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

2013

This Form is Open to Public Inspection

	Benefit Guaranty Corporation	 Complete all entries in acc 	cordance with the instru	ctions to the Form 5500	0-SF.				
Part I	Annual Report Id	dentification Information							
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This return/report is for:									
B This return/report is:									
		onths)							
C Check	box if filing under:			DFVC progra	am				
		special extension (enter descri	. ,						
Part II Basic Plan Information—enter all requested information									
1a Name	•				1b	Three-digit			
TGM RETIR	REMENT PLAN					plan number (PN) ▶	001		
					10	Effective date of			
					10	01/01/			
	sponsor's name and add GLASS MANUFACTURIN	lress; include room or suite numbe NG, INC.	r (employer, if for a single	-employer plan)	2b	Employer Identii (EIN) 26-21	fication Number 60286		
P.O. BOX 9	19965				2c	Sponsor's telep			
	D, WA 98496				2d	Business code ((see instructions)		
3a Plan a	administrator's name and	d address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b	Administrator's I			
					3с	Administrator's t	telephone number		
4 If the	name and/or FIN of the	plan sponsor has changed since the	he last return/report filed f	or this plan, enter the	4h	EINI			
		ber from the last return/report.	le last return/report lileu i	or triis plan, enter trie	4b EIN				
	sor's name	·			4c	PN			
5a Total	number of participants a	at the beginning of the plan year			5a		46		
b Total	number of participants a	at the end of the plan year			5b		52		
			. , ,	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					
_	all of the plan's assets								
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							30 X Yes No		
		the annual examination and report	of an independent qualific	ctions.)ed public accountant (IQI	PA)		X Yes No		
unde	r 29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibil	of an independent qualification of a particular of a particula	ctions.)ed public accountant (IQI	PA)				
unde If you	r 29 CFR 2520.104-46? u answered "No" to eitl	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan ca	of an independent qualification independent qualification in the conditions.)	ctions.)ed public accountant (IQI	PA) Form	5500.	X Yes No X Yes No		
unde If you	r 29 CFR 2520.104-46? u answered "No" to eitl	the annual examination and report (See instructions on waiver eligibil	of an independent qualification independent qualification in the conditions.)	ctions.)ed public accountant (IQI	PA) Form	5500.	X Yes No		
under If you	r 29 CFR 2520.104-46? u answered "No" to eitl plan is a defined benefit	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan ca	of an independent qualification in the conditions of an independent qualification in the conditions.)	ed public accountant (IQI	PA) Form	5500. Yes No	X Yes No X Yes No		
unde If you C If the Caution: A Under pen SB or Sch	r 29 CFR 2520.104-46? u answered "No" to eith plan is a defined benefit A penalty for the late of nalties of perjury and other	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan cat plan, is it covered under the PBGO or incomplete filing of this return er penalties set forth in the instruct disigned by an enrolled actuary, as	of an independent qualification of an independent qualification of the conditions.)	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	PA) Form se is	5500. Yes No established. Including, if applic	Yes No Yes No Not determined able, a Schedule		
unde If you C If the Caution: A Under pen SB or Sch belief, it is	r 29 CFR 2520.104-46? u answered "No" to eith plan is a defined benefit A penalty for the late of nalties of perjury and othe edule MB completed and true, correct, and completed	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan cat plan, is it covered under the PBGO or incomplete filing of this return er penalties set forth in the instruct disigned by an enrolled actuary, as	of an independent qualification of an independent qualification of the conditions.)	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is oort, ir, and	5500. Yes No established. Including, if applic	Yes No Yes No Not determined able, a Schedule		
unde If you C If the Caution: A Under pen SB or Sch belief, it is	r 29 CFR 2520.104-46? u answered "No" to eith plan is a defined benefit A penalty for the late of nalties of perjury and othe edule MB completed and true, correct, and completed	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan cat plan, is it covered under the PBGG or incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	of an independent qualification of an independent qualification of an armonic use Form 5500-SF C insurance program (see Areport will be assessed tions, I declare that I have see well as the electronic veri	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	Form	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined able, a Schedule knowledge and		
unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN	r 29 CFR 2520.104-46? u answered "No" to eith plan is a defined benefit A penalty for the late of nalties of perjury and othe edule MB completed and true, correct, and compl	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan cat plan, is it covered under the PBGG or incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	of an independent qualificative and conditions.)	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep rsion of this return/report	Form	5500. Yes No established. Including, if applicate the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and		
unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE	r 29 CFR 2520.104-46? u answered "No" to eith plan is a defined benefit A penalty for the late of nalties of perjury and othe edule MB completed and true, correct, and compl	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this return er penalties set forth in the instruct disigned by an enrolled actuary, as lete. Including the property of the plan cate of the plan	of an independent qualificative and conditions.)	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep rsion of this return/report, JEFFREY TREGONIN Enter name of individu	Form See is port, ir, and	5500. Yes No established. Including, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and		
unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	r 29 CFR 2520.104-46? u answered "No" to eith plan is a defined benefit A penalty for the late of nalties of perjury and othe edule MB completed and true, correct, and compl Filed with authorized/v. Signature of plan ad Signature of employ	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this return er penalties set forth in the instruct disigned by an enrolled actuary, as lete. Including the property of the plan cate of the plan	c of an independent qualificative and conditions.)	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report rsion of this return/report JEFFREY TREGONIN Enter name of individu	Form se is cort, ir , and G ual sigual sigual	yes No sestablished. cluding, if applic to the best of my spring as plan admining as employed.	Yes No Yes No Not determined Able, a Schedule knowledge and		
unde If you C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE	r 29 CFR 2520.104-46? u answered "No" to eith plan is a defined benefit A penalty for the late of nalties of perjury and othe edule MB completed and true, correct, and compl Filed with authorized/v. Signature of plan ad Signature of employ	the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this returnater penalties set forth in the instruct disigned by an enrolled actuary, as lete. Iministrator	c of an independent qualificative and conditions.)	ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report rsion of this return/report JEFFREY TREGONIN Enter name of individu	Form se is cort, ir , and G ual sigual sigual	yes No sestablished. cluding, if applic to the best of my spring as plan admining as employed.	X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information								
7	Plan Assets and Liabilities						(b) End of Year		
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 404967		
b	Total plan liabilities	7a 7b	2.0.2	-			10 1001		
	Net plan assets (subtract line 7b from line 7a)	76 7c	24942	4			404967		
8	,	76		-					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
и	(1) Employers	8a(1)	5121	3					
	(2) Participants	8a(2)	7479	7					
	(3) Others (including rollovers)	8a(3)	785	0					
b	Other income (loss)	8b	6372	5					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					197585		
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	4173						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	31	1					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					42042		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					155543		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а						X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		30000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Χ			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			Х			
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		19047		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding		· · · · ·			302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru		, and e	enter th	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
	Enter the minimum required contribution for this plan year					12b			

