## 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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	the instructions to the Form 55	00-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/2	011		
A	This return/report is for:	a multiple-employer plan (not multiemployer) a one-participant plan					
В	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)			
C	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter descriptio	n)					
Pa	Irt II Basic Plan Information—enter all requested information	ation					
1a	Name of plan			1b	Three-digit		
NATI	ONAL COUNCIL OF TEACHERS OF ENGLISH EMPLOYEES RETI	REMENT	SAVINGS PLAN		plan number		
					(PN) • 001		
				10	Effective date of plan 09/01/1960		
2a	Plan sponsor's name and address; include room or suite number (er	mplover, if	for a single-employer plan)	2h	Employer Identification Number		
	ONAL COUNCIL OF TEACHERS OF ENGLISH		Tot a single employer plany		(EIN) 37-0715886		
				2c	Sponsor's telephone number		
1111	WEST KENYON ROAD				217-328-3870		
	ANA, IL 61801			2d	Business code (see instructions)		
					611000		
	Plan administrator's name and address (if same as plan sponsor, er ONAL COUNCIL OF TEACHERS OF ENGLISH 1111 WEST K			3b	Administrator's EIN 37-0715886		
	URBANA, IL 6		(O/15	3c	Administrator's telephone number		
					217-328-3870		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b EIN			
а	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	PN		
5a	-			_	64		
b	Total number of participants at the end of the plan year			- Ou	66		
				. 5b	Oc		
С	Number of participants with account balances as of the end of the p complete this item)		·	. 5c	56		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b	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		,		X Yes   No		
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.			
_ Fa	rt III   Financial Information						
′ -	Plan Assets and Liabilities	_	(a) Beginning of Year 4886097		(b) End of Year 5168784		
a	Total plan assets		+000037		0100704		
b	Total plan liabilities	7b	4886097		5168784		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c					
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total		
а	(1) Employers	8a(1)	119078				
	(2) Participants	8a(2)	205190				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	47618				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			371886		
d	Benefits paid (including direct rollovers and insurance premiums		90400				
_	to provide benefits)	8d	89199				
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g			00400		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			89199		
į	Net income (loss) (subtract line 8h from line 8c)	8i			282687		
J	Transfers to (from) the plan (see instructions)	8j					

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Part IV	Plan Characteristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2F 2G 2L 3D

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

D	"	trie p	plan provides wellare benefits, enter the applicable wellare reature codes from the List of Plan Chara	ciensi	ic Coc	ies in t	ne instructio	15.		
Par	t \	/	Compliance Questions							
10	[	Durin	g the plan year:		Yes	No	A	moun	t	
а	۱ ۱		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b			there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to 10a.)	10b		X				
С	;	Was	the plan covered by a fidelity bond?	10c	X				100	00000
d	(	or dis	ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	i	nsura	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	ŀ	Has t	he plan failed to provide any benefit when due under the plan?	10f		X				
g	<b>J</b> [	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h			is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X				
i	ı	f 10h	was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	t V	<b>/</b>	Pension Funding Compliance							
11	l:	s this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	dule SE	3 (Form	☐ Ye	es	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  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										
			the minimum required contribution for this plan year		Γ	12b				
						12c				
	C Enter the amount contributed by the employer to the plan for this plan year									
е		•	ne minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	No		N/A
art			Plan Terminations and Transfers of Assets							
	A Has a resolution to terminate the plan been adopted in any plan year?  Yes X No									
	ı	f "Ye	s," enter the amount of any plan assets that reverted to the employer this year	1	3a	<u>,                                    </u>				
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	I	f duri	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	)		□ .,	, ,	110
			Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c	(3) F	PN(s)
		, ,				`,	· ·		` _	, ,
Cau	tio	n: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	lished.			
SB	or S	Sche	lities of perjury and other penalties set forth in the instructions, I declare that I have examined this retudule MB completed and signed by an enrolled actuary, as well as the electronic version of this returnate, correct, and complete.							
		_								

SIGN	Filed with authorized/valid electronic signature.	07/23/2012	KENT WILLIAMSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

OMB Nos. 1210-0110

1210-0089

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## 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 2011

This Form is Open to Public

Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code) Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the final return/report B This return/report is: the first return/report a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part il Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number NATIONAL COUNCIL OF TEACHERS OF ENGLISH 001 (PN) • EMPLOYEES RETIREMENT SAVINGS PLAN Effective date of plan 09/01/1960 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 37-0715886 NATIONAL COUNCIL OF TEACHERS OF ENGLISH 2c Sponsor's telephone number (217) 328-3870 1111 WEST KENYON ROAD 2d Business code (see instructions) 611000 IL 61801 3b Administrator's EIN Plan administrator's name and address (if same as plan sponsor, enter "Same") 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year...... 5a 66 **b** Total number of participants 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 56 5c complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... <u>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead us</u>e Form 5500. Part III | Financial Information (a) Beginning of Year Plan Assets and Liabilities 4,886,09 5,168,784 a Total plan assets 7a **b** Total plan liabilities..... 7b 4,886,097 5,168,784 C Net plan assets (subtract line 7b from line 7a).... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 119,078 (1) Employers ...... 8a(1) 205,190 8a(2) (2) Participants 8a(3) (3) Others (including rollovers)...... 47,618 **b** Other income (loss)..... 371,886 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ...... Benefits paid (including direct rollovers and insurance premiums 89,199 to provide benefits)..... Certain deemed and/or corrective distributions (see instructions)... Administrative service providers (salaries, fees, commissions)...... Other expenses 89 89,199 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 282,687 Net income (loss) (subtract line 8h from line 8c)..... Transfers to (from) the plan (see instructions) .....

Page 2 Form 5500-SF 2011 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. 2F 2G 2L 3D 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: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... 10c Х 1,000,000 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d 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 Х instructions.) 10e Has the plan failed to provide any benefit when due under the plan? Χ 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 2520.101-3.) 10h 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..... Part VI | Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 \_\_\_\_ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) No N/A Yes e Will the minimum funding amount reported on line 12d be met by the funding deadline?. Part VII Plan Terminations and Transfers of Assets 13a 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 ...... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): 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 belief, it is true, correct, and complete cam SOO SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator 7 22 . 7 SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor