## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	<b>Identification Information</b>					
For calend	ar plan year 2012 or fi	iscal plan year beginning 01/01/	2012	and ending 0	)1/31/2	2012	
	turn/report is for:	X a single-employer plan		plan (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report	į			
		an amended return/report	x a short plan year retu	rn/report (less than 12 m	onths)	_	
C Check	box if filing under:	Form 5558	automatic extension			X DFVC progra	am
		special extension (enter descr	iption)				
Part II	Basic Plan Info	ormation—enter all requested info	ormation				
1a Name		•			1b	Three-digit	
		RPORATION 401(K) PLAN				plan number	
						(PN) <b>•</b>	002
			1c	Effective date o	•		
0					01	01/01	
	ponsor's name and ac CIFIC WINDOWS CC	ddress; include room or suite numbe PRPORATION	er (employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 93-09	fication Number 22901
					2c	Sponsor's telep	hone number
	ONTGOMERY DR.					503-692	2-6167
SPOKANE,	WA 99206				2d	Business code (	(see instructions)
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	
					30	Administrator's	telephone number
					30	Auministrator 5	leiephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
	•	mber from the last return/report.					
	or's name				4c	PN	
		s at the beginning of the plan year			5a		87
<b>b</b> Total	number of participants	at the end of the plan year			5b		0
		account balances as of the end of t	. , ,	•	5с		0
_		s during the plan year invested in e					X Yes No
_	•	of the annual examination and report	•	•			
		? (See instructions on waiver eligibi					X Yes No
If you	ı answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SI	and must instead use	Form	5500.	
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable cau	ıse is	established.	
		ther penalties set forth in the instruc					
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	ersion of this return/report	i, and t	to the best of my	knowledge and
501101, 1010	1	pioto.	1	<del></del>			
SIGN	Filed with authorized	/valid electronic signature.	10/21/2014	ALICE NORRIS			
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
Preparer's		name, if applicable) and address; in	clude room or suite numb				number (optional)

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Pa	rt III Financial Information											
7	Plan Assets and Liabilities	(a) Reginning of Ver	(a) Bantonium at Vann									
<u>'</u>		7-	(a) Beginning of Yea		(b) End of					0		
<u>a</u> b	Total plan assets	7a 7b	10202	20						U		
	Net plan assets (subtract line 7b from line 7a)	7.5 7.c	78282	05						0		
8		70		.0			(b) T	-4-1		0		
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai				
	(1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	991	5								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							991	5		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							991	5		
j	Transfers to (from) the plan (see instructions)	8j	-79274	10								
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes 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 Co	des in t	he instruct	ons:				
Par	Part V Compliance Questions											
10	During the plan year:				Yes	No		Δm	ount			
а				10a		X						
b		? (Do not i	include transactions reported	10b		X						
				10c	Χ					F0F	200	
d	· · · · · · · · · · · · · · · · · · ·			100						5050	)00	
	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X						
f	Has the plan failed to provide any benefit when due under the plan					X						
				10f								
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	X	X						
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h	X							
Par	exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance	1-3	·····	10i								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)												
11	5500) and line 11a below)											
11a	Enter the amount from Schedule SB line 39			or se	ction	11a	ERISA?	Г	Yes	X	No	
	le Enter the amount from Schedule SB line 39	requireme	ents of section 412 of the Code	e or se	ction	11a	ERISA?		Yes	X	No	
11a	Is this a defined contribution plan subject to the minimum funding (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	requireme , as applicang amortize	ents of section 412 of the Code able.) ed in this plan year, see instru	ctions,		11a 302 of enter th			etter ru		No	
11a 12	I Enter the amount from Schedule SB line 39	requireme , as applicang amortize	ents of section 412 of the Code able.) ed in this plan year, see instru Mon	ctions,		<b>11a</b> 302 of		he le Yea	etter ru		No	
11a 12 a	Is this a defined contribution plan subject to the minimum funding (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.	requireme , as applica ng amortiza e MB (For	ents of section 412 of the Code able.) ed in this plan year, see instru 	ctions, th	, and	11a 302 of enter th			etter ru		No	

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	Enter the amount contributed by the employer to the plan for this plan year	120	;			
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)	120				
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?	X	Yes	N	0	
	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 of the PBGC?	contro	ol		X Yes	s No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to			_	
1	3c(1) Name of plan(s):	13c(2)	EIN(s	)	13c(3	<b>3)</b> PN(s)
WIND	DW PRODUCTS, INC. PROFIT SHARING AND 401(K) PLAN 91-14	62076			002	
Part	VIII Trust Information (optional)				•	
14a	Name of trust	14b	Trusť	s EIN		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public

