Fo	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					<b>e</b> OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service         Department of Labor           Department of Labor         Employee Benefits Security Administration					е	2012			
							s Open to Public		
Pension B	enefit Guaranty Corporation	Ins	pection						
Part I		entification Information							
For calend	ar plan year 2012 or fisca			<u> </u>	2/31/2				
	turn/report is for:	X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan							
B This re	B This return/report is:								
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558		DFVC program					
special extension (enter description)									
Part II	Basic Plan Inform	nation—enter all requested informat	ion						
1a Name					1b	Three-digit			
IGM RETIR	EMENT PLAN					plan number (PN) ▶	001		
					1c	Effective date of	plan		
						01/01/	•		
	ponsor's name and addre	ess; include room or suite number (em G, INC.	ployer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 26-210			
P.O. BOX 9	9965				2c	Sponsor's telephone number 253-581-7679			
	D, WA 98496				2d		Business code (see instructions) 327210		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	<b>b</b> Administrator's EIN			
					20	A das is istants d'a t	elephone number		
name	, EIN, and the plan numb	lan sponsor has changed since the last return/report.	st return/report filed fo	r this plan, enter the		EIN			
· _ ·	or's name	the beginning of the plan year			4C PN				
		the end of the plan year			5a				
		count balances as of the end of the pla			5b		46		
	· ·				5c		30		
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	ions.)			X Yes No		
under	29 CFR 2520.104-46? (	e annual examination and report of an See instructions on waiver eligibility and	nd conditions.)	•			X Yes No		
		er line 6a or line 6b, the plan canno							
Under pen SB or Sche	alties of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have e	examined this return/rep	ort, ir	cluding, if application			
SIGN	Filed with authorized/va	lid electronic signature.	04/19/2013	JEFF TREGONING					
HERE	Signature of plan adn	administrator Date Enter name of individu				dual signing as plan administrator			
SIGN									
HERE	Signature of employe	e of employer/plan sponsor Date Enter name of individ				dual signing as employer or plan sponsor			
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	(optional)	Prep	arer's telephone	number (optional)		

7 Plan Assets and Liabilities							
1 1 IUI 103563 AUU LIANIILES		(a) Beginning of Year			(b) End of Year		
a Total plan assets	7a	95218			249424		
<b>b</b> Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	9521	8		249424		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:	<b>a</b> (1)	405.4	-				
(1) Employers		4854					
(2) Participants		6897					
(3) Others (including rollovers)		32315					
<b>b</b> Other income (loss)		1623	1			400000	
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			_		166068	
to provide benefits)	8d	1008	7				
e Certain deemed and/or corrective distributions (see instructions).	8e	177	5				
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11862	
i Net income (loss) (subtract line 8h from line 8c)	8i					154206	
<b>j</b> Transfers to (from) the plan (see instructions)	··· 8j						
Part IV Plan Characteristics							
2E       2G       2J       2K       2R       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare         Port V       Commutication on Operations	feature codes	from the List of Plan Charac	cterist	ic Cod	es in the ins	structions:	
Part V Compliance Questions				Yes	No	•	
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contrib</li></ul>	outions within th	ne time period described in		res	No	Amount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi <b>b</b> Were there any nonexempt transactions with any party-in-intere		<b>2</b> /	10a		Х		
on line 10a.)			10b		Х		
<b>C</b> Was the plan covered by a fidelity bond?			10c	X		30000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?		,	10d		x		
<b>e</b> Were any fees or commissions paid to any brokers, agents, or c insurance service or other organization that provides some or al instructions.)	l of the benefits	s under the plan? (See	10e	x			
f Has the plan failed to provide any benefit when due under the p	Les the star failed to provide our boast the due we have the star?					1426	
			10c		Х	1426	
			10f	X	Х		
	as of year end ? (See instruction	.) ons and 29 CFR		x x	X		
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>	as of year end ? (See instruction the required no	.) ons and 29 CFR  otice or one of the	10f 10g		X		
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period' 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided</li> </ul>	as of year end ? (See instruction the required no	.) ons and 29 CFR  otice or one of the	10f 10g 10h	х	X		
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period' 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require</li> </ul>	as of year end ? (See instruction the required no 01-3	.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	X X Scheo	lule SB (For	11727 m	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period' 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> </ul>	as of year end ? (See instruction the required no 01-3 ments? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	X X Schec	lule SB (For	11727 m	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period' 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below).</li> </ul>	as of year end ? (See instruction the required no 01-3	.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	X X Schec	lule SB (For	11727 m Yes No	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period' 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> </ul>	as of year end ? (See instruction the required no 01-3 ments? (If "Yes	.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code	10f 10g 10h 10i	X X Schec	lule SB (For	11727 m Yes No	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period' 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	as of year end ? (See instruction the required no 01-3 ments? (If "Yes up requirements w, as applicable eing amortized	.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i plete or se	X Scheo	lule SB (For 11a 302 of ERIS	11727 m Yes No A? Yes No	
<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period' 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> <li>12 Is this a defined contribution plan subject to the minimum funding runding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below</li> <li>a If a waiver of the minimum funding standard for a prior year is been and the standard for a prior year is b</li></ul>	as of year end ? (See instruction the required no 01-3 ments? (If "Yes g requirements w, as applicable ping amortized	.) ons and 29 CFR  otice or one of the  s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i plete or se	X Scheo	lule SB (For 11a 302 of ERIS	m       Yes       No         A?       Yes       No         e of the letter ruling       Yes       Yes	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a	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							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Ret Be	/ee	OMB Nos. 1210-01 1210-00				
Department of the Treasury Internal Revenue Service	This form is required to be filed u	e		2012			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19 the Internal R	tions 6057(b) and 6058	(a) of	This Form i	This Form is Open to Public		
Pension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.						
	dentification Information					· · · · · · · · · · · · · · · · · · ·	
For calendar plan year 2012 or fisc		·····	and ending 1	2/31/2	2012		
A This return/report is for:	X a single-employer plan a	multiple-employer pla	an (not multiemployer)	2	🗌 a one-partici	pant plan	
B This return/report is:	the first return/report the	e final return/report					
	an amended return/report as	short plan year return	/report (less than 12 mo	onths)			
C Check box if filing under:	🗌 Form 5558 🛛 🗌 at	utomatic extension			DFVC progra	am	
	special extension (enter description)				10 2 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part II Basic Plan Infor	mation-enter all requested information	חנ				· · · · · · · · · · · · · · · · · · ·	
1a Name of plan				1b	Three-digit	(	
TGM RETIREMENT PLAN					plan number (PN)	001	
				1c	Effective date of		
			с.	10	01/01/2		
2a Plan sponsor's name and add TACOMA GLASS MANUFACTURII	ress; include room or suite number (emp NG, INC.	ployer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 26-216	fication Number	
P.O. BOX 99965				2c	Sponsor's telephone number (253) 581-7679		
LAKEWOOD, WA 98496				2d	Business code (see instructions) 327210		
	l address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
						telephone number	
name, EIN, and the plan num	plan sponsor has changed since the las ber from the last return/report.	t return/report filed fo	r this plan, enter the	4b			
a Sponsor's name 5a Total number of participants a	at the beginning of the plan year			4c			
	at the end of the plan year			5a		32	
	ccount balances as of the end of the pla			5b		46	
complete this item)							
	during the plan year invested in eligible the annual examination and report of an					X Yes No	
under 29 CFR 2520.104-46?	(See instructions on waiver eligibility an	d conditions.)		гн) 		X Yes No	
If you answered "No" to eit	her line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.		
	r incomplete filing of this return/repo						
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	er penalties set forth in the instructions, d signed by an enrolled actuary, as well lete.	I declare that I have a as the electronic vers	examined this return/rep sion of this return/report	oort, in , and i	icluding, if applic to the best of my	cable, a Schedule / knowledge and	
SIGN X ALT	77	14-17-13	JEFF TREC	HON	ING-		
HERE Signature of plan ac	Iministrator	Date	Enter name of individu			ministrator	
SIGN							
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual sig	ining as employe	er or plan sponsor	
Preparer's name (including firm na	ame, if applicable) and address; include	room or suile number	r (optional)	Prep	arer's telephone	e number (optional)	
For Paperwork Reduction Act Notice	e and OMB Control Numbers, see the instru	uctions for Form 5500-	SF.	_	ann i the States	Form 5500-SF (2012)	

