

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/1996</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 04/01/1996					
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 38-1487702</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 248-829-3319</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 444120</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) 38-1487702		2c Sponsor's telephone number 248-829-3319		2d Business code (see instructions) 444120			
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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.	10/15/2014	ANNA LEWIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	ANNA LEWIS
	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 ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	149
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	129
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits.....		6c	16
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) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALERUS FINANCIAL, N.A.

45-6062081

(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 FINANCIAL, N.A.

45-6062081

(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?
15 21 25 60 63 64	NONE	30807	Yes ☒ No ☐	Yes ☒ 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

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>DIVERSIFIED GLASS SERVICES, INC. EMPLOYEES' 401(K) SAVINGS PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DIVERSIFIED GLASS SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>38-1487702</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE STABLE VALUE INVESTMENTS</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT & INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>26-0142858-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>438368</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALERUS AGGRESSIVE GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>ALERUS FINANCIAL, N.A.</u>		
c EIN-PN <u>45-0417057-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24828</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALERUS CONSERVATIVE GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>ALERUS FINANCIAL, N.A.</u>		
c EIN-PN <u>45-0417057-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7341</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALERUS CONSERVATIVE INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>ALERUS FINANCIAL, N.A.</u>		
c EIN-PN <u>45-0417057-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALERUS MODERATE GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>ALERUS FINANCIAL, N.A.</u>		
c EIN-PN <u>45-0417057-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81070</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALERUS MODERATE INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>ALERUS FINANCIAL, N.A.</u>		
c EIN-PN <u>45-0417057-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7719</u>
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
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>DIVERSIFIED GLASS SERVICES, INC. EMPLOYEES' 401(K) SAVINGS PLAN & TRUST</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIVERSIFIED GLASS SERVICES, INC.</u>		D Employer Identification Number (EIN) <u>38-1487702</u>

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)	78487	128411
(9) Value of interest in common/collective trusts	1c(9)	557541	565287
(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)	1999300	2556895
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	2643637	3250593

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2643637	3250593
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	136019	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		136019

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)	3780	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3780

(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)	115237	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		115237

(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)		27951
(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)		488894
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		771881

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	134118	
(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)		134118
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)	17735	
(4) Other.....	2i(4)	13072	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30807
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		164925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		606956
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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 ☐ 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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>DIVERSIFIED GLASS SERVICES, INC. EMPLOYEES' 401(K) SAVINGS PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIVERSIFIED GLASS SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>38-1487702</u>

Part I	Distributions
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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): <u>45-6062081</u>	
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 <u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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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.
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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, 2013 AND 2012
AND FOR THE YEAR ENDED
DECEMBER 31, 2013**

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Diversified Glass Services, Inc. Employees' 401(k) Savings Plan & Trust (the "Plan"), which comprise the Statement of Net Assets Available for Benefits as of December 31, 2013 and the related Statement of Changes in Net Assets Available for Benefits for the year then ended, 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 the 2013 financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion on the 2013 Financial Statements paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2013 financial statements.

Basis for Disclaimer of Opinion on the 2013 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, ("ERISA") the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Alerus Financial, N.A., the trustee of the Plan, except for comparing the information with the related information included in the 2013 financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2013, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2013 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2013 Financial Statements paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2013 financial statements. Accordingly, we do not express an opinion on the 2013 financial statements.

Other Matters: Report on Supplemental Schedule and Report on 2012 Financial Statements

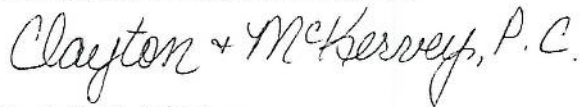
The supplemental schedule, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2013 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying Statement of Net Assets Available for Benefits of the Plan as of December 31, 2012, and in our report dated October 11, 2013, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of the Plan as of December 31, 2012, and changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2013 Financial Statements

The form and content of the information included in the 2013 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

CLAYTON & MCKERVEY, P.C.