Pension B	Benefit Guaranty Corporation	► Complete all entries in accorda	ance with the instru	ctions to the Form 550	0-SF.	ins	spection		
Part I Annual Report Identification Information									
For calend	dar plan year 2012 or fisc		1/01/2012	and ending		01/31/201	.2		
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	- [	a one-particip	oant plan		
B This re	eturn/report is:	the first return/report	the final return/report		1=	_			
	Section African - Temperature (	<b>=</b> = = = = = = = = = = = = = = = = = =	short plan year retur	rn/report (less than 12 mo	onths)				
C Check	box if filing under:	H H	automatic extension		*	X DFVC progra	im		
	box ii iiiiig c.i.cc.i	special extension (enter description				J 51 10 p.03.2	***		
Part II	Basic Plan Infor	mation—enter all requested informat	,						
1a Name		mation—enter an requested informati	1011		1b	Three-digit			
		DOWS CORPORATION 401(K)	PT.AN			plan number			
	1101110	DOWN CONTOURNEY	ELIFIN	1		(PN) ▶	002		
						Effective date of			
2a Plan a				The same and the s	-	01/01/2005			
		ress; include room or suite number (em IDOWS CORPORATION	ployer, it for a single-	employer plan)		Employer Identif			
111111	NE FACIFIC WIN	DOWS CORFORATION				(EIN) 93-092			
						Sponsor's teleph (503) 692-			
1050	7 E. MONTGOMER	Y DR.				1	see instructions)		
SPOK	CANE		WA	99206		332900	occ mondonone,		
		d address XSame as Plan Sponsor Na		n Sponsor Address	3b /	Administrator's E	EIN		
			_			The second secon			
				!	3c /	Administrator's to	elephone number		
		plan sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b i	EIN			
name	e, EIN, and the plan numb	ber from the last return/report.	2.						
	sor's name	5 Tab			4c	PN			
		at the beginning of the plan year			5a		87		
		at the end of the plan year			5b		(		
		ccount balances as of the end of the pla			-				
					5с		0		
		during the plan year invested in eligible the annual examination and report of an					X Yes No		
under	129 CFR 2520.104-46?	tne annual examination and report of an (See instructions on waiver eligibility an	independent qualille	d public accountant (IQI	PA)		X Yes ☐ No		
If you	answered "No" to eith	her line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5	5500.	<u> </u>		
	AC 2740 2450 6513 2413 84	r incomplete filing of this return/repo	1.42						
Under pena	alties of perjury and othe	er penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort. inc	cluding, if applica	able, a Schedule		
SB or Sche	edule MB completed and	d signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	, and to	the best of my	knowledge and		
beller, it is	true, correct, and comple	ete.							
SIGN	VUICE	(10)00	10/20/14	Alice Norris					
HERE	Signature of plan adr	ministrator	Date	Enter name of individu	ual eian	ing on plan adm	-injetrator		
SICN	Olgitature of plant au	annistrator	Date	Cliter Harrie Of Highwige	Jai Sign	ing as pian aum	IINIStrator		
SIGN HERE			- Vertices		24 (124)	w			
	Signature of employer	er/plan sponsor me, if applicable) and address; include	Date	Enter name of individu	Jal sign	ing as employer	or plan sponsor		
г терагого	name (including inm na	me, ii applicable) aliu audiess, iildidde	100m of suite minimen	r (optional)	Prepa	rer's telephone i	number (optional)		
				1					
					40	A			

Pa	rt III Financial Information									_
7	Plan Assets and Liabilities	120	(a) Beginning of Year				(b) End	of Year		_
а	Total plan assets	7a		2,82	25					0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	78:	2,82	25					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b)			Total			
а	Contributions received or receivable from:	E 200	-400				THE POT		* J.	3
	(1) Employers	8a(1)			-	_				
	(2) Participants	8a(2)			-			+		
	(3) Others (including rollovers)	8a(3)		9,91	1.5			-		_
	Other income (loss)	8b		,,,,					9,9	115
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+	_	9 No.		0,0	15
	to provide benefits)	8d								=!
е	Certain deemed and/or corrective distributions (see instructions)	8e			Į.	S - W			1, 1, 3	εΨ,
f	Administrative service providers (salaries, fees, commissions)	8f				2				
g	Other expenses	8g				1,81				TIES.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i							9,9	15
j	Transfers to (from) the plan (see instructions)	8j	(792	,740	0)		2010/01/2			, II =
Pa	t IV Plan Characteristics									_
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Char	acteri	stic Co	des in	the instruc	tions:		_
	2É 2F 2G 2J 2K 2T 3D		Se Ray Bade to Arease, source	- N N 1	AN - 544	ar au 1	AND THE PARTY OF T			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Chara	cterist	tic Coc	les in t	the instructi	ons:		
Par	t V Compliance Questions									_
10	During the plan year:				Yes	No		A	12	_
a		tions within	the time period described in		163	NO		Amour	ιτ	_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				505,0	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		Х				
е	, , , , , , , , , , , , , , , , , , , ,									
	insurance service or other organization that provides some or all of instructions.)	of the benef	its under the plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan					Х				_
-	The same of the sa			10f	$\vdash$	2 mm				
g	The state of the s			10g		Х				
п	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	Х					
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i	Х			10.2		zā W
Part	VI Pension Funding Compliance						***************************************			_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	es X	No
11a	Enter the amount from Schedule SB line 39					11a				_
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	П	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	d in this plan year, see instru		, and e	enter ti Day		he lettei Year	r ruling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo									
	edati VI (2022) digitalismo di di Maretti (100 (2024) escribi es					401				
b	Enter the minimum required contribution for this plan year					12b				-

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c	Enter the amount contributed by the employer to the plan for this plan year		12c		
d		sign to the left of a	12d		
e	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?		X	'es No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plant of the PBGC?	an, or brought under the	control		X Yes ∏ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)				
1	13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
WIND	DOW PRODUCTS, INC. PROFIT SHARING AND				
401(	(K) PLAN	91	-1462	2076	002
Part	VIII Trust Information (optional)	<del></del>			
14a N	Name of trust		<b>14b</b> Tr	ust's EIN	
		- 1			

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