For	m 5500-SF	Short Form Annu	•	•	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan		etirement	2016		
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	structions to the Form 5	500-SF.	•		
For calenda	ar plan year 2016 or fisc	dentification Information cal plan year beginning 01/01/2	016	and ending 12	2/31/2016			
A This ret	urn/report is for:	a single-employer plan a one-participant plan				king this box must attach a vith the form instructions.)		
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extensior	1	DFVC p	rogram		
Part II	Basic Plan Infor	mation—enter all requested inf	,					
<b>1a</b> Name TGM RETIR					(PN)	number 001		
					1c Effec	tive date of plan 01/01/2011		
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O			2b Empl (EIN)	oyer Identification Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TACOMA GLASS MANUFACTURING, INC.			structions)	2c Sponsor's telephone number 253-581-7679				
P.O. BOX 99 LAKEWOOD					2d Busir	ness code (see instructions) 327210		
3a Plan a	dministrator's name and	l address 🛛 Same as Plan Spor	isor.		<b>3b</b> Admi	nistrator's EIN		
					3c Admi	nistrator's telephone number		
		plan sponsor has changed since ber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN			
	or's name				<b>4c</b> PN			
5a Total ı	number of participants a	t the beginning of the plan year			5a	98		
		t the end of the plan year			5b	114		
		ccount balances as of the end of t			5c	51		
<b>d(1)</b> Tota	al number of active parti	icipants at the beginning of the pla	an year		5d(1)	93		
e Numb	per of participants that te	icipants at the end of the plan yea erminated employment during the	plan year with accrued I	penefits that were less	5d(2) 5e	101 C		
		r incomplete filing of this return			use is estal	blished.		
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete.						
SIGN	Filed with authorized/va	alid electronic signature.	09/19/2017	JAMIN MAY				
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator		
SIGN HERE								
	Signature of employ		Date			as employer or plan sponsor		
Preparer s	name (including inm na	me, if applicable) and address (in	clude room of suite num	ider)		s telephone number		
		see the Instructions for Form 5500	05			Form 5500-SF (2016)		

	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in <b>If III Financial Information</b>	an indeper and condit ot use Fo	ndent qualified public accountant (IC ions.) rm 5500-SF and must instead use	QPA) Yes No
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<u>'</u> a		7a	(a) beginning of fear 727922	1032352
 b	Total plan assets Total plan liabilities	7a 7b		
 C	Net plan assets (subtract line 7b from line 7a)	70 70	727922	1032352
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	99464	
	(2) Participants	8a(2)	166551	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	53403	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		319418
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14988	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		14988
i	Net income (loss) (subtract line 8h from line 8c)	8i		304430
j	Transfers to (from) the plan (see instructions)	8j		
<b>D</b> -	rt IV Dian Characteristics			

## Part IV | Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3D

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

## Part V Compliance Questions

10	During the plan year:			No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 י	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
b	Enter	the minimum required contribution for this plan year			12b				
с	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🛛	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[	Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [	No		

	Short Form Ann	ual Return/Report of Small Em Benefit Plan	ployee	OMB Nos. 1210-01 1210-008			
Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be f	iled under sections 104 and 4065 of the Employed 74 (ERISA), and sections 6057(b) and 6058(a) of	e Retirement	2016			
Employee Benefits Security Administratic	<u></u>	Revenue Code (the Code).	This Form is (				
Pension Benefit Guaranty Corporation	Complete all entries i	n accordance with the instructions to the Form	5500-SE	Public Inspection			
Part I Annual Report	rt Identification Informatio	n					
For calendar plan year 2016 or	fiscal plan year beginning 01/01/2	016 and ending 1	2/31/2016				
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemploye list of participating employer information in	r) (Filers checki	ing this box must attach a			
	a one-participant plan	a foreign plan					
B 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 box if filing under:	X Form 5558		-				
· ·	<b>R</b>		DFVC pro	ogram			
Part II Basic Plan Inf	special extension (enter desc						
1a Name of plan	ormation-enter all requested in	nformation					
GM RETIREMENT PLAN			1b Three-				
			(PN)	0.04			
			1c Effectiv	ve date of plan			
2a Plan sponsor's name (empli	oyer, if for a single-employer plan)		01/01/2				
Mailing address (include roo	m, apt., suite no, and street, or P (	D. Box) tal code (if foreign, see instructions)		er Identification Number 6-2160286			
COMA GLASS MANUFACTUR	ING, INC.		2c Sponso	or's telephone number			
				(253) 581-7679			
O. BOX 99965			2d Busines	ss code (see instructions)			
			327210				
KEWOOD, WA 98496							
a Plan administrator's name ar							
	nd address 🛛 Same as Plan Spor	nsor.	3b Adminis 3c Adminis				
If the name and/or EIN of the	plan sponsor has changed since t	nsor. the last return/report filed for this plan, enter the		trator's EIN trator's telephone number			
If the name and/or EIN of the name, EIN, and the plan num			3c Adminis 4b EIN				
If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name	plan sponsor has changed since to have from the last return/report.	the last return/report filed for this plan, enter the	3c Adminis 4b EIN 4c PN				
If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name a Total number of participants	plan sponsor has changed since t nber from the last return/report. at the beginning of the plan year	the last return/report filed for this plan, enter the	3c Adminis 4b EIN 4c PN 5a				
If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name a Total number of participants a b Total number of participants a	plan sponsor has changed since t nber from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed for this plan, enter the	3c Adminis 4b EIN 4c PN	trator's telephone number			
If the name and/or EIN of the name, EIN, and the plan nun a Sponsor's name a Total number of participants a b Total number of participants with a	e plan sponsor has changed since to nber from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed for this plan, enter the	3c Adminis 4b EIN 4c PN 5a	trator's telephone number			
If the name and/or EIN of the name, EIN, and the plan nun Sponsor's name Total number of participants a D Total number of participants a Number of participants with a complete this item)	e plan sponsor has changed since t nber from the last return/report. at the beginning of the plan year at the end of the plan year inccount balances as of the end of the	the last return/report filed for this plan, enter the he plan year (only defined contribution plans	3C Adminis 4b EIN 4c PN 5a 5b 5c	trator's telephone number 98 114 51			
If the name and/or EIN of the name, EIN, and the plan nun Sponsor's name Total number of participants a Total number of participants with a complete this item)	e plan sponsor has changed since to nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the icipants at the beginning of the plan ticipants at the end of the plan year	the last return/report filed for this plan, enter the he plan year (only defined contribution plans	3c Adminis 4b EIN 4c PN 5a 5b 5c 5d(1)	trator's telephone number 98 114 51 93			
If the name and/or EIN of the name, EIN, and the plan nun <b>a</b> Sponsor's name <b>a</b> Total number of participants a <b>b</b> Total number of participants with a complete this item)	plan sponsor has changed since to nber from the last return/report. at the beginning of the plan year at the end of the plan year inccount balances as of the end of the dicipants at the beginning of the plan ticipants at the end of the plan year erminated employment during the plan	the last return/report filed for this plan, enter the he plan year (only defined contribution plans in year	3c         Adminis           4b         EIN           4c         PN           5a         5           5c         5           5d(1)         5           5d(2)         5	trator's telephone number 98 114 51 93 101			
If the name and/or EIN of the name, EIN, and the plan num <b>a</b> Sponsor's name <b>a</b> Total number of participants a <b>b</b> Total number of participants with a complete this item)	e plan sponsor has changed since to nber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the cicipants at the beginning of the plan ticipants at the end of the plan year erminated employment during the plan	the last return/report filed for this plan, enter the he plan year (only defined contribution plans in year plan year with accrued benefits that were less	3C         Adminis           4b         EIN           4c         PN           5a         5           5b         5           5c         5           5d(1)         5           5e         5	trator's telephone number 98 114 51 93 101 0			
