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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

D1		Complete all entries in							
Part I		Identification Informatio		and an Pan	40/04/	0040			
For calend	ar plan year 2012 or fi		01/2012	<u> </u>	12/31/				
A This ref	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	r) a one-participant plan				
B This ref	turn/report is:	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	eturn/report (less than 12 months)					
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter des	scription)						
Part II	Basic Plan Info	rmation—enter all requested	information						
1a Name	•				1b	Three-digit			
TEL-TEC, IN	IC. 401(K) PLAN					plan number	004		
					4.	(PN) •	001		
					10	Effective date of 01/01/	•		
2a Plan s	nonsor's name and ad	dress; include room or suite num		e-employer plan)	2h	Employer Identif			
TEL-TEC, IN		areas, morade room or saile nam	noor (omployer, ir for a omgre	o employer plant	20		54016		
					2c	Sponsor's telep	lephone number		
88 ROBERT	E. COX RD.					606-523			
CORBIN, K	Y 40701				2d	Business code (see instructions)		
						23821			
		nd address Same as Plan Spo	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's I	EIN 54016		
EL-TEC, INC			ERT E. COX RD. N, KY 40701		30		elephone number		
	OOKBIN, KT 40701				30	606-523			
		e plan sponsor has changed sind	ce the last return/report filed	for this plan, enter the	4b	EIN			
	•	mber from the last return/report.			40	DN			
	or's name	at the beginning of the plan yea				PN	44		
	·	0 0 . ,			5a		41		
		at the end of the plan year			5b		36		
		account balances as of the end	. , ,	•	. 5c		21		
6a Were	all of the plan's assets	s during the plan year invested ir	n eligible assets? (See instru	ctions.)		•			
							X Yes No		
		f the annual examination and rep	port of an independent qualif	ied public accountant (IC	QPA)				
under	29 CFR 2520.104-46	f the annual examination and rep? (See instructions on waiver elig	port of an independent qualif gibility and conditions.)	ied public accountant (IC	QPA)		X Yes No X Yes No		
under If you	29 CFR 2520.104-46 answered "No" to e	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan	port of an independent qualif gibility and conditions.) n cannot use Form 5500-SI	ied public accountant (IC	QPA) • Form	ı 5500.			
under If you Caution: A	29 CFR 2520.104-46 answered "No" to e A penalty for the late	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plar or incomplete filing of this retu	port of an independent qualif gibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed	ied public accountant (IC 	QPA) Formuse is	stablished.	X Yes No		
under If you Caution: A Under pen	29 CFR 2520.104-46 nanswered "No" to enalty for the latestallies of perjury and ot	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plar or incomplete filing of this return the instruction or penalties set forth in the instruction.	port of an independent qualif gibility and conditions.)n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have	F and must instead used unless reasonable cased examined this return/re	PA) Form use is port, in	n 5500. established. ncluding, if applic	X Yes No		
under If you Caution: A Under pen SB or Sche	29 CFR 2520.104-46 nanswered "No" to enalty for the latestallies of perjury and ot	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plar or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary	port of an independent qualif gibility and conditions.)n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have	F and must instead used unless reasonable cased examined this return/re	PA) Form use is port, in	n 5500. established. ncluding, if applic	X Yes No		
Under pen SB or Sche belief, it is	29 CFR 2520.104-46 nanswered "No" to end to penalty for the lateral alties of perjury and other adule MB completed and true, correct, and completed	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plar or incomplete filing of this return her penalties set forth in the instruction of the set of the	port of an independent qualif gibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic ve	F and must instead used unless reasonable cased examined this return/reports	PPA) Form Use is Pport, in tt, and	n 5500. established. ncluding, if applic	X Yes No		
under If you Caution: A Under pen SB or Sche	29 CFR 2520.104-46 answered "No" to elate alties of perjury and ot edule MB completed altrue, correct, and completed with authorized/	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instruction of the set of the	port of an independent qualif gibility and conditions.)n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic versions.	F and must instead use I unless reasonable ca e examined this return/report ersion of this return/report	e Formuse is eport, in the truth and DER	established. ncluding, if applic to the best of my	Yes No Able, a Schedule knowledge and		
Under pens SB or Schebelief, it is	29 CFR 2520.104-46 nanswered "No" to end to penalty for the lateral alties of perjury and other adule MB completed and true, correct, and completed	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instruction of the set of the	port of an independent qualif gibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic ve	F and must instead used unless reasonable cased examined this return/reports	e Formuse is eport, in the truth and DER	established. ncluding, if applic to the best of my	Yes No Able, a Schedule knowledge and		
