## 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).

2044

\_\_\_\_

OMB Nos. 1210-0110

1210-0089

2011

the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

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

Pa	art I Annual Report Identific	cation Information				
For	calendar plan year 2011 or fiscal plan ye	ear beginning 01/01/2011	1	and ending 12	2/31/2	2011
Α -	This return/report is for:	gle-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
	This return/report is:	the final return/report				
_		· \		n year return/report (less than 12 mo	nthe)	
_	봄	<b>=</b>			111113)	D DEV/C
C	oneok box ii iiiing under.	1 5558		extension		DFVC program
	specia	ial extension (enter description	n)			
Pa	art II   Basic Plan Information	l—enter all requested informa	ation			
	Name of plan				1b	Three-digit
TMBC	G, INC. 401K PLAN					plan number
				-	10	(PN) 001
					10	Effective date of plan 01/01/2011
2a	Plan sponsor's name and address; inclu	lude room or suite number (er	mplover, if	for a single-employer plan)	2h	Employer Identification Number
	G, INC.	(0.		Ter a enigra empreyer premy		(EIN) 91-1741613
					2c	Sponsor's telephone number
10024	5 19TH AVENUE SE #100					425-347-1786
	RETT, WA 98208				2d	Business code (see instructions)
						812990
	Plan administrator's name and address	` ' '		,	3b	Administrator's EIN
IMBC	G, INC.	10025 19TH <i>A</i> EVERETT, W		BE #100	30	91-1741613
					30	Administrator's telephone number 425-347-1786
4	If the name and/or EIN of the plan spor	nsor has changed since the la	ast return/r	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from	the last return/report.			_	
	Sponsor's name				4c	PN
5a	Total number of participants at the beg	inning of the plan year			5a	C
b	Total number of participants at the end	d of the plan year			5b	93
С	Number of participants with account ba complete this item)		,	·	5c	10
6a	Were all of the plan's assets during the	e plan year invested in eligibl	e assets?	(See instructions.)		X Yes No
b	3					
	under 29 CFR 2520.104-46? (See inst					X Yes  No
Da	If you answered "No" to either 6a or	r 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.	
	art III   Financial Information					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year 16140
			7a	0		10140
	'		7b	0		16140
_			7c	0		16140
8	Income, Expenses, and Transfers for the			(a) Amount		(b) Total
а	Contributions received or receivable from		8a(1)	0		
	(2) Participants		8a(2)	15703		
	(3) Others (including rollovers)		8a(3)			
b	Other income (loss)		8b	437		
C	Total income (add lines 8a(1), 8a(2), 8a		8c			16140
d	Benefits paid (including direct rollovers		- 60			
•	to provide benefits)		8d			
е	Certain deemed and/or corrective distri		8e			
f	Administrative service providers (salari	ies, fees, commissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e, 8f, ar	ınd 8g)	8h			0
i	Net income (loss) (subtract line 8h from	n line 8c)	8i			16140
i	Transfers to (from) the plan (see instru-	uctions)	8j			

Earm	5500-SE 2011	

LIV	Fian Characteristics		
If the	olan provides pension benefits,	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruct	tions:

