Fo	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	This form is required to be filed		4065 of the Employee R	etirement	2014
	Department of Labor Benefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		This Form is Open to
	Benefit Guaranty Corporation	 Complete all entries in a 	Υ.	,	500-SF.	Public Inspection
Part I		Identification Information				
For calend	dar plan year 2014 or fis	cal plan year beginning 01/01/20			/31/2014	
	eturn/report is for: turn/report is	 a single-employer plan a one-participant plan the first return/report an amended return/report 	of participating emplo a foreign plan the final return/report	ilan (not multiemployer) ayer information in accord n/report (less than 12 m	dance with t	king this box must attach a list he form instructions)
	box if filing under:	Form 5558			[] D	FVC program
Part II		rmation—enter all requested info	ormation		41	
1a Name TGM RETIF	e of plan REMENT PLAN				(PN)	number
	sponsor's name and add	dress; include room or suite numbe	er (employer, if for a single	-employer plan)		01/01/2011 loyer Identification Number
		IG, INC.			(EIN) 2c Spor	nsor's telephone number
P.O. BOX 99 LAKEWOOD	9965 D, WA 98496				2d Busin	253-581-7679 ness code (see instructions) 327210
3a Plan a	administrator's name an	d address XSame as Plan Spons	or.		3b Adm	inistrator's EIN
					3c Adm	inistrator's telephone number
name	e, EIN, and the plan num	plan sponsor has changed since t nber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN	
- <u>-</u>	sor's name	at the heating of the algorithm.			4C PN	
		at the beginning of the plan year			5a	52
C Numb	ber of participants with a	at the end of the plan year	he plan year (defined ben	efit plans do not	5b 5c	36
	,	ticipants at the beginning of the pla			5d(1)	48
d(2) ⊺o	tal number of active par	ticipants at the end of the plan yea	ır		5d(2)	73
		rminated employment during the pl			5e	0
Under per SB or Sch	nalties of perjury and oth	or incomplete filing of this return ner penalties set forth in the instruc id signed by an enrolled actuary, as	tions, I declare that I have	examined this return/re	port, includii	ng, if applicable, a Schedule
SIGN		valid electronic signature.	07/23/2015	JEFF TREGONING		
HERE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual signing	as plan administrator
SIGN HERE	Signature of employ		Date		ual signing	as employer or plan sponsor
Preparer's	s name (including firm na	ame, if applicable) and address (in	clude room or suite numbe	er) (optional)	Preparer's	s telephone number (optional)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X	Yes	No	
b	Are you claiming a waiver of the annual examination and report of a							$\mathbf{\mathbf{v}}$	Vaa	No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							^	Yes		
c	If the plan is a defined benefit plan, is it covered under the PBGC in					-		Not	determ	ined	
	t III Financial Information		logian (see ErrioA section 40	21):		103		NOL	uctom	inica	
7 Fa							<i>(</i>) = 1				_
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	of Ye	ar 54511	7	
	Total plan assets	7a	4043	01	_				54511	1	_
	Total plan liabilities	7b	4049	67					54511	7	
	Net plan assets (subtract line 7b from line 7a)	7c		.01			<i>4</i>) -		04011	1	_
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		_		(b) T	otal			
a	(1) Employers	8a(1)	651	06							
	(2) Participants	8a(2)	1014	72							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	220)92							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							18867	0	
d	Benefits paid (including direct rollovers and insurance premiums		405	-00							
	to provide benefits)	8d	485	520							
	Certain deemed and/or corrective distributions (see instructions)	8e									_
f	Administrative service providers (salaries, fees, commissions)	8f									_
	Other expenses	8g			_				1050		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				4852		
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_				14015	0	_
J	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 co	des from the List of Plan Chara	acteri	stic Co	odes in	the instruc	tions			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cor	les in t	he instructi	ons:			
				otoniot		200 111		0110.			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu		•			X					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
D	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	X					30000	
d											
	or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•									
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х					36766	_
5 h				ivg	~						
	2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided th 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									Π	
	5500) and line 11a below)								Yes	No	
11a	Enter the unpaid minimum required contribution for current year fr	om Scheo	lule SB (Form 5500) line 39			11a				<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.