under If you Caution: A Under pens SB or Sche belief, it is SIGN HERE SIGN	29 CFR 2520.104-46 answered "No" to elate alties of perjury and ot edule MB completed altrue, correct, and completed with authorized/	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instruction of the set of the	port of an independent qualif gibility and conditions.)n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic versions.	F and must instead use I unless reasonable ca e examined this return/report ersion of this return/report	e Formuse is eport, in the truth and DER	established. ncluding, if applic to the best of my	Yes No Able, a Schedule knowledge and		
under If you Caution: A Under pen. SB or Sche belief, it is SIGN HERE SIGN HERE	answered "No" to each penalty for the late alties of perjury and ot each man and completed alties, correct, and completed with authorized/ Signature of plan a	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary plete. [Valid electronic signature.] [Valid electronic signature.]	port of an independent qualifigibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic verification 10/14/2013 Date Date	F and must instead use I unless reasonable ca e examined this return/report CHARLES ALEXAND Enter name of individent	PA) Form Use is Pport, int, and DER dual signal	a 5500. established. Including, if applic to the best of my gning as plan adnuming as employe	Yes No able, a Schedule knowledge and ninistrator		
under If you Caution: A Under pen. SB or Sche belief, it is SIGN HERE SIGN HERE	answered "No" to each penalty for the late alties of perjury and ot each man and completed alties, correct, and completed with authorized/ Signature of plan a	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of the penalties of the plan of the pl	port of an independent qualifigibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic verification 10/14/2013 Date Date	F and must instead use I unless reasonable ca e examined this return/report CHARLES ALEXAND Enter name of individent	PA) Form Use is Pport, int, and DER dual signal	a 5500. established. Including, if applic to the best of my gning as plan adnuming as employe	Yes No able, a Schedule knowledge and		
under If you Caution: A Under pen. SB or Sche belief, it is SIGN HERE SIGN HERE	answered "No" to each penalty for the late alties of perjury and ot each man and completed alties, correct, and completed with authorized/ Signature of plan a	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary plete. [Valid electronic signature.] [Valid electronic signature.]	port of an independent qualifigibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic verification 10/14/2013 Date Date	F and must instead use I unless reasonable ca e examined this return/report CHARLES ALEXAND Enter name of individent	PA) Form Use is Pport, int, and DER dual signal	a 5500. established. Including, if applic to the best of my gning as plan adnuming as employe	Yes No able, a Schedule knowledge and ninistrator		
under If you Caution: A Under pen. SB or Sche belief, it is SIGN HERE SIGN HERE	answered "No" to each penalty for the late alties of perjury and ot each man and completed alties, correct, and completed with authorized/ Signature of plan a	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary plete. [Valid electronic signature.] [Valid electronic signature.]	port of an independent qualifigibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic verification 10/14/2013 Date Date	F and must instead use I unless reasonable ca e examined this return/report CHARLES ALEXAND Enter name of individent	PA) Form Use is Pport, int, and DER dual signal	a 5500. established. Including, if applic to the best of my gning as plan adnuming as employe	Yes No able, a Schedule knowledge and ninistrator		
under If you Caution: A Under pen. SB or Sche belief, it is SIGN HERE SIGN HERE	answered "No" to each penalty for the late alties of perjury and ot each man and completed alties, correct, and completed with authorized/ Signature of plan a	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary plete. [Valid electronic signature.] [Valid electronic signature.]	port of an independent qualifigibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic verification 10/14/2013 Date Date	F and must instead use I unless reasonable ca e examined this return/report CHARLES ALEXAND Enter name of individent	PA) Form Use is Pport, int, and DER dual signal	a 5500. established. Including, if applic to the best of my gning as plan adnuming as employe	Yes No able, a Schedule knowledge and ninistrator		
under If you Caution: A Under pen. SB or Sche belief, it is SIGN HERE SIGN HERE	answered "No" to each penalty for the late alties of perjury and ot each man and completed alties, correct, and completed with authorized/ Signature of plan a	f the annual examination and rep? (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary plete. [Valid electronic signature.] [Valid electronic signature.]	port of an independent qualifigibility and conditions.) n cannot use Form 5500-SI urn/report will be assessed tructions, I declare that I have y, as well as the electronic verification 10/14/2013 Date Date	F and must instead use I unless reasonable ca e examined this return/report CHARLES ALEXAND Enter name of individent	PA) Form Use is Pport, int, and DER dual signal	a 5500. established. Including, if applic to the best of my gning as plan adnuming as employe	Yes No able, a Schedule knowledge and ninistrator		

