Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

					000-5F.		
Part I	Annual Report Ide	entification Information					
For calend	ar plan year 2013 or fisca	l plan year beginning 01/01/	2013	and ending	12/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemploye	·)	a one-particip	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
	Ī	an amended return/report	a short plan year retur	n/report (less than 12	months))	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
• Oncon		special extension (enter descr					
Part II	Basis Dlan Inform	<u> </u>					
1a Name		nation—enter all requested inf	ormation		1h	Three-digit	
	ASS, LCC RETIREMENT	SAVINGS PLAN			10	plan number	
, ID, IIVIO OL,	too, 200 RETIREMENT	O/ (VIII CO)				(PN) ▶	001
					1c	Effective date of	f plan
						01/01/	/2008
2a Plan s		ess; include room or suite number	er (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
	, ===				20	(=::+)	
E TO A DE DI	_				20	Sponsor's telep	
5 TRADE RI PLATTSBUF	RGH, NY 12901				2d		(see instructions)
					24	23620	
3a Plan a	dministrator's name and a	address Same as Plan Spons	sor Name Same as Plar	n Sponsor Address	3b	Administrator's I	EIN 324688
DAMS GLAS	SS, LLC	5 TRADE I	RD JRGH, NY 12901		3c		telephone number
		TEATIOD	5KGH, NT 12901			518-561	
4 If the r		lan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN	
			•			-	
		er from the last return/report.	·				
a Spons	or's name		· 		4c	PN	
a Spons	or's name number of participants at	the beginning of the plan year			4c 5a		14
a Spons5a Total ib Total i	or's name number of participants at number of participants at	the beginning of the plan year			4c 5a		14 14
a Spons5a Total ib Total ic Numb	or's name number of participants at number of participants at er of participants with acc	the beginning of the plan year	the plan year (defined bene	efit plans do not	4c 5a 5b		
a Spons 5a Total i b Total i C Numb compl	or's name number of participants at number of participants at er of participants with acc lete this item)	the beginning of the plan year the end of the plan year	the plan year (defined bene	efit plans do not	4c 5a 5b	PN	14
 a Spons 5a Total I b Total I c Numb compl 6a Were b Are yo 	or's name number of participants at number of participants at er of participants with acc lete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eleanning the eleanning the plan year invested in eleanning the e	the plan year (defined bene ligible assets? (See instruc t of an independent qualifie	efit plans do not etions.)ed public accountant (l	4c 5a 5b 5c	PN	14 14 X Yes No
a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder	or's name number of participants at number of participants at er of participants with acc lete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in each of the plan year.	the plan year (defined bene- ligible assets? (See instruc t of an independent qualifie ility and conditions.)	efit plans do not ctions.)ed public accountant (l	4c 5a 5b 5c	PN	14
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a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche	or's name number of participants at number of participants at er of participants with accepte this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in each annual examination and report of the plan color in the plan color, is it covered under the PBG incomplete filing of this return penalties set forth in the instructions on year and the plan color incomplete filing of this return penalties set forth in the instructions of the plan color incomplete filing of this return penalties set forth in the instructions of the plan year.	the plan year (defined beneficially beneficially beneficially and conditions.)	efit plans do not etions.)ed public accountant (land must instead us ERISA section 4021) unless reasonable c examined this return/r	4c 5a 5b 5c 5c QPA) ee Form ? [ause is report, ir	PN 5500. Yes No established. No including, if applic	14 X Yes No X Yes No Not determined
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a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is is SIGN HERE SIGN HERE	number of participants at number of participants at er of participants with accepte this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in each annual examination and report of the plan	the plan year (defined bene- ligible assets? (See instruct t of an independent qualifie ility and conditions.)	efit plans do not estions.)	4c 5a 5b 5c 5c QPA) se Form ? [ause is eport, irort, and rort, and rort, and ridual significant s	PN 5500. Yes	14 X Yes No X Yes No Not determined Able, a Schedule r knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V			
	Total plan assets	7a	(a) beginning of Tea		+		(b) Liiu		130323	3	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	6606	2					130323	3	
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(0) 1	otai			
	(1) Employers	8a(1)	5459	6							
	(2) Participants	8a(2)	594	10							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1230	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							72838	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	525	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	332	4							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8577	7	
i	Net income (loss) (subtract line 8h from line 8c)	8i							6426	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:			
Dor	t V Compliance Questions										
Par	•				Vaa	No		_			
10	During the plan year:	tiono withir	n the time period described in		Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		X					
					X					٥٢	-000
	· · · · · · · · · · · · · · · · · · ·			10c						25	5000
d	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end)	10g		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
Dom	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem										
