_	m 5500-SF	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	е	2	2012				
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal R	ctions 6057(b) and 6058		This Form i	s Open to Public			
Pension Be	Ins	Inspection							
Part I		entification Information							
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012			
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:	report is: I the first return/report I the final return/report							
		n/report (less than 12 mo	onths						
C Check b	oox if filing under:	Form 5558	utomatic extension			DFVC progra	am		
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested information	on				1		
1a Name					1b	Three-digit			
CONNECTIC	UT CARPENTRY COR	PORATION 401(K) PLAN				plan number (PN) ▶	001		
					1c	Effective date o			
						01/01	•		
	oonsor's name and addre	ess; include room or suite number (emp PORATION	bloyer, if for a single-	employer plan)	2b		fication Number 63879		
1850 SILAS	DEANE HIGHWAY, 2NE				2c	Sponsor's telep 860-57			
ROCKY HILI					2d	Business code (see instructions 236110			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
		lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN			
a Sponso					4c	PN			
5a Total r	number of participants at	the beginning of the plan year			5a		13		
b Total r	number of participants at	the end of the plan year			5b		7		
	· ·	count balances as of the end of the pla		•	5c		7		
-							X Yes No		
b Are yo	u claiming a waiver of th	uring the plan year invested in eligible a le annual examination and report of an	independent qualifie	d public accountant (IQI	PA)				
	,	See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	,				X Yes No		
		incomplete filing of this return/repor							
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	oort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	07/12/2013	ELENA FONTAINE					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sid	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ial sid	ning as employe	ar or plan sponsor		
Preparer's		ne, if applicable) and address; include r			dual signing as employer or plan sponsor Preparer's telephone number (optional)				

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
а	Total plan assets	7a	36068				291626		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	36068	3			291626		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	652	7					
	(3) Others (including rollovers)	8a(3)	653						
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	3136	00			27005		
	Benefits paid (including direct rollovers and insurance premiums	0C					37905		
	to provide benefits)	8d	10337	2					
е	Certain deemed and/or corrective distributions (see instructions)	8e	346	5					
f	Administrative service providers (salaries, fees, commissions)	8f	12	5					
g	Other expenses	8g			_				
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					106962		
	Net income (loss) (subtract line 8h from line 8c)	8i					-69057		
J Par	Transfers to (from) the plan (see instructions)	8j							
Part	If the plan provides welfare benefits, enter the applicable welfare fe								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,	,	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefi	its under the plan? (See	10e	х		1539		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	ıd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		x			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	or se	ection	302 of I	ERISA? Yes 🗙 No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicat	ole.)						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-	Mon		, and e	enter th Day	e date of the letter ruling Year		
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	n 5500), and skip to line 13.			T			
	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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," 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 under the control of the PBGC?							
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_			
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee						OMB Nos 1210-0 1210-0		
						012		
Department of Labor Employee Benefits Security Administration Pension Benefit Guartanity Corporation	Relirement Income Security Act of the Internal Complete all entries in accord	Revenue Code (the C		s Open to Publ pection				
Part I Annual Report	Identification Information							
or calendar plan year 2012 or fis		1/01/2012	and ending	_	12/31/201			
This return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
This return/report is:	the first return/report	the final return/report						
	an amended return/report	a short plan year retu	m/report (less than 12	months)				
Check box if filing under:	Form 5558	automatic extension			DFVC progra	สภา		
	special extension (enter description	n)						
Part II Basic Plan Info	rmation-enter all requested informa	tion	101-1-1-1					
a Name of plan					Three-digit plan number			
CONNECTICUT CARPEN	NTRY CORPORATION 401(K)	PLAN		11 22	(PN)	001		
					Effective date of			
				(01/01/2002	2		
a Plan sponsor's name and add CONNECTICUT CARPEN	dress; include room or suite number (en NTRY CORPORATION	nployer, if for a single-	employer plan)		Employer Identif EIN) 0.5-08.6			
				(Sponsor's telepl (860) 571 -	8812		
1850 SILAS DEANE F	HIGHWAY, 2nd FLOOR	CT	06067		Business code (236110	see instructions		
a Plan administrator's name an	nd addiress 🛛 Same as Plan Sponsor Na	ame 🗌 Same as Plan	Sponsor Address	3b /	Administrator's E	EIN		
	plan sponsor has changed since the la mber from the last return/report.	st return/report filed fo	r this plan, enter the	4b 6	EIN			
a Sponsor's name				4c F	PN			
	at the beginning of the plan year			5a				
	at the end of the plan year			5b				
	account balances as of the end of the pl			5c				
b Are you claiming a waiver of under 29 CFR 2520,104-46?	b during the plan year invested in eligible the annual examination and report of an (See instructions on waiver eligibility and ther line 6a or line 6b, the plan canno	n independent qualifie nd conditions.)	d public accountant (IC	PA)	500.	X Yes		
aution: A penalty for the late o	or incomplete filing of this return/repo	ort will be assessed u	inless reasonable ca	use is e	stablished.			
	ner penallies sel forth in the instructions, nd signed by àn enrolled actuary, as wel plete							
- 63			ElenA 7	Euni	TAINE			
GN	LA DEALER I			uol eign	ing as plan adn	inistrator		
	Iministrator	Dale 7-12-13	Enter name of individ	uai sign		01 10/07 121121		
ERE Signature of plan ac	Iministrator	Dale 7-12-13		-	Aine			
GN Signature of plan ac		Dale 7-12-13 Date 7-12-13	Elent F.	CINST.	A-X-e ing as employed			
GN SRE Signature of plan ac Signature of employ		Date 7-12-13	Elena F	ual sign		• or plan sponse		
GN SRE Signature of plan ac Signature of employ	ver/plan sponsor	Date 7-12-13	Elena F	ual sign	ing as employe	• or plan sponse		