If the name and/or EIN of the name, EIN, and the plan num Sponsor's name Total number of participants a Total number of participants a Number of participants with a complete this item)	plan sponsor has changed since to nber from the last return/report. at the beginning of the plan year at the end of the plan year incount balances as of the end of the incipants at the beginning of the plan incipants at the end of the plan year erminated employment during the plan return/ at complete filing of this return/ at complete filing of this return/	the last return/report filed for this plan, enter the he plan year (only defined contribution plans in year plan year with accrued benefits that were less report will be assessed unless reasonable can	3C       Adminis         4b       EIN         4c       PN         5a       5b         5c       5c         5d(1)       5d(2)         5e       Jse is establisi	trator's telephone number 98 114 51 93 101 0 hed.			
If the name and/or EIN of the name, EIN, and the plan num <b>a</b> Sponsor's name <b>a</b> Total number of participants a <b>b</b> Total number of participants a <b>c</b> Number of participants with a complete this item)	plan sponsor has changed since to nber from the last return/report. At the beginning of the plan year at the end of the plan year incount balances as of the end of the incipants at the beginning of the plan incipants at the end of the plan year erminated employment during the plan r incomplete filing of this return/ er penalties set forth in the instruct a signed by an enrolled actuary as	the last return/report filed for this plan, enter the he plan year (only defined contribution plans in year plan year with accrued benefits that were less	3C       Adminis         4b       EIN         4c       PN         5a       5b         5c       5c         5d(1)       5d(2)         5e       Jse is establisi	trator's telephone number 98 114 51 93 101 0 hed.			
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If the name and/or EIN of the name, EIN, and the plan num <b>a</b> Sponsor's name <b>a</b> Total number of participants a <b>b</b> Total number of participants a <b>c</b> Number of participants with a complete this item)	plan sponsor has changed since to nber from the last return/report. At the beginning of the plan year at the end of the plan year inccount balances as of the end of the dicipants at the beginning of the plan icipants at the end of the plan year erminated employment during the plan erminated employment during the plan r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as ete.	the last return/report filed for this plan, enter the he plan year (only defined contribution plans in year	3C       Adminis         4b       EIN         4c       PN         5a       5         5b       5         5c       5d(1)         5d(2)       5         se is establish port, including, it, and to the best port.         AN	trator's telephone number 98 114 51 93 101 0 hed. if applicable, a Schedule st of my knowledge and			
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If the name and/or EIN of the name, EIN, and the plan num <b>a</b> Sponsor's name <b>a</b> Total number of participants a <b>b</b> Total number of participants a <b>c</b> Number of participants with a complete this item)	e plan sponsor has changed since to nber from the last return/report. At the beginning of the plan year at the end of the plan year traccount balances as of the end of the dicipants at the beginning of the plan ticipants at the end of the plan year erminated employment during the plan r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as ete.	the last return/report filed for this plan, enter the he plan year (only defined contribution plans in year	3C       Adminis         4b       EIN         4c       PN         5a       5         5b       5         5c       5d(1)         5d(2)       5         5c       5d(2)         5e       1         port, including, it, and to the best       1         Jal signing as plated as a set       1	trator's telephone number 98 114 51 93 101 0 hed. if applicable, a Schedule st of my knowledge and lan administrator			
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If the name and/or EIN of the name, EIN, and the plan num <b>a</b> Sponsor's name <b>a</b> Total number of participants a <b>b</b> Total number of participants at c Number of participants with a complete this item)	e plan sponsor has changed since to nber from the last return/report. At the beginning of the plan year at the end of the plan year incocount balances as of the end of the dicipants at the beginning of the plan year incipants at the end of the plan year erminated employment during the plan r incomplete filing of this return/ er penalties set forth in the instruct of signed by an enrolled actuary, as ete.	the last return/report filed for this plan, enter the he plan year (only defined contribution plans in year	3C       Adminis         4b       EIN         4c       PN         5a       5         5b       5         5c       5d(1)         5d(2)       5         5c       5d(2)         5e       1         port, including, it, and to the best       1         Jal signing as plated as a set       1	trator's telephone number 98 114 51 93 101 0 hed. if applicable, a Schedule st of my knowledge and lan administrator mployer or plan sponsor			
If the name and/or EIN of the name, EIN, and the plan num <b>a</b> Sponsor's name <b>a</b> Total number of participants a <b>b</b> Total number of participants at c Number of participants with a complete this item)	e plan sponsor has changed since to nber from the last return/report. At the beginning of the plan year at the end of the plan year incocount balances as of the end of the dicipants at the beginning of the plan year incipants at the end of the plan year erminated employment during the plan r incomplete filing of this return/ er penalties set forth in the instruct of signed by an enrolled actuary, as ete.	the last return/report filed for this plan, enter the he plan year (only defined contribution plans in year	3C       Adminis         4b       EIN         4c       PN         5a       5         5b       5         5c       5d(1)         5d(2)       5         5c       5d(2)         5e       1         port, including, it, and to the best       1         Jal signing as plated as a set       1	trator's telephone number 98 114 51 93 101 0 hed. if applicable, a Schedule st of my knowledge and lan administrator mployer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. 2017-09-11T15:56:22.292-05:09