Southfield, Michigan
October 13, 2014

DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31

ASSETS	<u>2013</u>	<u>2012</u>
Investments at fair value	\$ 3,122,182	\$ 2,556,841
Contributions receivable - participants	-	8,309
Notes receivable from participants	<u>128,411</u>	<u>78,487</u>
Total assets	3,250,593	2,643,637
 LIABILITY		
Excess contributions payable	<u>8,428</u>	<u>2,872</u>
Net assets reflecting investments at fair value	3,242,165	2,640,765
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(5,961)</u>	<u>(26,457)</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 3,236,204</u>	 <u>\$ 2,614,308</u>

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

**DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013**

ADDITIONS

Investment income	\$ 537,341
Net appreciation in fair value of investments	<u>115,237</u>
Dividends	652,578
Interest income from notes receivable from participants	3,780
Participant contributions	<u>127,591</u>
Total additions	783,949

DEDUCTIONS

Benefits paid to participants	131,246
Administrative expenses	<u>30,807</u>
Total deductions	<u>162,053</u>
Net increase	621,896

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,614,308</u>
End of year	<u>\$ 3,236,204</u>

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

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

NOTES TO 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 "roll over" 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, 2013 and 2012.

Participant Accounts

Each participant's account is credited with participant's contributions, an allocation of the Company's matching and profit sharing contributions and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based upon participant earnings, account balances, or specific participant transactions, as defined in the Plan document

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

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

NOTES TO FINANCIAL STATEMENTS, Continued

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:

<u>Years of Service</u>	<u>Vested Percentage</u>
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.

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, 2013 and 2012.

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). 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.

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE A: DESCRIPTION OF PLAN, Continued

Payment of Benefits

Distributions and withdrawals are allowed upon attaining the 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 \$419,279 and \$477,027 for the years ended December 31, 2013 and 2012, respectively.

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.

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.

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management of the Plan Sponsor determines the Plan's valuation policies utilizing information provided by the Plan trustee. See Note F for fair value measurements.

Purchases and sales of investments are recorded 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. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's stable value fund is comprised of individual investment contracts. 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 that has affected the value of the contracts, an adjustment is recorded. See Note D for a summary of the 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, 2013. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. There were no delinquent notes receivable reclassified as distributions during the year ended December 31, 2013.

Payment of Benefits

Benefits are recorded when paid.

Administrative 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 appreciation in fair value of investments. For further discussion, see Note G.

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Excess Contributions Payable

Excess contributions payable are amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Code ("IRC") and are recorded as a liability on the accompanying statement of net assets available for benefits and included as a reduction of participant contributions on the statement of changes in net assets available for benefits. The Plan distributed the 2013 excess contributions to the applicable participants in March 2014.

Subsequent Events

The financial statements were approved and authorized for issue by management on October 13, 2014. All events and transactions through October 13, 2014 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:

	<u>2013</u>	<u>2012</u>
T. Rowe Price New Horizons	\$ 660,486	\$ 439,878
Janus Enterprise Fund	588,382	472,408
Vanguard 500 Index Inv	514,330	387,357
MetLife Stable Value Fund	444,329	480,191
American Funds EuroPacific Growth	192,906	178,916
Vanguard Wellington	168,618	139,931

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

During 2013, 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 the following amounts:

Mutual funds	\$ 515,351
Collective investment funds	15,610
Stable value fund	<u>6,380</u>
 Total	 <u><u>\$ 537,341</u></u>

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE D: INVESTMENT CONTRACTS

For the years ended December 31, 2013 and 2012, the Plan has entered into a fully benefit-responsive investment trust with MetLife Insurance Company ("MetLife"), the MetLife Stable Value Fund. The account is credited with earnings on the underlying investments and charges 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 the 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 to the Plan 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield interest rate was approximately 2% and 4% for the years ended December 31, 2013 and 2012, respectively. The average crediting interest rate was approximately 2% and 3% for the years ended December 31, 2013 and 2012, 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 the occurrence of any such market value event, which would limit the investment's ability to transact at contract value with participants, is probable.

