See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1 **, 2011, and ending** December 31 **, 20** 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: United Steelworkers LU 1055L-9

Number and street (or P.O. box, if mail is not delivered to street address): P.O Box 1436 | Room/suite:

City or town, state or country, and ZIP + 4: Lavergne, TN 37086

D Employer identification number: 62-1092249.

E Telephone number: 615-793-9221

F Group Exemption Number ▶ 0260

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ -

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I . . . . ☑

Section	Line	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	172387
	4	Investment income			4	858
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ______ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	8571
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	181816
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	—
	11	Benefits paid to or for members			11	-
	12	Salaries, other compensation, and employee benefits			12	-
	13	Professional fees and other payments to independent contractors			13	17,572
	14	Occupancy, rent, utilities, and maintenance			14	31,914
	15	Printing, publications, postage, and shipping			15	8621
	16	Other expenses (describe in Schedule O)			16	113,493
	17	**Total expenses.** Add lines 10 through 16 ▶			17	171,600
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	10216
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	273152
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	Ø
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	283368

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OGDEN, UT

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Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	116654	22	126870
23	Land and buildings	156498	23	156498
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	273152	25	283368
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	273152	27	283368

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? Collective Bargaining

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Local Union enforced collective bargaining agreement to better working conditions of the local union and provide representation to its members.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Larry Odum PO Box 1436 Lavergne, TN 37086	President	0	0	0
James Wall PO Box 1436 Lavergne, TN 37086	Vice President	0	0	0
Ellen Brumfield PO Box 1436 Lavergne, TN 37086	Recording Sec.	0	0	0
Rodney Phillips PO Box 1436 Lavergne, TN 37086	Financial Sec.	0	0	0
Terry Odum PO Box 1436 Lavergne, TN 37086	Treasurer	0	0	0
Richard Parker PO Box 1436 Lavergne, TN 37086	Trustee	0	0	0
Terry Heady PO Box 1436 Lavergne, TN 37086	Trustee	0	0	0
Daryl Williams PO Box 1436 Lavergne, TN 37086	Trustee	0	0	0
Vonda McDaniel PO Box 1436 Lavergne, TN 37086	Guard	0	0	0
Scotty Lansdown PO Box 1436 Lavergne, TN 37086	Guard	0	0	0
Ivan Stithem PO Box 1436 Lavergne, TN 37086	Guide	0	0	0
Tim Tucker PO Box 1436 Lavergne, TN 37086	Bldg Committee	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48		
49a	Did the organization make any transfers to an exempt non-charitable related organization? 49a		
b	If "Yes," was the related organization a section 527 organization? 49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Rodney Phillips — Signature of officer — Date: 2-9-12

▶ Rodney Phillips Financial Secretary — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ **Yes** ☐ **No**

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

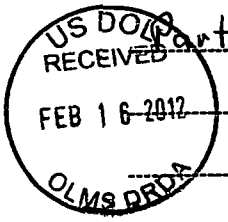
OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: USW WV 10555L-9

Employer identification number: 62-1092249



Part I

#8 Other Receipts:

Reimbursed Travel Exp	2184.-
T. Shirts	5777.-
Reimbursed Office Exp.	610.-
Total	8571.-

Part I

#16 Other Expense

Bridgestone Reimbursement	79,071.-
Education Rec. Con. Fees	15,509.-
Bibles	2818.-
Retirement Watches	2108.-
Flowers	206.-
Civic Organizations	1843.-
Travel	7826.-
Property Taxes	2622.-
Per Capita Fees	1552.-
Dues Remittance	38
Total	113,493.-

2011 Form M-1

MEWA/ECE Form

This Form is Open to Public Inspection

Report for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs)

This report is required to be filed under section 101(g) of the Employee Retirement Income Security Act of 1974 and 29 CFR 2520.101-2.
→ See separate instructions before completing this form.

OMB No. 1210-0116

Department of Labor
Employee Benefits
Security Administration

PART I REPORT IDENTIFICATION INFORMATION

Complete either Item **A** or Item **B** (as applicable) and Item **C**.

