

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 5986

Amended Confirmation Number:

Employer Information

Name: Carroll Glass & Maintenance, Inc.  
Address: 21721 Tungsten Road  
City: Euclid  
State: OH  
Zip Code: 44117

Plan Administrator Information

Name: Peter A. Trykoff/President  
Address: 21721 Tungsten Road  
City: Euclid  
State: OH  
Zip Code: 44117  
Phone: 2162614965  
Email: ptrykoff2@carrollglass.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	CARROLL GLASS & MAINTENANCE CO. NONQUALIFIED RETIREMENT PLAN	Number of Employees: 6
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Additional Information:

The Plan is effective as of January 1, 2020. The purpose of this Plan is to provide specified deferred compensation benefits to a select group of Employees known as Participant (as that term is defined hereinafter in the Plan) who have contributed and continue to contribute materially to the growth, development and future business success of Carroll Glass and Maintenance Co., an Ohio corporation, the sponsor this Plan (Company). Eligibility under the Plan is extended to only a select group of the Company's non-union management team. This Plan shall be unfunded for tax purposes and for purposes of Title I of ERISA. Material provisions of the Plan follow: 2.1 Upon becoming a Participant in the Plan, Company will contribute the sum of \$5,000 per year as set forth herein. 2.2 The Company will fund the Plan through a direct contribution to an investment account for the benefit of the Participant, but subject to the provisions of this Plan, established with a broker of Company's choice and and the value of the investment portfolio shall be subject to the Company's creditors in the event of Company's insolvency, until paid to the Participant and/or the Beneficiary(ies) in such manner and at such times as specified in this Plan. 3.1 At Retirement Age (65), the Participant shall be entitled to the Deferral Benefit in Participant's Deferred Benefit Account. Payment of the Deferral Benefit from the Deferred Benefit Account shall be made to the Participant in monthly installments over the Installment Period (5 years). The first payment in this Installment Period shall be made by the Company to the Participant within thirty (30) business days after reaching Retirement Age. 3.2 Upon the death of Participant prior to Retirement Age, the Company shall pay Participant's Beneficiary the Deferral Benefit less any outstanding amount the Participant owes the Company, if any, as set forth in the Deferred Benefit Account earned as of the Participant's date of death outright in one lump sum upon the earlier of thirty (30) days after Participant's date of death or if no Beneficiary is named or then-living, within thirty (30) days after the appointment of an Executor or Administrator of the Participant's estate. No payments shall be made pursuant to this Plan, if Participant commits suicide. 3.3 If Participant's employment with the Company is terminated prior to Retirement Age by the Company or by

Participant for any reason or no reason, other than because of death or disability (as set forth in Section 3.4), all benefits under this Plan including all amounts in the Deferred Benefit Account and the Deferral Benefit shall be forfeited by the Participant and all benefits accumulated under the Plan including the Deferral Benefit and all amounts in the Deferred Benefit Account attributable to Participant shall be distributed to the Company. 3.4 If Participant's employment with the Company is terminated because Participant has become permanently disabled as determined by the Social Security Administration, Company shall pay the Deferral Benefit maintained in the Deferred Benefit Account to Participant and/or Beneficiary(ies) in accordance with Sections 3.1 or 3.2. 3.5 If Company enters into an agreement to sell substantially all of its assets and/or to sell fifty percent or more of the voting control of its stock to any third party unrelated to the Peter A. Trykoff family by blood or marriage, then the Company shall pay Participant and/or his or her Beneficiary(ies), as the case may be, the Deferral Benefit maintained in the Deferred Benefit Account to Participant and/or Beneficiary(ies) in accordance with Sections 3.1 or 3.2.



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 5986. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.