 Month ______ Day _____ Year _____

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
C 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 onegative amount)	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?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Benefit Pian (10) Description of diamation in the equires to be file under sections 10.6 and 40.5 of the Einstylewe Relearance to the Color (Intercedue) 2016 Description of diamation intercedue (Intercedue) Complete all entries in accordance with the instructions to the Form SSO0-SF. Parameter into the Color (Intercedue) 2016 Parameter into the Color (Intercedue) Complete all entries in accordance with the instructions to the Form SSO0-SF. Parameter into the Color (Intercedue) Complete all entries in accordance with the instructions in accordance with the form instructions) Parameter into the Color (Intercedue) Complete all entries in accordance with the instructions in accordance with the form instructions) A The return/report is in a entered of neuro/report Complete all entries in accordance with the instruction in accordance with the form instructions) B The return/report is in a entered of neuro/report Complete all entries in accordance with the instruction in accordance with the form instructions) B The return/report is in a entered of neuro/report Complete all entries in accordance with the instructions in accordance with the form instructions) Complete all entrinstin accordance with the instruction in accordance wi								
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3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrator's telephone number 5a Total number of participants at the beginning of the plan year		D WA 98406						ee instructions)
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year				<i>n</i> .		3D Admin	istrator's E	IN
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 5a 52 b Total number of participants at the end of the plan year 5b 80 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 36 d(1) Total number of active participants at the beginning of the plan year. 5d(1) 48 d(2) Total number of active participants at the end of the plan year. 5d(2) 73 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e 0 c Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 BB 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 there. signature of plan adoministrator Date Enter name of individual signing as plan administrator signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Pre	4 If the	name and/or EIN of the pla	an sponsor has changed since th	e last return/report filed t	for this plan onter the	Ab En		
5a Total number of participants at the beginning of the plan year 5a 52 b Total number of participants at the end of the plan year 5a 5b 80 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 36 d(1) Total number of active participants at the beginning of the plan year. 5d(1) 48 d(2) Total number of active participants at the end of the plan year. 5d(2) 73 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e 0 caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 BB 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 there we correct, and complete. stan J <t< td=""><td>right (G</td><td>a cirit, and the plan nutribe</td><td>er from the last return/report.</td><td></td><td></td><td></td><td></td><td></td></t<>	right (G	a cirit, and the plan nutribe	er from the last return/report.					
b Total number of participants at the end of the plan year						4C PN		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 36 d(1) Total number of active participants at the beginning of the plan year. 5d(1) 48 d(2) Total number of active participants at the beginning of the plan year. 5d(2) 73 e Number of participants that terminated employment during the plan year with accrued benefits that were 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 BB 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. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	b Total	number of participants at t	he beginning of the plan year			5a		52
d(1) Total number of active participants at the beginning of the plan year	C Numb	er of participants with see	ne end of the plan year			5b		80
d(2) Total number of active participants at the end of the plan year	compr	ele (nis ilem)				5c		36
e Number of participants that terminated employment during the plan year with accrued benefits that were 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 bellef, it is true, correct, and complete. Signature of my knowledge and Signature of plan administrator J 7-20-15 X J J E F F R E Y T R E G W M G Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)						5d(1)		48
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 beelief, it is true, correct, and complete. Sign 17-20-15 X J JEFFREY TIZEGOUNG Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	a(2) Tot	al number of active particip	pants at the end of the plan year.			5d(2)		73
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 beelief, it is true, correct, and complete. Sign J7-20-15 X J JEFFREY TIZE(JUN)/AG Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	less th	an 100% vested	nated employment during the pla	n year with accrued bene	efits that were	5e		0
Sign HERE X J J FFRET TREGOMING Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	Caution: A Under pena SB or Sche	penalty for the late or in alties of perjury and other perjury and other perjury and other perjury and size of the second seco	complete filing of this return/r penalties set forth in the instruction in the percent of the set way as a set se	eport will be assessed	unless reasonable caus			
Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	SIGN	× MT	7	17-20-15	X, IEFEOR	*	- / A.M	7
Sign Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	HERE	Signature of plan admit	nistrator		1			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)	SIGN				Citer name of individua	i signing as	plan admii	nistrator
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional) Preparer's telephone number (optional)	HERE	Signature of employer	nian snonsor					
	Preparer's	name (including firm name	, if applicable) and address (inclu	Ide room or suite numbo	L Enter name of individua	I signing as	employer	or plan sponsor
or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.					_			

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Form	5500)-SF	2014	
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D Are	ere all of the plan's assets during the plan year invested in eligib	le assets? (Se	ee instructions.)				X Yes N
	e you claiming a waiver of the annual examination and report of a	an indenende	ot qualified public account:	ant (IC			
if y	der 29 CFR 2520.104-46? (See instructions on waiver eligibility a you answered "No" to either line 6a or line 6b, the plan cann	and conditions	5.) 5500-SE and must insta		Eoro		X Yes N
C If th	he plan is a defined benefit plan, is it covered under the PBGC in	surance prod	ram (see FRISA section 4	10 USC 1021\2	Г		
Part II							No Not determined
_	an Assets and Liabilities				- 1-		
			(a) Beginning of Ye			(b) End of Year
	tal plan assets tal plan liabilities	<u>7a</u>	40496	<u> </u>			545117
	t plan assets (subtract line 7b from line 7a)	7b					
	ome, Expenses, and Transfers for this Plan Year	7c	40496		_		545117