 $(1) \in [1, \infty) \to (1, \infty) \in [1, \infty) \to [1, \infty] \to [1, \infty]$ 

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Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	<b>7a</b> 95218					249424
<b>b</b> Total plan liabilities	7b					245424
C Net plan assets (subtract line 7b from line 7a)	7c	9521	8			249424
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
a Contributions received or receivable from:						[]/
(1) Employers	8a(1)	4854				
(2) Participants	8a(2)	6897	1	+		· · · · · · · · · · · · · · · · · · ·
(3) Others (including rollovers)	8a(3)	3231	5	_		
b Other income (loss)	8b	1623	7			······
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	80			_		166068
to provide benefits)	8d	1008	7			
e Certain deemed and/or corrective distributions (see instructions)	8e	177		+-		
f Administrative service providers (salaries, fees, commissions)	8f		0	+		
g Other expenses	8g			1		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	-5 8h		00775	1		11862
i Net income (loss) (subtract line 8h from line 8c)	8i			1		154206
j Transfers to (from) the plan (see instructions)	8j		- 9	-		104200
Part IV Plan Characteristics		and the second sec		_	••	· · · · · · · · · · · · · · · · · · ·
9a       If the plan provides pension benefits, enter the applicable pension         2E       2G       2J       2K       2R       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare for         Part V         Compliance Questions						
10 During the plan year:	<del></del>			Yes	No	
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	lions within	) lhe time period described in ection Program)	10a	163	x	Amount
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c	x		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	id, that was caused by fraud	10C		x	30000
e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	her persons of the bene	by an insurance carrier, fits under the plan? (See	10e	x		1426
f Has the plan failed to provide any benefit when due under the pla	in?		10f		х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g	x	- 10 	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g	x		11727
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i	x		
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Y	es," see instructions and com	nplete	Sched	ule SE	3 (Form
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding		Construction of the local data and the locae data and the local data a		0472423		ERISA? Yes V 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 bei granting the waiver.		Mon	ith	and e	nler lh Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu						
<b>b</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	and the second second
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	flofa	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		
Part VII Plan Terminations and Transfers of Assets		
13a 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		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	Lunder the control	∏ Yes ⊠ No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to	
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)		
14a Name of trust	14b Trust's Ell	N