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Form 5500-SF 2016

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Page	2
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<ul> <li>6a Were all of the plan's assets during the plan year invested in the plan year invested in the Are you claiming a waiver of the annual examination and report under 29 CFR 2520 104-462 (See instructions on under section)</li> </ul>	rt of an independ	tent qualified publ	lic accor	intont .		<b>`</b>	
under 29 CFR 2520.104-46? (See instructions on waiver eligit If you answered "No" to elther line 6a or line 6b, the plan	cannot use For	m 5500-SF and m	ust ins	tead u	se Fo	rm 5500	
C If the plan is a defined benefit plan, is it covered under the PBC	GC insurance pro	ogram (see ERISA	section	4021)	?	Yes [	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginnin	ig of Ye	ar		(b	) End of Year
a Total plan assets			727	922			1032352
<b>b</b> Total plan liabilities							
C Net plan assets (subtract line 7b from line 7a)	7c		727	922			1032352
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
a Contributions received or receivable from: (1) Employers					s.ers	583.553	
(1) Employers			994	_	242		
(2) Participants			166	551			
(3) Others (including rollovers) b Other income (loss)							
			534	03			Contraction of the second
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						319418
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	s 8d		149	88			「「「「「「「」」」を 「「」」
e Certain deemed and/or corrective distributions (see instructions							
f Administrative service providers (salaries, fees, commissions)		······					
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)			an sins	6-7.			
Net income (loss) (subtract line 8h from line 8c)					14988		
j Transfers to (from) the plan (see instructions)							304430
Part IV Plan Characteristics	8j						
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R 2T 3D	on feature codes	from the List of P	lan Cha	racteri	stic C	odes in the	instructions:
b If the plan provides welfare benefits, enter the applicable welfare	e feature codes	from the List of Pla	an Chara	acteris	tic Co	des in the i	instructions:
Part V Compliance Questions							
<b>10</b> During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contril described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fidure	iary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	st? (Do not inclu	de transactions	10b		х		
C 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 by fraud or dishonesty?			10d		x		
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).				x		
f Has the plan failed to provide any benefit when due under the pl	an?		10f		x		
g Did the plan have any participant loans? (If "Yes," enter amount			10g		х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required noti	ce or one of the	10i	T			

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Pa	t VI Pension Funding Compliance							· <u> </u>
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d compl	ete So	hedule	SB		Yes	No
11	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.			1	1	·····		
12	is this a delified contribution plan subject to the minimum funding requirements of applian 440 of the	<u> </u>			 of	-1		
<u></u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	•••••			•••••		Yes X	No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		ons, ar	nd enter	the dat			
	r you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		Da	у	Ye.	ar	<u> </u>
	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	<u>†</u>			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			1-1	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?				∏ Ye	s X	No	<u> </u>
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ght und	er the			Yes	X No	
с 	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the p	plan(s)	to			<u> </u>	
	3c(1) Name of plan(s):	1	3c(2)	(2) EIN(s)			(3) PN(s)	
				·			(-) (-)	
Part	VIII Trust Information						····-	
14a	Name of trust			14b T				_
				140 1	usts	IN		
14c	Name of trustee or custodian							
				<b>14d</b> Tr te	ustee's lephon	or custo e numbe	dian's r	
Part	IX IRS Compliance Questions					<del></del>		
15a i	s the plan a 401(k) plan? If "No," skip b	Π	Yes			No	<u> </u>	
100 1	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:		afe ha	-based irbor		"Prior y test	ear" ADP	
				it year"	П	N/A		
16a v	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	+	DP te	st				_
У	ear? Check all that apply:		Ratio percen	tage		rage	□ N/A	
16b 🗆	id the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		est		_ ben	efit test		
15	in the plan year by complining this plan with any other plan under the permissive aggregation rules?		es			No		_
17a m	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number							-
	the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter ter	er the d	ate of	the mos	t recen	t determi	nation	-
N	efined Benefit Plan or Money Purchase Pension Plan Only: ere any distributions made during the plan year to an employee who attained age 62 and had not separa rvice?	ated fro	m [	] Yes		No		-
19 w	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No		-