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c					
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)	12d					
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?	Y	es X No				
	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 coof the PBGC?	ontrol		Yes X No			
С	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):	c(2) Ell	V(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

2013

OMB Nos. 1210-0110 1210-0089

Complete all entries in accordance with the least

This Form is Open to Public Inspection

Part I	Annual Report Identification Information	ince with the mond	Cuons to the rom 55	UU-SP.					
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This re	turn/report is for: a single-employer plan								
B This re	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 Check		utomatic extension		DFVC program					
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested information	ion		-					
1a Name	20			1b	Three-digit				
TGM RETIR	REMENT PLAN			893,19456	plan number				
				40	(PN) ▶ 001				
				16	Effective date of plan 01/01/2011				
2a Plan s TACOMA G	ponsor's name and address; include room or suite number (em LASS MANUFACTURING, INC.	ployer, if for a single	-empioyer plan)	2b	Employer Identification Number (EIN) 26-2160286				
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 Plar	Sponsor Address	3b	Administrator's EIN				
				3с	Administrator's telephone number				
4 If the t	name and/or EIN of the plan sponsor has changed since the las , EIN, and the plan number from the last return/report.	t return/report filed for	or this plan, enter the	4b EIN					
	or's name			4c PN					
5a Total	number of participants at the beginning of the plan year								
b Total	number of participants at the end of the plan year			5a 5b	46				
C Numb	er of participants with account balances as of the end of the pla	n vear (defined bene	fit plans do not	30	52				
compl	lete this item)		•••••••	. 5c	30				
b Are vo	all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an	assets? (See instruc	tions.)		Yes 🗍 No				
under	29 CFR 2520.104-46? (See instructions on waiver eligibility an	d conditions.)							
ir you	answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.				
C If the p	plan is a defined benefit plan, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)?		Yes No Not determined				
Caution: A	penalty for the late or incomplete filing of this return/repo	rt will be assessed	uniess reasonable ca	use is d	established.				
Under pena	alties of periury and other penalties set forth in the instructions	I declare that I have	overnined this setup to	Liberton est					
	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ver	sion of this return/repor	t, and t	o the best of my knowledge and				
SIGN	X	14-25-M	X1 Jeffrex	Trea	CN.N9				
HERE	Signature of plan administrator	Date			ning as plan administrator				
SIGN		33.00		dui digi	ing as part administrator				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual sign	ning as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address; include i	room or suite numbe	r (optional)	Prepa	arer's telephone number (optional)				
			02		3 1				

