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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in acco	nuance with the instru	ctions to the Form 550	JU-3F.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20	112	and ending	12/31/2012	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-participant	plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter descript	tion)			
Part II	Basic Plan Info	rmation—enter all requested inform	mation			
1a Name	of plan				1b Three-digit	
SUPERIOR I	ELECTRIC RETIREM	ENT PLAN			plan number	
					(PN) ▶	001
					1c Effective date of plan	n
					09/01/2002	2
		dress; include room or suite number	(employer, if for a single	-employer plan)	2b Employer Identification	
SUPERIOR	ELECTRIC SYSTEMS	S CO., INC.			(EIN) 91-166255	57
					2c Sponsor's telephone	
11029 - 22N					253-539-760	00
TACOMA, W	VA 98445				2d Business code (see	instructions)
					238210	
3a Plan a	dministrator's name ar	id address XSame as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b Administrator's EIN	
					3c Administrator's telep	hone number
					Administrator 3 telep	Horic Harrisci
4 If the r	name and/or FIN of the	e plan sponsor has changed since the	last return/report filed t	or this plan, enter the	4b EIN	
		nber from the last return/report.	, last return/report filed i	or this plan, enter the	4D CIN	
	or's name	·			4c PN	
5a Total r	number of participants	at the beginning of the plan year			- 5a	3
b Total r	number of participants	at the end of the plan year			- 5b	0
		account balances as of the end of the	• •	•	5c	0
·	•	during the plan year invested in alig			· · · · · · · · · · · · · · · · · · ·	
		during the plan year invested in elig the annual examination and report o				163 140
		? (See instructions on waiver eligibility				Yes No
		ther line 6a or line 6b, the plan can				
		or incomplete filing of this return/re				
		ner penalties set forth in the instruction				. a Schedule
SB or Sche	edule MB completed ar	nd signed by an enrolled actuary, as w				
belief, it is t	true, correct, and comp	olete.				
SIGN	Filed with authorized/	valid electronic signature.	07/25/2013	ROBERT GRAVES		
HERE	Signature of plan a		Date		dual signing as plan adminis	trator
SICN	J.g.ia.a.o oi piaii a		24.0		sas. Signing as plan adminis	
SIGN HERE						
	Signature of emplo	<i>.</i>	Date		dual signing as employer or p	
rieparers	name (including firm n	ame, if applicable) and address; inclu	aue room or suite numbe	ы (орионаі)	Preparer's telephone num	ibei (optional)

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear		
a	Total plan assets	7a	69121				(2) =:)	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	69121	8)	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				/h) Total			
	Contributions received or receivable from:		(a) Amount				(1)	Total			
	(1) Employers	8a(1)	252	20							
	(2) Participants	8a(2)	269	94							
	(3) Others (including rollovers)	8a(3)	81	14							
b	Other income (loss)	8b	11613	34							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							122162	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	71317	'3							
е	Certain deemed and/or corrective distributions (see instructions)	8e	10020	7							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							81338)	
	Net income (loss) (subtract line 8h from line 8c)	8i						_	69121	8	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>	l								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the insti	uction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
Dow	W Commission of Overtions										
Part	•				V		1				
10	During the plan year:	da a a a a dual	and the Caraman Sand days a Sand San	ı	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	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	X					400	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X						0
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 the 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)							[Yes	П	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date d	of the le		ling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1				
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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

OMB Nos 1210-0110 1210-0089

2012

Pension E	Benefits Security Administration Benefit Guaranty Corporation	6	al Revenue Code (the (Code).	25 (5)		is Open to Public spection
Part I	Annual Report Id	► Complete all entries in accordance of the complete all entries in acc	rdance with the instru	ctions to the Form 5	500-SF.	(MGS)	
For calend	lar plan year 2012 or fisca	I plan year beginning 01/01/20	12	and ending	12/31/20	112	
A This re	lurn/report is for:	a single-employer plan	1				
<u></u>	turn/report is:	the first return/report	7	ian (not multemploye	n [a one-partici	pant plan
		an amended return/report	a short plan year retur	n/report (less than 12	months\		
