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).

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pai	rt I	Annual Repor	rt Identification Informatio	n										
For c	alenda	ar plan year 2015 or	fiscal plan year beginning 01/01	1/2015		and ending 12	2/31/2	015						
A TI	nis ret	urn/report is for:	a single-employer plan a one-participant plan	lis		an (not multiemployer) ployer information in ac	•	-						
B Th	is retu	ırn/report is	the first return/report an amended return/report	the	e final return/report	n/report (less than 12 m	an 12 months)							
C C	heck t	oox if filing under:	X Form 5558 Special extension (enter des	ш	utomatic extension			DFVC progr	ram					
Par	t II	Basic Plan Inf	formation—enter all requested	information	on									
		of plan EMENT PLAN					1b	Three-digit plan number (PN) ▶	001					
							1c	Effective date of 01/0	¹ plan 1/2011					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)							2b	Employer Identif (EIN) 26-2	ication Number 160286					
		ASS MANUFACTUR	nce, country, and ZIP or foreign po RING, INC.	ostal code	e (if foreign, see instru	uctions)	2c Sponsor's telephone number 253-581-7679							
	P.O. BOX 99965 AKEWOOD, WA 98496							2d Business code (see instructions) 327210						
3a F	3a Plan administrator's name and address ⊠Same as Plan Sponsor.							3b Administrator's EIN						
							3с	Administrator's t	elephone number					
			the plan sponsor has changed sind number from the last return/report.	ce the last	t return/report filed fo	r this plan, enter the	4b EIN							
a 9	Spons	or's name					4c	PN						
5a -	Total r	number of participant	its at the beginning of the plan year	r			5	а	80					
b -	Total r	number of participant	nts at the end of the plan year				5	b	98					
			th account balances as of the end o			· ·	5	С	48					
d(1) Tota	al number of active p	participants at the beginning of the	plan year	r		5d	(1)	88					
-	-						5d	(2)	88					
-	d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						5	` '	0					
Cauti			e or incomplete filing of this retu				ıse is	established.						
SB or	Sche		other penalties set forth in the instr and signed by an enrolled actuary mplete.											
SIGN		Filed with authorize	ed/valid electronic signature.		10/05/2016	JEFF TREGONING								
ncki	_	Signature of plan	administrator		Date	Enter name of individe	ual sig	ning as plan adn	ninistrator					
SIGN														
			ployer/plan sponsor		Date	Enter name of individ								
Prepa	eparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number													

Form 5500-SF 2015		Page 2								
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)			X	Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determine	ed .
Part III Financial Information	, ,									
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye		
a Total plan assets	7a		545	5117					727922	
b Total plan liabilities	7b		5.45	5117					727922	
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		0117			(b)	Total	121922	
a Contributions received or receivable from:		(a) Amou	anı				(n)	TOLAI		
(1) Employers	8a(1)		88	938						
(2) Participants	8a(2)		133	8055						
(3) Others (including rollovers)	8a(3)			447						
b Other income (loss)	8b		-4	417					217576	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c								217576	
to provide benefits)	8d		32	2410						
e Certain deemed and/or corrective distributions (see instructions)	8e		2	2361						
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								34771	
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i								182805	
Part IV Plan Characteristics	8j									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instru	ctions:		
10 During the plan year:				Yes	No	N/A		Amo	ount	
a Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	X					30	000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g	X					15	231
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		X				10.	
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	ne required	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0	<u></u>	<u></u>	11a				
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?.	🗍	Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	☐ Ratio ☐ Average				
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount	······	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

For calendar plan year 2015	ort Identification Information							
	or fiscal plan year beginning 01/01/20	15	and ending 12/	31/2015				
	X a single-employer plan		olan (not multiemployer)					
A This return/report is for:			mployer information in a	mation in accordance with the form instructions)				
	a one-participant plan	a foreign plan						
D with a transfer and to	the first setum/senset	П. н. е						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check box if filing under:	X Form 5558	automatic extension		☐ DFVC pr	ogram			
	special extension (enter descr	_		□ - F:	-9			
Part II Basic Plan I	nformation—enter all requested in	<u> </u>						
1a Name of plan	mormation—enter an requested in	ioiniauon		1b Three-digit				
TGM RETIREMENT PLAN				plan number				
				(PN) •	001			
				1c Effective date	of plan			
		01/01/2011						
	nployer, if for a single-employer plan)	\ Dav)		2b Employer Ide				
	room, apt., suite no. and street, or P.C vince, country, and ZIP or foreign post:		ructions)	(EIN) 26-2160				
TACOMA GLASS MANUFACT		(g ,	,	2c Sponsor's tel	ephone number 3) 581-7679			
D.O. DOV 00005				327210	e (see instructions)			
P.O. BOX 99965				327210				
LAKEWOOD, WA 98496								
3a Plan administrator's name	e and address X Same as Plan Spons	sor.	· · · · · · · · · · · · · · · · · · ·	3b Administrator's EIN				
								