5

Part III Financial Information 7 Plan Assets and Liabilities		(a) Beginning of Yea	r	T	(b) End of \	/ear	
a Total plan assets	. 7a),68	3		1) End 61		,626
b Total plan liabilities	7a 7b		,,	-				/ -
C Net plan assets (subtract line 7b from line 7a)		360),68	3			291	,626
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	/	-		(b) Tota		<u>, .</u>
a Contributions received or receivable from:		juj Anount						
(1) Employers	, 8a(1)			_				
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)		5,53	_				_
b Other income (loss)	8b	31	L,36	8				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			37	,905
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	103	3,37	2				
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	8e		3,46					
 e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) 	8f		12					
	81 8g							
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			-			1.06	,962
I otal expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)				1				057)
Transfers to (from) the plan (see instructions)								-
Part IV Plan Characteristics	8j							
Part V Compliance Questions								
10 During the plan year:				Yes	No	An	nount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 	uciary Correc	ction Program)	10a	Yes	No X	An	nount	
10 During the plan year:a Was there a failure to transmit to the plan any participant contribution	uciary Corrected to the start of the start o	ction Program) clude transactions reported	10a 10b	Yes		An	nount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidebox) b Were there any nonexempt transactions with any party-in-interest 	uciary Correct	ction Program) clude transactions reported		Yes	x	An	nount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	uciary Correct t? (Do not ind s fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10b	Yes	x x	An	nount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	teciary Correct t? (Do not inc s fidelity bond ther persons l of the benefit	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c	Yes	x x x	An	7	1,53
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid- b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	s fidelity bond ther persons l	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x	An	7	1,53
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess on line 10a.). Was the plan covered by a fidelity bond?	uciary Correct it? (Do not inc s fidelity bond ther persons I of the benefit	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		x x x x	Ar	7	L,53
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.). c Was the plan covered by a fidelity bond?	iuciary Correct at? (Do not inc s fidelity bond ther persons l of the benefit an? as of year end (See instruct	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f		x x x x x	Ar	7	1,53
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.). c Was the plan covered by a fidelity bond?	as of year end (See instruct	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR motice or one of the	10b 10c 10d 10e 10f 10g		x x x x x x x x		7	L,53
 During the plan year: a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid- b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ott insurance service or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided to 	as of year end (See instruct	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR motice or one of the	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x		7	1,53
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interess on line 10a.). c Was the plan covered by a fidelity bond?	the required r (See instruct (See instruct) (See in	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SB (F		,	L, 53
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Pant VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	iuciary Correct at? (Do not inc as fidelity bond ther persons I of the benefit an? (See instruct (See instruct the required r D1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SB (F] Yes	XNo
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid- b Were there any nonexempt transactions with any party-in-interess on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below). 	luciary Correct it? (Do not inc it? (Jo not inc it? (Jo not inc it? (Do not inc it? (D	clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Uule SB (F	- orm] Yes	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 	uciary Correct it? (Do not ind it? (Do	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com ats of section 412 of the Code ole.)	10b 10c 10d 10e 10f 10g 10h 10i 	X Scheo	X X X X X X X Iule SB (F 11a 302 of ER	form	Yes	X No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is bel granting the waiver. 	uciary Correct it? (Do not inc it? (Do not inc of the benefit an? as of year end (See instruct the required r D1-3 ments? (If "Ye g requiremen v, as applicat ing amortized	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) d.) tions and 29 CFR notice or one of the es," see instructions and com tts of section 412 of the Code ole.) d in this plan year, see instru- Mon	10b 10c 10d 10e 10f 10g 10h 10i 10i	X Scheo	X X X X X X X Iule SB (F 11a 302 of ER	Form	Yes	X No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is beil 	uciary Correct it? (Do not inc it? (Do	clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com tts of section 412 of the Code ole.) d in this plan year, see instru- Mon 1 5500), and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i 10i	X Schec	X X X X X X X X X X X X X X X X X X X	Form	Yes Yes	X No

Form 5500-SF 2012

с	Ente	r 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 left of a tive amount)	12d		
е	Will t	he 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 X N	lo
-	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the period period period by the period of th	control		Yes X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) h assets or liabilities were transferred. (See instructions.)	to		
	13c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			
14a	Name	of trust	14b 1	rust's EIN	