C Check	box if filing under:	Form 5558	automatic extension	MIN O COLD MANN I	Γ	DFVC progra	am
		special extension (enter description			7	757	
Part II	Basic Plan Inform	nation—enter all requested inform	ation				
1a Name			321/8		1b 1	hree-digit	
SUPERIOR	ELECTRIC RETIREMEN	IT PLAN			05	lan number	204
						PN) 🕨	001
			77. 18		10 5	fective date o	
2a Plan s SUPERIOR	ponsor's name and addre ELECTRIC SYSTEMS C	ss; include room or suite number (e O., INC.	employer, if for a single-	employer plan)		mployer Identi EIN) 91-166	fication Number
11029 - 221	UD AVE E				2c S	ponsor's telep (253) 53	
TACOMA. V					2d B	usiness code (see instructions)
		iddress X Same as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b A	238210 dministrator's (
		·	leaders of the second s				
					3C A	dministrator's t	lelephone number
					1		
3 32 13		· · · · · · · · · · · · · · · · · · ·					
4 If the r	name and/or EIN of the pla EIN, and the plan numbe	an sponsor has changed since the	last return/report filed fo	er this plan, enter the	4b E	IN	
name,	name and/or EIN of the pla , EIN, and the plan numbe or's name	an sponsor has changed since the l er from the last return/report.	last return/report filed fo	or this plan, enter the	7		
name. a Sponse	, EIN, and the plan numbe or's name	an sponsor has changed since the left from the last return/report.			4c P		3
a Sponse	, EIN, and the plan numbe or's name number of participants at t	er from the last return/report.			4c P		3
a Sponso 5a Total r b Total r C Number	. EIN, and the plan numbe or's name number of participants at t number of participants at t er of participants with acc	he beginning of the plan yearhe end of the plan year	plan year (defined bene	fit plans do not	4c P 5a 5b		0
a Sponsor 5a Total r b Total r c Number	EIN, and the plan numbe or's name number of participants at t number of participants at t er of participants with acc ete this item)	he beginning of the plan yearhe end of the plan yearhe end of the plan year	plan year (defined bene	fit plans do not	4c P 5a 5b	N	0
a Sponse 5a Total r b Total r C Number compl 6a Were b Are yo	EIN, and the plan number of sname number of participants at the plan for the plan is at the content of participants with accepte this item). all of the plan's assets due to claiming a waiver of the	he beginning of the plan year	plan year (defined bene le assets? (See instruc	fit plans do not	4c P 5a 5b 5c	N	0
a Sponso 5a Total r b Total r c Numbicompt 6a Were b Are younder	EIN, and the plan number of sname number of participants at the plan participants at the error of participants with accepte this item). all of the plan's assets due to claiming a waiver of the 29 CFR 2520.104-46? (S	he beginning of the plan year	plan year (defined bene le assets? (See instruc an independent qualifie and conditions.)	fit plans do not tions.) d public accountant (I	4c P 5a 5b 5c	N	0
a Sponse 5a Total r b Total r c Numbrocompl 6a Were b Are younder If you	EIN, and the plan number of sname number of participants at the participants at the error of participants with accrete this item). all of the plan's assets duou claiming a waiver of the 29 CFR 2520.104-46? (Sanswered "No" to eithe	he beginning of the plan year	plan year (defined bene le assets? (See instruct an independent qualifie and conditions.) lot use Form 5500-SF	fit plans do not lions.) d public accountant (I and must instead us	4c P 5a 5b 5c QPA)	N 500.	0 0 X Yes No
a Sponse 5a Total r b Total r c Numbrocompl 6a Were b Are younder If you Caution: A	EIN, and the plan number of sname number of participants at the plan participants at the error of participants with accrete this item). all of the plan's assets due to claiming a waiver of the 29 CFR 2520.104-46? (Sanswered "No" to eithe a penalty for the late or in	he beginning of the plan year	plan year (defined bene ble assets? (See instruction an independent qualifier and conditions.) lot use Form 5500-SF port will be assessed in	fit plans do not lions.) d public accountant (I and must instead us unless reasonable ca	4c P 5a 5b 5c QPA) e Form 55	N 500. tablished.	0 0 X Yes No X Yes No
a Sponse 5a Total r b Total r C Numbic compl 6a Were b Are younder If you Caution: A Under pena SB or Sche	EIN, and the plan number of sname number of participants at the participants at the participants with accepte this item). all of the plan's assels duou claiming a waiver of the 29 CFR 2520.104-46? (Sanswered "No" to eithe a penalty for the late or instalties of perjury and other	he beginning of the plan year	plan year (defined bene le assets? (See instruction independent qualifier and conditions.)	fit plans do not lions.) d public accountant (I and must instead us unless reasonable ca	4c P 5a 5b 5c QPA) e Form 55 ause is es	N 500. tablished.	0 V Yes No X Yes No