				3c Administrator	s telephone number			
<u> </u>								
	f the plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name	number from the last return/report.			4c PN				
	and add to be about a country of the same		·····	 _ 				
	ints at the beginning of the plan year				80			
	ints at the end of the plan year			5b				
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not							
complete this item)				5c	98 48			
					48			
d(1) Total number of active	participants at the beginning of the pla	an year		5d(1)	48 88			
d(1) Total number of active d(2) Total number of active	participants at the beginning of the pla	an year			48			
d(1) Total number of actived(2) Total number of activee Number of participants to	participants at the beginning of the pla participants at the end of the plan yea hat terminated employment during the	an yearplan year with accrued be		5d(1)	48 88			
d(1) Total number of active d(2) Total number of active Number of participants than 100% vested Caution: A penalty for the la	participants at the beginning of the pla participants at the end of the plan yea hat terminated employment during the	an yearplan year with accrued be	nefits that were less	5d(1) 5d(2) 5e se is established.	48 88 88 0			
d(1) Total number of active d(2) Total number of active e Number of participants than 100% vested Caution: A penalty for the la Under penalties of perjury and	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the steep of the plan year to or incomplete filing of this return to the penalties set forth in the instruc	n yearplan year with accrued be	nefits that were less unless reasonable cau	5d(1) 5d(2) 5e ise is established.	48 88 88 0			
d(1) Total number of active d(2) Total number of active e Number of participants than 100% vested Caution: A penalty for the la Under penalties of perjury and	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the steep or incomplete filing of this return to the penalties set forth in the instruct and signed by an enrolled actuary, as	n yearplan year with accrued be	nefits that were less unless reasonable cau	5d(1) 5d(2) 5e ise is established.	48 88 88 0			
d(1) Total number of active d(2) Total number of active Number of participants than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief. it is true, correct, and co	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the steep or incomplete filing of this return to the penalties set forth in the instruct and signed by an enrolled actuary, as	plan year with accrued be //report will be assessed tions, I declare that I have s well as the electronic ver	nefits that were less unless reasonable cau examined this return/report	5d(1) 5d(2) 5e se is established. port, including, if app, and to the best of n	48 88 88 0			
d(1) Total number of active d(2) Total number of active e Number of participants than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	participants at the beginning of the plate participants at the end of the plan year that terminated employment during the late or incomplete filing of this return a tother penalties set forth in the instructed and signed by an enrolled actuary, as complete.	plan year with accrued be //report will be assessed tions, I declare that I have s well as the electronic ver	unless reasonable cau examined this return/report	5d(1) 5d(2) 5e se is established. port, including, if app, and to the best of n	48 88 88 0 licable, a Schedule ny knowledge and			
d(1) Total number of active d(2) Total number of active e Number of participants than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	participants at the beginning of the plate participants at the end of the plan year that terminated employment during the late or incomplete filing of this return a tother penalties set forth in the instructed and signed by an enrolled actuary, as complete.	plan year with accrued be //report will be assessed tions, I declare that I have s well as the electronic ver	nefits that were less unless reasonable cau examined this return/report	5d(1) 5d(2) 5e se is established. port, including, if app, and to the best of n	48 88 88 0 licable, a Schedule ny knowledge and			
d(1) Total number of active d(2) Total number of active Number of participants the strain 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and constant SIGN HERE SIGN HERE	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the lete or incomplete filing of this return to the penalties set forth in the instructed and signed by an enrolled actuary, as omplete.	plan year with accrued be //report will be assessed tions, I declare that I have s well as the electronic ver	nefits that were less unless reasonable cau examined this return/report slon of this return/report XJJEFF TKI Enter name of individu	5d(1) 5e se is established. Fort, including, if app, and to the best of n	48 88 88 0 flicable, a Schedule ny knowledge and			
d(1) Total number of active d(2) Total number of active Number of participants the strain 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and consider the strain Sign HERE Signature of pla Sign HERE Signature of em	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the letter or incomplete filing of this return to the penalties set forth in the instruct d and signed by an enrolled actuary, as omplete. In administrator	an year	nefits that were less unless reasonable cau examined this return/report sion of this return/report XJJEFF TKI Enter name of individu	5d(1) 5e se is established. Fort, including, if app, and to the best of n EC-CNING— ual signing as plan and as signing as employed.	48 88 88 0 licable, a Schedule my knowledge and dministrator			
d(1) Total number of active d(2) Total number of active Number of participants the strain 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and consider the strain Sign HERE Signature of pla Sign HERE Signature of em	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the lete or incomplete filing of this return to the penalties set forth in the instructed and signed by an enrolled actuary, as omplete.	an year	nefits that were less unless reasonable cau examined this return/report sion of this return/report XJJEFF TKI Enter name of individu	5d(1) 5e se is established. Fort, including, if app, and to the best of n	48 88 88 0 licable, a Schedule my knowledge and dministrator			
d(1) Total number of active d(2) Total number of active Number of participants the strain 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and consider the strain Sign HERE Signature of pla Sign HERE Signature of em	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the letter or incomplete filing of this return to the penalties set forth in the instruct d and signed by an enrolled actuary, as omplete. In administrator	an year	nefits that were less unless reasonable cau examined this return/report sion of this return/report XJJEFF TKI Enter name of individu	5d(1) 5e se is established. Fort, including, if app, and to the best of n EC-CNING— ual signing as plan and as signing as employed.	48 88 88 0 licable, a Schedule my knowledge and dministrator			
d(1) Total number of active d(2) Total number of active Number of participants the strain 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and consider the strain Sign HERE Signature of pla Sign HERE Signature of em	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the letter or incomplete filing of this return to the penalties set forth in the instruct d and signed by an enrolled actuary, as omplete. In administrator	an year	nefits that were less unless reasonable cau examined this return/report sion of this return/report XJJEFF TKI Enter name of individu	5d(1) 5e se is established. Fort, including, if app, and to the best of n EC-CNING— ual signing as plan and as signing as employed.	48 88 88 0 licable, a Schedule my knowledge and dministrator			
d(1) Total number of active d(2) Total number of active Number of participants the strain 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and consider the strain Sign HERE Signature of pla Sign HERE Signature of em	participants at the beginning of the plate participants at the end of the plan year hat terminated employment during the letter or incomplete filing of this return to the penalties set forth in the instruct d and signed by an enrolled actuary, as omplete. In administrator	an year	nefits that were less unless reasonable cau examined this return/report sion of this return/report XJJEFF TKI Enter name of individu	5d(1) 5e se is established. Fort, including, if app, and to the best of n EC-CNING— ual signing as plan and as signing as employed.	48 88 88 0 licable, a Schedule my knowledge and dministrator			