Page **2** - 1

2E 2F 2G 2J 2K 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	V Compliance Questions		Ves	NI.			
)	During the plan year:		Yes	No		Amo	ount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ			
С	Was the plan covered by a fidelity bond?	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes X
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th					
-	Enter the minimum required contribution for this plan year			12b			
				12c			
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No N
art							<u> </u>
	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No	
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year			ш		1	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co				Yes X
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						
1:	3c(1) Name of plan(s):		130	c(2) E	:IN(s)		<b>13c(3)</b> PN(
				. ,			
auti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estak	lished		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retr					licable.	a Schedule
2 00	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return,	/ranari	0001	a +ha	hoot of n	ov knov	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/26/2012	ANDREA THOMPSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefil Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art i   Annual Report Identification Information						
For	The state of the s	01/01/2	2011 and ending	12/31/2011	_		
Α	This return/report is for:   a single-employer plan	a multipl	e-employer plan (not multiemployer)	a one-participant plan			
В	This return/report is: X the first return/report	the final	return/report				
	an amended return/report	a short pl	an year return/report (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automati	c extension	☐ DFVC program			
	special extension (enter descripti	on)		_			
Pa	art II Basic Plan Information—enter all requested inform	ation					
	Name of plan			1b Three-digit			
	TMBG, Inc. 401k Plan			plan number			
				(PN) 00:	1		
			l	1c Effective date of plan 01/01/2011			
2a	Plan sponsor's name and address; include room or suite number (e	emplover, i	f for a single-employer plan)	2b Employer Identification Num	her		
	TMBG, Inc.	, , , , , ,		(EIN) 91-1741613	1001		
				2c Sponsor's telephone number	er		
	10025 10+b Arranua CE #100		ļ	(425) 347-1786			
	10025 19th Avenue SE #100		15 22 20 20 20 20 20 20 20 20 20 20 20 20	2d Business code (see instructi	ions)		
	Everett	. "0	WA 98208	812990			
sa	Plan administrator's name and address (if same as plan sponsor, e ${\sf Same}$	nter "Sam	e")	3b Administrator's EIN			
			Ī	3c Administrator's telephone nu	umber		
_							
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b EIN			
а	Sponsor's name			4c PN			
5a	Total number of participants at the beginning of the plan year			5a	0		
b	Total number of participants at the end of the plan year		<b>5b</b>				
С	Number of participants with account balances as of the end of the complete this item)		5c	10			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	¥ Yes	No		
b	Are you claiming a waiver of the annual examination and report of				∏ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F.				Пио		
Pa	rt III   Financial Information	01111 3300-	or and must instead use Form 550	/·			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7a					
b	Total plan liabilities				6,140		
С	Net plan assets (subtract line 7b from line 7a)	7с			6,140		
8		7.0		1	6,140 6,140		
0	Income, Expenses, and Transfers for this Plan Year	r li	(a) Amount	(b) Total			
а	Contributions received or receivable from:		(a) Amount	2.3			
	Contributions received or receivable from: (1) Employers	8a(1)	(	(b) Total			
	Contributions received or receivable from: (1) Employers	8a(1) 8a(2)	(a) Amount	(b) Total	6,140		
a	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3)	15,703	(b) Total	6,140		
a b	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b	(	(b) Total	6,140		
a b c	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b	15,703	(b) Total	6,140		
a b	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	15,703	(b) Total	6,140		
a b c	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	15,703	(b) Total	6,140		
a b c d	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	15,703	(b) Total	6,140		
a b c d	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	15,703	(b) Total	6,140		
a b c d e f	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	15,703	(b) Total	6,140		
a b c d e f g	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	15,703	(b) Total	6,140		

-	Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2E 2F 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	V Compliance Questions									
10	During the plan year:			Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			Х		Amount				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
С	0111110 100.7									
d										
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	the benefits under the	e plan? (See	e	Х					
f	Has the plan failed to provide any benefit when due under the plan?		10	f	Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		و ا	Х					
h	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)			h	Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3						F # 10000			
Part										
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))						☐ Yes ☒ No			
12	Is this a defined contribution plan subject to the minimum funding re						Yes X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable for a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plar	Month _							
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule M Enter the minimum required contribution for this plan year			Г	12b					
	Enter the amount contributed by the employer to the plan for this plan				12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minu	is sign to the left of a		12d					
	Will the minimum funding amount reported on line 12d be met by the					Yes [	No ∏ N/A			
Part		Terreing decadine :					-			
_	Has a resolution to terminate the plan been adopted in any plan year?				П	es X No	1			
104	If "Yes," enter the amount of any plan assets that reverted to the emi			13a						
b	Were all the plan assets distributed to participants or beneficiaries, tr	ansferred to another	plan, or brought unde	er the co			Yes X No			
С	of the PBGC?						_ ···			
	3c(1) Name of plan(s):			13	c(2) Ell	N(s)	13c(3) PN(s)			
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.										
0101	(ludy)	7/3/17	Mid-Atlantic	Trus	t					
SIGI		Date	Enter name of indivi			plan admir	nistrator			
SIGI	organization plant during out and			,0:						
HER		Date	Enter name of indivi	dual sig	ning as	employer c	or plan sponsor			

Page 2 -

Form 5500-SF 2011