS's Employee Plans Compliance Resolution System. The 2011 financial statements do not include accruals for qualified non-elective contributions or earnings remitted to the Plan for employees not given the opportunity to make elective deferrals on bonus compensation as such amounts had not been determined by the Plan at the time the financial statements were issued. Qualified non-elective contributions of $4,279 were remitted to the Plan during the year ended December 31, 2012 and are included with employer contributions on the statement of changes in net assets available for benefits.

NOTE K: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 to Form 5500:

Net assets available for benefits, per the 2012 financial statements	$ 2,614,308
Plus: 2012 adjustment from fair value to contract value	26,457
Plus: 2012 refund of excess contributions	2,872
Net assets available for benefits, per the Form 5500	$ 2,643,637

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

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

Net assets available for benefits, per the 2010 financial statements	$ 2,402,933
Plus: 2011 refund of excess contributions	4,002
Plus: 2011 adjustment from fair value to contract value	23,379
Net assets available for benefits, per the Form 5500	**$ 2,430,314**

The following is a reconciliation of the change in net assets available for benefits per the financial statements at December 31, 2012 to Form 5500:

Net increase in assets available for benefits, per the 2012 financial statements	$ 211,375
Plus: 2012 adjustment from fair value to contract value	26,457
Plus: 2012 refund of excess contributions	2,872
Less: 2011 adjustment from fair value to contract value	(23,379)
Less: 2011 refund of excess contributions	(4,002)
Net change in assets available for benefits, per the Form 5500	**$ 213,323**

DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST
EIN: 38-1487702 PLAN NUMBER: 002
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	MetLife	MetLife Stable Value Fund	$ 480,191
	Janus Capital Group	Janus Enterprise Fund	472,408
	T. Rowe Price	T. Rowe Price New Horizons	439,878
	Vanguard	Vanguard 500 Index Inv	387,357
	American Funds	American Funds EuroPacific Growth	178,916
	Vanguard	Vanguard Wellington	139,931
	First Eagle	First Eagle Global A	91,257
	T. Rowe Price	T. Rowe Price New America Growth	70,597
	Vanguard	Vanguard Mid Cap Index	61,479
*	Alerus Financial, N.A.	Moderate Growth Fund Institutional Shares	59,584
	PIMCO	PIMCO Total Return D	35,871
	T. Rowe Price	T. Rowe Price Equity Income	31,358
	Fidelity Investments	Fidelity Inflation-Protected	22,298
	Royce	Royce Opportunity Investment	22,224
	Oppenheimer Funds	Oppenheimer International Bond A	16,409
	Franklin Templeton	Franklin Convertible Securities A	8,726
	Fidelity Investment	Fidelity Strategic Income	7,734
*	Alerus Financial, N.A.	Moderate Income Fund Institutional Shares	7,043
*	Alerus Financial, N.A.	Aggressive Growth Fund Institutional Shares	6,682
	Vanguard	Vanguard High-Yield Corporate	6,517
	Fidelity Investments	Fidelity Real Estate Investment	6,340
*	Alerus Financial, N.A.	Conservative Growth Fund Institutional Shares	4,011
*	Alerus Financial, N.A.	Conservative Income Fund Institutional Shares	30
	Subtotal		2,556,841
*	Participant loans	Interest rates ranging were 4.25% maturing at various dates through April 2017.	78,487
			$ 2,635,328

*Represents parties-in-interest

DIVERSIFIED GLASS SERVICES, INC. EMPLOYEES' 401(k) SAVINGS PLAN & TRUST
EIN: 38-1487702 PLAN NUMBER: 002

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2012

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) A series of transactions involving securities of the same issue, which when aggregated, involve an amount in excess of 5% of the current value of Plan assets:	**There were no such transactions during this period.**					

DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST
EIN: 38-1487702 PLAN NUMBER: 002
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	MetLife	MetLife Stable Value Fund	$ 480,191
	Janus Capital Group	Janus Enterprise Fund	472,408
	T. Rowe Price	T. Rowe Price New Horizons	439,878
	Vanguard	Vanguard 500 Index Inv	387,357
	American Funds	American Funds EuroPacific Growth	178,916
	Vanguard	Vanguard Wellington	139,931
	First Eagle	First Eagle Global A	91,257
	T. Rowe Price	T. Rowe Price New America Growth	70,597
	Vanguard	Vanguard Mid Cap Index	61,479
*	Alerus Financial, N.A.	Moderate Growth Fund Institutional Shares	59,584
	PIMCO	PIMCO Total Return D	35,871
	T. Rowe Price	T. Rowe Price Equity Income	31,358
	Fidelity Investments	Fidelity Inflation-Protected	22,298
	Royce	Royce Opportunity Investment	22,224
	Oppenheimer Funds	Oppenheimer International Bond A	16,409
	Franklin Templeton	Franklin Convertible Securities A	8,726
	Fidelity Investment	Fidelity Strategic Income	7,734
*	Alerus Financial, N.A.	Moderate Income Fund Institutional Shares	7,043
*	Alerus Financial, N.A.	Aggressive Growth Fund Institutional Shares	6,682
	Vanguard	Vanguard High-Yield Corporate	6,517
	Fidelity Investments	Fidelity Real Estate Investment	6,340
*	Alerus Financial, N.A.	Conservative Growth Fund Institutional Shares	4,011
*	Alerus Financial, N.A.	Conservative Income Fund Institutional Shares	30
	Subtotal		2,556,841
*	Participant loans	Interest rates ranging were 4.25% maturing at various dates through April 2017.	78,487
			$ 2,635,328

*Represents parties-in-interest