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE E: CERTIFICATION OF INVESTMENT INFORMATION

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Alerus has certified that the following data included in the financial statements and supplemental schedule are complete and accurate:

- Mutual funds, collective investment funds, stable value fund (at fair value), and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012.
- Additions to and deductions from net assets, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013.
- Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2013.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such data included in the financial statements and supplemental schedule to the certified information.

NOTE F: 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.

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE F: FAIR VALUE MEASUREMENTS, Continued

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

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 units in a bank or insurance company collective trust funds. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The estimated value of the collective investment trust funds is NAV and is considered level 2. The use of NAV as fair value is deemed appropriate as the collective investment funds do not have a finite life, unfunded commitments relating to these types of investments, or significant restrictions on redemptions.

Stable value funds: Valued at the NAV of units in a bank or insurance company stable value funds. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The estimated values of the stable value funds are NAV, exclusive of the adjustments to contract value and are considered level 2. The use of NAV as fair value is deemed appropriate as the stable value funds do not have a finite life, unfunded commitments relating to these types of investments, or significant restrictions on redemptions.

Investments in the stable value funds previously classified as Level 3 in the December 31, 2012 financial statements are classified as Level 2 in the December 31, 2013 financial statements in accordance with generally accepted accounting principles in the United States of America.

There have been no changes in the methodologies used at December 31, 2013 and 2012.

DIVERSIFIED GLASS SERVICES, INC.
EMPLOYEES' 401(k) SAVINGS PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS, Continued

NOTE F: 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, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Domestic equity funds	\$ 1,990,322	\$ -	\$ -	\$ 1,990,322
International equity funds	192,905	-	-	192,905
Balanced fund	276,271	-	-	276,271
Bond funds	<u>97,397</u>	<u>-</u>	<u>-</u>	<u>97,397</u>
	2,556,895	-	-	2,556,895
Collective investment funds:				
Equity funds	-	113,329	-	7,719
Fixed income funds	<u>-</u>	<u>7,719</u>	<u>-</u>	<u>113,239</u>
	-	120,958	-	120,958
Stable value fund – fixed income	<u>-</u>	<u>444,329</u>	<u>-</u>	<u>444,329</u>
	<u>\$ 2,556,895</u>	<u>\$ 565,287</u>	<u>\$ -</u>	<u>\$ 3,122,182</u>

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE F: FAIR VALUE MEASUREMENTS, Continued

Investments at fair value as of December 31, 2012:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
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	<u>97,555</u>	<u>-</u>	<u>-</u>	<u>97,555</u>
	1,999,300			1,999,300
Collective investment funds:				
Equity funds	-	70,277	-	70,277
Fixed income funds	<u>-</u>	<u>7,073</u>	<u>-</u>	<u>7,073</u>
	-	77,350	-	77,350
Stable value fund – fixed income	<u>-</u>	<u>480,191</u>	<u>-</u>	<u>480,191</u>
	<u>\$ 1,999,300</u>	<u>\$ 557,541</u>	<u>\$ -</u>	<u>\$ 2,556,841</u>

The following table summarizes investments in entities measured at fair value based on NAV per share as of December 31, 2013 and 2012, respectively.

<u>December 31, 2013</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Stable value fund	\$ 444,329	n/a	Daily	1 Day
Collective investment funds – equity	113,239	n/a	Daily	1 Day
Collective investment funds – fixed income	7,719	n/a	Daily	1 Day
<u>December 31, 2012</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Stable value fund	\$ 480,191	n/a	Daily	1 Day
Collective investment funds – equity	70,277	n/a	Daily	1 Day
Collective investment funds – fixed income	7,073	n/a	Daily	1 Day

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE G: 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, 2013, the Plan made direct payments to Alerus Retirement Solutions of \$17,735.

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, 2013, Company payments totaled approximately \$11,000.

NOTE H: 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, 2013 and 2012, 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 2010.

NOTE I: 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.