	5500) and line 11a below)								Yes	Ц	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a		_		_	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and e	enter th Day	ne date of t	ne le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		1				
h	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol 		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information				
For calenda	ar plan year 2013 or fiscal plan year beginning 01/0	01/2013	and ending	12/31/2	013
A This ret	urn/report is for: X a single-employer plan a	multiple-employer pl	an (not multiemployer)	a one-pa	rticipant plan
B This ret	urn/report is:	e final return/report			
	an amended return/report as	short plan year returr	n/report (less than 12 mo	onths)	
C Check t	pox if filing under: Form 5558 au	utomatic extension		☐ DFVC pr	ogram
	special extension (enter description)		<u> </u>	_	
Part II	Basic Plan Information—enter all requested information	on			
1a Name				1b Three-digit	
ADAMS (GLASS, LCC RETIREMENT SAVINGS PLAN			plan numbe	er 001
				(PN)	
				1c Effective da 01/01/2	
	ponsor's name and address; include room or suite number (emp GLASS, LLC	loyer, if for a single-	employer plan)	2b Employer Id (EIN) 20 -	lentification Number 2824688
				· · · · · · · · · · · · · · · · · · ·	elephone number
5 TRADE	E RD			518-561	-7310
					ode (see instructions)
PLATTSI		П		236200	
	dministrator's name and address Same as Plan Sponsor Nan	ne USame as Plar	Sponsor Address	3b Administrate 20-2824	
ADAMS (BLASS, LLC			3c Administrat	or's telephone number
5 TRADI	מא ז			518-561	-7310
5 110151					
PLATTS	BURGH NY 12901				
	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN	
	EIN, and the plan number from the last return/report.			4c PN	
a Sponse	number of participants at the beginning of the plan year				1 4
	number of participants at the end of the plan year			5a	14
	er of participants with account balances as of the end of the plan			5b	14
compl	ete this item)			5c	14
_	all of the plan's assets during the plan year invested in eligible a	,	•		X Yes No
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes No
	answered "No" to either line 6a or line 6b, the plan cannot	,			,, — —
C If the p	plan is a defined benefit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?.	Yes No	Not determined
Caution: A	penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonable cau	ise is established	
SB or Sche	alties of perjuny and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well	declare that I have as the electronic ver	examined this return/repsion of this return/report	oort, including, if a , and to the best o	oplicable, a Schedule f my knowledge and
belief, it is t	rue, correct, and complete.				
sign (1/hx	10 25 14	JULIE DANDROW-	-REIDY	
HERE	Signature of plan administrator	Date	Enter name of individu	ual nigning on plan	administrator
0:01:	Signature of pien administratory	6/25/14	JULIE DANDROW-		administrator
SIGN HERE	6. 1. Wal	1			
Preparer's	Signature/of employed/plan sponsor name (including firm name, if applicable) and address; include r	Date			oloyer or plan sponsor none number (optional)
. Topulor 3	(include)	out of outto number	(optional)	, roparor o tolepi	iono riambor (optional)
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∣ Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	\top		(b) End of Year	
a	Total plan assets	7a		6606	2			0323
b	Total plan liabilities	7b			┪	***************************************		
	Net plan assets (subtract line 7b from line 7a)	7c		5606	2		130	0323
8	Income, Expenses, and Transfers for this Plan Year	<u>`</u>	(a) Amount				(b) Total	
a	Contributions received or receivable from:		(a) Amount		╅		(b) Total	
	(1) Employers	8a(1)		5459	6			
	(2) Participants	8a(2)		594	0			
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	-	1230	2			
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					72	2838
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		525	3			
е_	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		332	4			
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8	3577
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					64	1261
j	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics	************************		***************************************		***************************************		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	les from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cteristi	c Cod	es in th	ne instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a				10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С		······································						
d	Did the plea have a less substher as not seigh, wood by the plants			10c l	Х		25	5000
		fidelity bon	d, that was caused by fraud		Х	х	25	5000
е	or dishonesty?	fidelity bon	d, that was caused by fraud	10c 10d	Х	х	25	5000
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all	fidelity bon ner persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d	Х		25	5000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity bon ner persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See		X	х	25	5000
e	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity bon ner persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10d	Х		25	5000
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С	Enter the amount contributed by the employer to the plan for this plan	year	1	2c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		1	2d			
е	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year	1	3a			
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)	his plan to another plan(s), identify the p	an(s) to				
	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(:	3) PN(s)

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Part	VIII Trust Information (optional)					L	
L	Name of trust		14	b Tr	ust's EIN		