Form	5500-SF	2015
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D	_	_	_	2
۲	d	u	e	_

b	Were all of the plan's assets during the plan year invested in eligii Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon	an independ and condition not use Forr	lent qualified public ns.) n 5500-SF and mus	accour	tant (10	QPA) • Form	n 5500.	X Yes [] N
	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pro	ogram (see ERISA s	ection -	4021)?		Yes	No Not determined
Pa	rt III Financial Information							
7_	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End of Year
	Total plan assets			5451	17			727922
<u>b</u>	Total plan liabilities	. 7b						
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		5451	17			727922
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
а	Contributions received or receivable from:	0.4		889	38			
	(1) Employers			1330		-		
_	(2) Participants	 		1330	55		44	
	(3) Others (including rollovers)	 		4.4	47			
	Other income (loss)	. 8b		-44	17	_		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-		217576
u	to provide benefits)	. 8d		324	10			
e	Certain deemed and/or corrective distributions (see instructions)	8e		23	61			
f	Administrative service providers (salaries, fees, commissions)		·		-			
g	Other expenses					+		
	Total expenses (add lines 8d, 8e, 8f, and 8g)		- 1 X X X					34771
- ï	Net income (loss) (subtract line 8h from line 8c)				II , 2007			182805
÷	Transfers to (from) the plan (see instructions)	8i				+-		102000
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D	feature code	es from the List of Pl	an Cha	racteri	stic Co	odes in t	the instructions:
B	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Char	acterist	tic Cod	les in th	e instructions:
10	During the plan year:				Yes	No	N/A	A
а		oluntary Fidu	iciary Correction	10a	103	х	INA	Amount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		х		
С	Was the plan covered by a fidelity bond?	•••••		10c	Х			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of the	benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as				х			4504
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruction	ons and 29 CFR	10g 10h	^	х		15231
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	e required n	otice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10i				
Part	VI Pension Funding Compliance			-61				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Yes	s," see instructions a	nd con	plete \$	Sched	ule SB (Form Yes No
11a	Enter the unpaid minimum required contribution for all years from S	Schedule SB	(Form 5500) line 40)			11a	110
12	Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
_	If a walver 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									
1	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
	Enter the minimum required contribution for this plan year		12b							
	Enter the amount contributed by the employer to the plan for this plan year		12c							
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	12d								
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A				
Par	Plan Terminations and Transfers of Assets									
138	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		13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the co	ntrol		Yes X	No				
C										
	13c(1) Name of plan(s):	13c(2) [EIN(s)		13c(3)	PN(s)				
Par	VIII Trust Information									
14a	Name of trust		14b T	rust's EIN		•				
140	Name of trustee or custodian		14d Trustee's or custodian's telephone number							
Par	IRS Compliance Questions									
15a	Is the plan a 401(k) plan?		Yes	;	No					
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nployer	Design- based saft harbor method		ADP/ACP test					
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "currer testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(r 2(a)(2)(ii))?	n)-	Yes		No					
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4		Ratio percentage test		e Average benefit test					
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	ng	Yes		No					
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	N/A				
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	plicable	code	(See in	structions				
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan the advisory letter, enter the date of that favorable letter and the letter's serial number of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan the	ber				or				
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		ne plan'	s last favo	orable					
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	been nds)?	Yes		No					
19	Were in-service distributions made during the plan year?		Yes		No					
	If "Yes," enter amount		19							
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether retired), as required under section 401(a)(9)?	er or not	Yes		No	N/A				