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

NOTES TO FINANCIAL STATEMENTS, Continued

NOTE J: 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 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, 2013 to Form 5500:

Net assets available for benefits, per the 2013 financial statements	\$ 3,236,204
Plus: 2013 adjustment from fair value to contract value	5,961
Plus: 2013 refund of excess contributions	<u>8,428</u>
Net assets available for benefits, per the Form 5500	<u>\$ 3,250,593</u>

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	<u>2,872</u>
Net assets available for benefits, per the Form 5500	<u>\$ 2,643,637</u>

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

NOTES TO FINANCIAL STATEMENTS, Continued

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

The following is a reconciliation of the change in net assets available for benefits per the financial statements at December 31, 2013 to Form 5500:

Net increase in assets available for benefits, per the 2013 financial statements	\$ 621,896
Plus: 2013 adjustment from fair value to contract value	5,961
Plus: 2013 refund of excess contributions	8,428
Less: 2012 adjustment from fair value to contract value	(26,457)
Less: 2012 refund of excess contributions	<u>(2,872)</u>
Net change in assets available for benefits, per the Form 5500	<u>\$ 606,956</u>

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, 2013

(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
	T. Rowe Price	T. Rowe Price New Horizons	\$ 660,486
	Janus Capital Group	Janus Enterprise Fund	588,382
	Vanguard	Vanguard 500 Index Inv	514,330
	MetLife	MetLife Stable Value Fund	444,329
	American Funds	American Funds EuroPacific Growth	192,906
	Vanguard	Vanguard Wellington Adm	168,618
	First Eagle	First Eagle Global A	107,652
	T. Rowe Price	T. Rowe Price New America Growth	99,068
*	Alerus Financial, N.A.	Moderate Growth Fund Institutional Shares	81,070
	Vanguard	Vanguard Mid Cap Signal	67,046
	T. Rowe Price	T. Rowe Price Equity Income	41,145
	PIMCO	PIMCO Total Return D	37,750
*	Alerus Financial, N.A.	Aggressive Growth Fund Institutional Shares	24,828
	Fidelity Investments	Fidelity Inflation-Protected	20,010
	Oppenheimer Funds	Oppenheimer International Bond A	16,748
	Royce	Royce Opportunity Investment	15,298
	Franklin Templeton	Franklin Convertible Securities A	11,126
	Fidelity Investment	Fidelity Strategic Income	8,922
*	Alerus Financial, N.A.	Moderate Income Fund Institutional Shares	7,719
*	Alerus Financial, N.A.	Conservative Growth Fund Institutional Shares	7,341
	Fidelity Investments	Fidelity Real Estate Investment	4,568
	Vanguard	Vanguard High-Yield Corporate	2,841
*	Alerus Financial, N.A.	Conservative Income Fund Institutional Shares	<u>16</u>
	Subtotal		3,122,182
*	Participant loans	Interest rates ranging were 4.25% maturing at various dates through October 2028.	<u>128,411</u>
			<u>\$ 3,250,593</u>

*Represents parties-in-interest

October 11, 2013

Mr. Adam Ostdiek, President and Chief Executive Officer
Ms. Anna Lewis, Human Resources Manager
Diversified Glass Services, Inc.
715 South Boulevard E
Rochester Hills, Michigan 48307

Dear Mr. Ostdiek and Ms. Lewis:

Enclosed are three copies of the financial statements for the Diversified Glass Services, Inc. Employees' 401(k) Savings Plan & Trust as of December 31, 2013 and 2012 and for the year ended December 31, 2013.

Sincerely,

CLAYTON & McKERVEY, P.C.

James T. Biehl

Enclosures

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, 2013

(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
	T. Rowe Price	T. Rowe Price New Horizons	\$ 660,486
	Janus Capital Group	Janus Enterprise Fund	588,382
	Vanguard	Vanguard 500 Index Inv	514,330
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	Vanguard	Vanguard Wellington Adm	168,618
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	Fidelity Investments	Fidelity Inflation-Protected	20,010
	Oppenheimer Funds	Oppenheimer International Bond A	16,748
	Royce	Royce Opportunity Investment	15,298
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	Subtotal		3,122,182
*	Participant loans	Interest rates ranging were 4.25% maturing at various dates through October 2028.	<u>128,411</u>
			<u>\$ 3,250,593</u>

*Represents parties-in-interest