a Cor	ntributions received or receivable from: Employers		(a) Amount			-0.2 %	(b) Total
		8a(1)	6510	_	-		
	Participants	8a(2)	10147	2			
	Others (including rollovers)	8a(3)			_		
		8b	2209	12			
	al income (add lines 8a(1), 8a(2), 8a(3), and 8b) nefits paid (including direct rollovers and insurance premiums	80			-		188670
to p	provide benefits)	8d	4852	0	W		
	rtain deemed and/or corrective distributions (see instructions)	89			188		
	ministrative service providers (salaries, fees, commissions)	8f					
	er expenses	8g				12	
	al expenses (add lines 8d, 8e, 8f, and 8g)	8h					48520
	income (loss) (subtract line 8h from line 8c)	81					140150
	nsfers to (from) the plan (see instructions)	8j			+	ar se su	140100
Part V	he plan provides welfare benefits, enter the applicable welfare fe Compliance Questions						
	uring the plan year:						
	as there a failure to transmit to the plan any participant contribut	inne within the	time needed described in		Yes	No	Amount
2	9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correcti	on Program)	i 1			
b We	ere there any nonexempt transactions with any party-in-interest?	Oo not inclu	,,	10a		x	
			de transactions reported	10a 10b		x x	
C W	as the plan covered by a fidelity bond?			10b			
d Dia	Vas the plan covered by a fidelity bond? d the plan have a loss, whether or not reimbursed by the plan's f dichonsets/2	idelity bond t	hat was caused by fraud	10b 10c	x	x	30000
d Dic or	d the plan have a loss, whether or not reimbursed by the plan's t dishonesty?	idelity bond, t	hat was caused by fraud	10b	x		
d Dia or e We ins	d the plan have a loss, whether or not reimbursed by the plan's t dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service, or other organization that provides some or all c	idelity bond, t er persons by	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d	x	x	
d Dia or e We ins ins	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service, or other organization that provides some or all o structions.)	idelity bond, t er persons by of the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e	x	x x x	
d Did or e We ins ins f Ha	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service, or other organization that provides some or all o structions.) as the plan failed to provide any benefit when due under the plan	idelity bond, t er persons by of the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f		x x	30000
d Dia or e We ins ins f Ha g Dia h If the	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service, or other organization that provides some or all o structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (S	idelity bond, t er persons by of the benefits ?	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e	x	x x x x	
d Dic or e We ins ins f Ha g Dic h If tl 252 i If 1	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service, or other organization that provides some or all c structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (\$ 20.101-3.)	idelity bond, t er persons by of the benefits ? of year end.) See instruction e required not	hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f		x x x	30000
d Dic or e We ins ins f Ha g Dic h If th 253 i If 1 exc	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service, or other organization that provides some or all o structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (\$ 20.101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101	idelity bond, t er persons by of the benefits ? of year end.) See instruction e required not	hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x	30000
d Dic or e We ins ins f Ha g Dic h If ti 252 i If 1 exx Part VI	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or other surance service, or other organization that provides some or all of structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (\$ 20, 101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance	idelity bond, t er persons by of the benefits ? of year end.) See instruction e required not -3	hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10f 10f 10g 10h	x	x x x x x x	30000
d Dia or e We ins ins f Ha g Dia h If th 252 i If 1 exc Part VI 11 Is th 550	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or othe surance service, or other organization that provides some or all or structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (\$ 20,101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance this a defined benefit plan subject to minimum funding requireme 00) and line 11a below)	idelity bond, t er persons by of the benefits ? of year end.) See instruction e required not -3 ents? (If "Yes,	hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10f 10g 10h 10i	X	X X X X X X	30000 36760
d Dic or e We ins ins f Ha g Dic h If th 252 i i If 1 exc Part VI 11 Is th 550 11a	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or other surance service, or other organization that provides some or all o structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (\$ 20.101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirement	idelity bond, t er persons by of the benefits ? of year end.) See instruction e required not -3 ents? (If "Yes,	hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10f 10g 10h 10i	X	X X X X X X	30000 36760
d Dic or e We ins ins f Ha g Dic h If till 252 I If 1 i If till 252 i If 1 Still Part VI 11 Is till 550 11a Ent	d the plan have a loss, whether or not reimbursed by the plan's f dishonesty? ere any fees or commissions paid to any brokers, agents, or other surance service, or other organization that provides some or all or structions.) as the plan failed to provide any benefit when due under the plan d the plan have any participant loans? (If "Yes," enter amount as this is an individual account plan, was there a blackout period? (\$ 20,101-3.) 10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance this a defined benefit plan subject to minimum funding requireme 00) and line 11a below)	idelity bond, t er persons by of the benefits ? of year end.) See instruction e required not -3 ents? (If "Yes, m Schedule s	hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10f 10g 10h 10i	X	X X X X X ule SB (Fc	30000 36760 rm Yes No

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Page 3 - 1				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	lino 12			
b Enter the minimum required contribution for this plan year	<u></u>	1 401	T	
		12b		
C Enter the amount contributed by the employer to the plan for this mission		т—		
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 120 from the amount in line 12		12c		
 d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t negative amount). e Will the minimum function and the second second		12d		
Will the minimum funding amount reported on line 12d be met by the funding deadline?			☐ Yes	
Part VII Plan Terminations and Transfers of Assets				No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes X	
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 br of the PBGC? c If during this plan year, any assets or liabilities were transferred form this plan year. 		13a control		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s)	to		Yes X No
13c(1) Name of plan(s):		_		
	1	3c(2) E	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
4a Name of trust				
		14b T	rust's EIN	
	1			