A If this is an annual report, specify whether it is for:
(1) ☒ The 2011 calendar year; or
(2) ☐ The fiscal year beginning _____ and ending _____
mm/dd/yyyy mm/dd/yyyy

B If this is a special filing, specify whether it is:
(1) ☐ A 90-day origination report;
(2) ☐ An amended report; or
(3) ☐ A request for an extension.

C If this is a final report, check here ..... → ☐

PART II MEWA OR ECE IDENTIFICATION INFORMATION

1a Name and address of the MEWA or ECE

TLA Group Insurance Trust
4534 Wornall Road
Kansas City, MO 64111
see attached

1b Telephone number of the MEWA or ECE
816-753-4390

1c Employer Identification Number (EIN)
43-6132711

1d Plan Number (PN)

2a Name and address of the administrator of the MEWA or ECE

Please see attached

2b Telephone number of the administrator

2c EIN

2d E-mail address of the administrator

3a Name and address of the entity sponsoring the MEWA or ECE

Please see attached

3b Telephone number of the sponsor

3c EIN

PART III REGISTRATION INFORMATION

4 Specify the most recent date the MEWA or ECE was originated ..... → 6/11/1970

5 Complete the following chart. (See Instructions for **Item 5**)

5a	5b	5c	5d	5e	5f	5g
Enter all States where the entity provides coverage.	Is the entity a licensed health insurance issuer in this State?	If you answer "yes" to **5b**, list any NAIC number.	If you answer "no" to **5b**, is the entity fully insured?	If you answer "yes" to **5d**, enter the name of the insurer and its NAIC number.	Does the entity purchase stop-loss coverage?	If you answer "yes" to **5f**, enter the name of the stop-loss insurer and its NAIC number.
Please	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
see	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
attached	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	

6 Of the States identified in **Item 5a**, list those States in which the MEWA or ECE conducted 20 percent or more of its business (based on the number of participants receiving coverage for medical care under the MEWA or ECE).

Please see attached.

7 Total number of participants covered under the MEWA or ECE ..... → see attached

PART IV INFORMATION FOR COMPLIANCE WITH PART 7 OF ERISA

8a Has the MEWA or ECE been involved in any litigation or enforcement proceeding in which noncompliance with any provision of Part 7 of Subtitle B of Title I (Part 7) of ERISA was alleged? Answer for the year to which this filing applies and any time since then up to the date of completing this form. Answer "Yes" for any State or Federal litigation or enforcement proceeding (including any administrative proceeding), whether the allegation concerns a provision under Part 7 of ERISA, a corresponding provision under the Internal Revenue Code or Public Health Service Act, a breach of any duty under Title I of ERISA if the underlying violation relates to a requirement under Part 7 of ERISA, or a breach of a contractual obligation if the contract provision relates to a requirement under Part 7 of ERISA. (The instructions to this form contain additional information that may be helpful in answering this question.) ..... → ☐ Yes ☒ No

8b If you answered "Yes" to **Item 8a**, identify each litigation or enforcement proceeding. With respect to each, include (if applicable): (1) the case number, (2) the date, (3) the nature of the proceedings, (4) the court, (5) all parties (for example, plaintiffs and defendants or petitioners and respondents), and (6) the disposition. You may answer this question by attaching a copy of the complaint with the name of the MEWA or ECE, the disposition of the case, and the phrase "Item 8b Attachment," noted in the upper right corner.

9 Complete the following. (Note: The instructions to this form contain a Self-Compliance Tool which may be helpful in completing this item. Please read the instructions carefully before answering the following questions.)