a Sponse 5a Total r b Total r C Numbrocompl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number of sname number of participants at the participants at the participants with accepte this item). all of the plan's assels duou claiming a waiver of the 29 CFR 2520.104-46? (Sanswered "No" to eithe a penalty for the late or in atties of perjury and other adule MB completed and services and services.	he beginning of the plan year	plan year (defined bene ble assets? (See instruction an independent qualifier and conditions.)	fit plans do not lions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo	4c P 5a 5b 5c QPA) e Form 55 ause is es	N 500. tablished.	0 V Yes No X Yes No
a Sponse 5a Total r b Total r C Numbic compl 6a Were b Are younder If you Caution: A Under pena SB or Sche	EIN, and the plan number of sname number of participants at the plan of participants at the error of participants with accrete this item). all of the plan's assets due to claiming a waiver of 29 CFR 2520.104-46? (Sanswared "No" to either a penalty for the late or in alties of perjury and other dule MB completed and strue, correct, and completed.	he beginning of the plan year	plan year (defined bene ble assets? (See instruction independent qualifier and conditions.) not use Form 5500-SF port will be assessed in the electronic verse at the electronic verse in the set of the electronic verse in	fit plans do not tions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo	4c P 5a 5b 5c QPA) e Form 55 ause is es eport, incluirt, and to the	500. tablished. uding, if applica	0 X Yes No X Yes No Sole, a Schedule knowledge and
a Sponse 5a Total r b Total r c Number compl 6a Were b Are you under If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of sname number of participants at the participants at the participants with accepte this item). all of the plan's assels duou claiming a waiver of the 29 CFR 2520.104-46? (Sanswered "No" to eithe a penalty for the late or in atties of perjury and other adule MB completed and services and services.	he beginning of the plan year	plan year (defined bene ble assets? (See instruction an independent qualifier and conditions.)	fit plans do not lions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo	4c P 5a 5b 5c QPA) e Form 55 ause is es eport, incluirt, and to the	500. tablished. uding, if applica	0 X Yes No X Yes No Sole, a Schedule knowledge and
a Sponse 5a Total r b Total r C Number compt 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of sname number of participants at the plan of participants at the error of participants with accrete this item). all of the plan's assets due to claiming a waiver of 29 CFR 2520.104-46? (Sanswared "No" to either a penalty for the late or in alties of perjury and other dule MB completed and strue, correct, and completed.	he beginning of the plan year	plan year (defined bene ble assets? (See instruction independent qualifier and conditions.) not use Form 5500-SF port will be assessed in the electronic verse at the electronic verse in the set of the electronic verse in	fit plans do not tions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo	4c P 5a 5b 5c QPA) e Form 55 ause is es eport, incluirt, and to the	500. tablished. uding, if applica	0 X Yes No X Yes No Sole, a Schedule knowledge and
a Sponse a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of sname number of participants at the plan in the pl	the beginning of the plan year	plan year (defined benewle assets? (See instruction in the properties of the plant of the properties of the plant of the p	fit plans do not tions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo Robert Graves Enter name of indivi	4c P 5a 5b 5c QPA) e Form 55 ause is es eport, included, and to be dual signin	N. 500. tablished. uding, if applicative best of my ng as plan adm	0 X Yes No X Yes No X Yes No Able, a Schedule knowledge and
a Sponse a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of sname number of participants at the plan in the pl	he beginning of the plan year	plan year (defined benewle assets? (See instruction in the properties of the plant of the properties of the plant of the p	fit plans do not tions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo Robert Graves Enter name of indivi	4c P 5a 5b 5c QPA) e Form 55 ause is es eport, included, and to be dual signin	N. 500. tablished. uding, if applicative best of my ng as plan adm	0 X Yes No X Yes No Sable, a Schedule knowledge and
a Sponse a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of sname number of participants at the plan in the pl	the beginning of the plan year	plan year (defined benewle assets? (See instruction in the properties of the plant of the properties of the plant of the p	fit plans do not tions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo Robert Graves Enter name of indivi	4c P 5a 5b 5c QPA) e Form 55 ause is es eport, included, and to be dual signin	N. 500. tablished. uding, if applicative best of my ng as plan adm	0 X Yes No X Yes No X Yes No Able, a Schedule knowledge and