Pai	t III Financial Information										
7	Plan Assets and Liabilities	an Assets and Liabilities (a) Beginning of Ye			(b) End of Year						
a	Total plan assets	7a	24942		1		404967				
b	Total plan liabilities	7b					101007				
c	t plan assets (subtract line 7b from line 7a)						404967				
_8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	5121	3		184	(5) 1000				
	(2) Participants	8a(2)	7479	7	7						
	(3) Others (including rollovers)	8a(3)	785	0							
b	Other income (loss)	8b	6372	5	\top						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Contract of the Contract of th		****		197585				
d	Benefils paid (including direct rollovers and insurance premiums	5 130C 97	A de-mand A value	2004			101000				
	to provide benefits)	8d	4173								
	Certain deemed and/or corrective distributions (see instructions)	8e	31	1							
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
- 0	Total expenses (add lines 8d, 8e, 8f, and 8g)						42042				
	Net income (loss) (subtract line 8h from line 8c)	8i					155543				
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D	feature cod	des from the List of Plan Chan	acteris	tic Co	odes in	the instructions:				
b				78 10 10							
~	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Coc	des in t	he instructions:				
Parl	V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					х	2 100 100 100 100 100 100 100 100 100 10				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х					
C	Was the plan covered by a fidelity bond?		***************************************	10c	х		20000				
d	The second secon	fidelity bon	nd, that was caused by fraud	10.		х	30000				
e	This care is a second of the s			10d	-						
	insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the plan			10f		х	1 (2 (2))				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	х		19047				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10h		х	3,3047				
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i	-	9					
Part		-	***************************************	101		-					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SE	3 (Form				
11a	Enter the unpaid minimum required contribution for current year fr	om Schedu	ule SB (Form 5500) line 39			11a	Yes No				
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able,)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru	ctions, th	and e	enter the	ne date of the letter ruling Year				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	B MB (Fort	m 5500), and skip to line 13.			Day	Teal				
b	Enter the minimum required contribution for this plan year					12b	CO ACOUNT AND				

Section 1988	Form 5500-SF 2013		Page 3 -	1								
99												
c	Enter the amount contributed by the employer to the plan f	for this plan year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12c	Τ	- 5	-			_
d	Subtract the amount in line 12c from the amount in line 12l negative amount)	b. Enter the result (enter a minus	sign to the le	off of a	12d	Ī				Real	
e	Will the minimum funding amount reported on line 12d be	met by the funding	deadline?				\Box	/es	П	No	П	N/A
Part	VII Plan Terminations and Transfers of As	sets									. احال	
13a	Has a resolution to terminate the plan been adopted in any pla	n year?				П	Yes	1 Y	Vo.			_
	If "Yes," enter the amount of any plan assets that reverted	to the employer this	s year			13a	T	Λ.				
b	Were all the plan assets distributed to participants or bene of the PBGC?	eficiaries, transferred	to another n	an or brough	at under the	0001-01				1 va	s X	- NI
C	If during this plan year, any assets or liabilities were transfewhich assets or liabilities were transferred. (See instruction	ferred from this plan	to another pl	an(s), identify	the plan(s)	to	<u> </u>			1 10.	<u> </u>	180
1	3c(1) Name of plan(s):			-	T 1	3c(2) E	IN(s)		T	13c(3) PI	V(e)
									\top			-(-/
Part	VIII Trust Information (optional)	-				-	-					

14b Trust's EIN

Form 5500-SF 2013

14a Name of trust