9a	Is the coverage provided by the MEWA or ECE in compliance with the portability provisions of the Health Insurance Portability and Accountability Act of 1996 and the Department of Labor's (Department's) regulations issued thereunder, including the additional special enrollment provisions added by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)? (See Part I of the Self-Compliance Tool) ..... →	☐ Yes	☐ No	☒ N/A
9b	Is the coverage provided by the MEWA or ECE in compliance with the mental health parity provisions of the Mental Health Parity Act of 1996 and the Mental Health Parity and Addiction Equity Act of 2008 and the Department's regulations issued thereunder? (See Part II of the Self-Compliance Tool) ..... →	☐ Yes	☐ No	☒ N/A
9c	Is the coverage provided by the MEWA or ECE in compliance with the Newborns' and Mothers' Health Protection Act of 1996 and the Department's regulations issued thereunder? (See Part III of the Self-Compliance Tool) ..... →	☐ Yes	☐ No	☒ N/A
9d	Is the coverage provided by the MEWA or ECE in compliance with the Women's Health and Cancer Rights Act of 1998? (See Part IV of the Self-Compliance Tool) ..... →	☐ Yes	☐ No	☒ N/A
9e	Is the coverage provided by the MEWA or ECE in compliance with the Genetic Information Nondiscrimination Act of 2008 and the Department's regulations issued thereunder? (See Part V of the Self-Compliance Tool) ..... →	☐ Yes	☐ No	☒ N/A
9f	Is the coverage provided by the MEWA or ECE in compliance with Michelle's Law? (See Part VI of the Self-Compliance Tool) ..... →	☐ Yes	☐ No	☒ N/A
9g	Is the coverage provided by the MEWA or ECE in compliance with the group market reform provisions of the Patient Protection and Affordable Care Act of 2010 that were added to ERISA and the Department's regulations issued thereunder? (For information regarding the Affordable Care Act, please visit our website at **www.dol.gov/ebsa/healthreform**).. →	☐ Yes	☐ No	☐ N/A

IF MORE SPACE IS REQUIRED FOR ANY ITEM, YOU MAY ATTACH ADDITIONAL PAGES.
(SEE INSTRUCTIONS SECTION 2.4)

Caution: *Penalties may apply in the case of a late or incomplete filing of this report.*

Under penalty of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including any accompanying attachments, and to the best of my knowledge and belief, it is true and correct. Under penalty of perjury and other penalties set forth in the instructions, I also declare that, unless this is an extension request, this report is complete.

Signature of administrator → _____ Date → 7/10/12

Type or print name of administrator → Michael L. Dlugolecki

TLA Group Insurance Trust
2011 M-1 Form Filing Attachment

1a. This arrangement is a fully insured Group Insurance Arrangement within the meaning of Department of Labor Regulation §2520.104-4316. The trust is the holder of fully insured policies. The group insurance arrangement is not an ERISA plan. Therefore, it appears it would be exempt from M-1 filings as an arrangement of an insurance company, since (pursuant to state insurance law) the insurance company owns all of the assets deposited in the trust and controls administration of the trust. However, this filing is being made as a protective filing.

2a. The TLA Group Insurance Trust is not an ERISA trust or a welfare benefit plan. Therefore, it does not have a "plan administrator". The insurance company has hired The Lewer Agency, Inc. to handle certain ministerial tasks on behalf of the insurance company.

The Lewer Agency, Inc.
1-800-821-7715
EIN: 44-0666212

3a. The TLA Group Insurance Trust is not an ERISA trust or a welfare benefit plan. Therefore, it does not have a plan sponsor.

5. All three Group Insurance Arrangements are fully insured. One is controlled by the insurance company, Great West Life and Annuity Insurance Company (now CIGNA) Great West is a licensed life and health insurer in all states in which it does business. The second is controlled by the insurance company, Fidelity Security Life Insurance Company. FSL is a licensed life and health insurer in all states in which it does business. The third is controlled by the insurance company, National Guardian Life Insurance Company. NGL is a licensed life and health insurer in all states in which it does business.

6. Please refer to the statement for #1a above. The TLA Group Insurance Trust is not an ERISA plan or trust. Therefore, it does not conduct business or have assets.

7. Please refer to the statement for #1a above. The TLA Group Insurance Trust is not an ERISA plan or trust. Therefore, it does not have participants.

8. Please refer to the statement for #1a above. The TLA Group Insurance Trust is not an ERISA plan or trust.

9. Please refer to the statement for #1a above. The TLA Group Insurance Trust is not an ERISA plan or trust. Therefore, it does not have plan provisions.