a Sponse a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of sname number of participants at the plan in the pl	the beginning of the plan year	plan year (defined benewle assets? (See instruction in the properties of the plant of the properties of the plant of the p	fit plans do not tions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo Robert Graves Enter name of indivi	4c P 5a 5b 5c QPA) e Form 55 ause is es eport, included, and to be dual signin	N. 500. tablished. uding, if applicative best of my ng as plan adm	0 X Yes No X Yes No X Yes No Able, a Schedule knowledge and
a Sponse a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of sname number of participants at the plan in the pl	the beginning of the plan year	plan year (defined benewle assets? (See instruction in the properties of the plant of the properties of the plant of the p	fit plans do not tions.) d public accountant (I and must instead us unless reasonable ca examined this return/repo Robert Graves Enter name of indivi	4c P 5a 5b 5c QPA) e Form 55 ause is es eport, included, and to be dual signin	N. 500. tablished. uding, if applicative best of my ng as plan adm	0 X Yes No X Yes No X Yes No Able, a Schedule knowledge and

Pa	rt III Financial Information			1,110	-						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T	0.87	(b) Ea	d of \	/	_	100
a	Total plan assets	7a	69121			<u> </u>	(b) En	u 01 1			
b	Total plan liabilities	7b								0	
_ c	Net plan assets (subtract line 7b from line 7a)	. 7c	69121	8	1			-	-	0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		Tota		U	
а 	Contributions received or receivable from: (1) Employers	. 8a(1)	252	'n			(10)	TOLA			
	(2) Participants	_	269		\top				Salv	-	-
	(3) Others (including rollovers).		81				***	-330	- 1	-	
b	Other income (loss)	. 8b	11613							-	
_с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						-	12246		-
d	Benefits paid (including direct rollovers and insurance premiums	1		76					12216:		
	Lo provide benefits)	. 8d	71317	3	_						
	Certain deemed and/or corrective distributions (see instructions)	8e	10020	7							
	Administrative service providers (salaries, fees, commissions)	8f	90-50 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1					, 3			
	Other expenses	- 8g								-10-50	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							31338	0	
020	Net income (loss) (subtract line 8h from line 8c)	8i	Marie Control	2000				-	59121	8	
j	Transfers to (from) the plan (see instructions)	8 j						- P. D. C.			
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.										
10	During the plan year:			- 1	Yes	No	1	Λm	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within th	e time period described in ion Program)	10a		х		COLUM	June		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		х		- 15.3.4.E	-1.		80.00
С	Was the plan covered by a fidelity bond?	*************		10c	x					40	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10d		X				- 40	500
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	er persons by of the benefits	y an insurance carrier, under the plan? (See	10e		×					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end.)	10g	x	-					0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruction	ons and 29 CFR	10h	3250	Х		enna yez	2	1.0	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required no	blice or one of the	10i							
Part											825
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes	" see instructions and com	plete S	Sched	ule Si	3 (Form	Τn	Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a		لالل	100	LJ.	-
12	Is this a defined contribution plan subject to the minimum funding				-		ERISA?	П	Yes	Ū	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					J- 01		1		IXI	103/30
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortized i	n this plan year, see instruc	tions,	and e	nter th	ne date of	lhe le Yea		ing	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5	500), and skip to line 13.				-				_
	Enter the minimum required contribution for this plan year			Bressy/HSW	1	12b				-	

	Form 5500-SF 2012 Page 3 - 1		
С	Enter the amount contributed by the employer to the plan for this plan year	12c	
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	T Yes	s ∏ No ∏ N/A
Part '	VII Plan Terminations and Transfers of Assets		THE PARTY
13a	Has a resolution to terminate the plan been adopted in any plan year?	X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	the control	X Yes □ No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to	<u>B</u>
	3c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
		The second secon	122(0)
	· · · · · · · · · · · · · · · · · · ·		
Part \	VIII Trust Information (optional)		
	lame of trust	14b Trust's Et	