Form 5500-SF 2012 Page **2**

Dor	4 III Financial Information		<u> </u>							
<u> Par</u>			(a) Beginning of Ver				(h) End of Voor			
	Plan Assets and Liabilities	7-	(a) Beginning of Year				(b) End of Year			
	Total plan assets	7a 7b	23241	1			226935			
	Net plan assets (subtract line 7b from line 7a)	76 7c	23241	1		22693				
	Income, Expenses, and Transfers for this Plan Year	70		-						
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	909	91						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	467	' 9						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					13770			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1545	2						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	379	14						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19246			
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-5476			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
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			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	X		195000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· ·	10d		X	133000			
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		2255			
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		Χ				
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	ne require	d notice or one of the	10i						
Part	VI Pension Funding Compliance				<u> </u>					
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	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	, and 6	enter th Day	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		- 1		Т			
b	Enter the minimum required contribution for this plan year					12b				

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	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?		Yes X 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		Yes X 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of t.ebor 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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part Annual Report Identification Information						
	/01/2012	and ending	12/31/20	12		
A This return/report is for:	a multiple-employer p	olan (not multiemployer)	a one-part	icipant plan		
B This return/report is: the first return/report	the final return/report					
an amended return/report	ı short plan year retu	m/report (less than 12 mo	onths)			
C Check box if filling under:		DFVC prog	gram			
special extension (enter description	1)		_			
Part II Basic Plan Information—enter all requested information	tion					
1a Name of plan		1101	1b Three-digit	1		
Tel-Tec, Inc. 401(k) Plan			plan number	001		
			(PN) 10 Effective date			
			01/01/199			
2a Plan sponsor's name and address; include room or suite number (err Tel-Tec, Inc	ployer, if for a single	-employer plan)	2b Employer Ide (EIN) 64-00			
			2c Sponsor's tel			
88 Robert E. Cox Rd.			606-523-			
Corbin KY 40701			2d Business code	e (see Instructions)		
Corbin KY 40701 3a Plan administrator's name and address Same as Plan Sponsor Na			238210			
Tel-Tec, Inc	ime Usame as Pia	n Sponsor Address	3b Administrator' 64-07540	SEIN 16		
				s telephone number		
88 Robert E. Cox Rd.			606-523-1			
Corbin KY 40701						
4 If the name and/or EIN of the plan sponsor has changed since the last	st return/report filed f	or this plan, enter the	4b EIN			
name, EIN, and the plan number from the last return/report. a Sponsor's name						
5a Total number of participants at the beginning of the plan year			4c PN			
b Total number of participants at the end of the plan year			5a	41		
C Number of participants with account balances as of the end of the pla	IS year (defined bone		5b	36		
complete this item)	an year (demied bene	enit pians do not	5c	21		
6a Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)		X Yes No		
 D Are you claiming a waiver of the annual examination and report of an 	independent qualific	d public accountant (IOE	30)			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan cannot	d conditions,)	and must instead up. 5	En 6500	X Yes ∐ No		
Caution: A penalty for the late or incomplete filing of this return/repo	rt will be accessed	unione reconnection are r	rarm seed.			
Under penalties of periury and other penalties set forth in the instructions	I doglara that I have	Accessed the second Albertan and the second second	4 4 4 44 44	inchia a Cabadala		
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete.	as the electronic ver	sion of this return/report,	and to the best of m	y knowledge and		
SIGN Charlel	10/14/13	Charles Alexan	der			
MERE Signature of plan administrator	Date					
SIGN Plant Ull 1		Enter name of individual signing as plan administrator				
HERE Signature of employer/plan sponsor	 					
Preparer's name (including firm name, if applicable) and address; include r	Date oom or suite number	Enter name of Individual	al signing as employ Preparer's telephone	er or plan sponsor		
		(1 tobaic) a (elebriolis	= nomber (optional)		
		[n i seri ja ja veringa bermala ar an ar ar a	WWW.sign contracts of		
		[]:				
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instruc	ctions for Form 5500-s			Form 5500 SE (2012)		

Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		_		(b) End of Year
а	Total plan assets	7a	23	241	1		226935
ь	Total plan liabilities	7b					22625
С	Net plan assets (subtract line 7b from line 7a)	7c	. 23	241	1		226935
88	Income, Expenses, and Transfers for this Plan Year	1.7.	(a) Amount		+ .		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			4.10 23	i í	
	(2) Participants	8a(2)		909	1	11	
	(3) Others (including rollovers)	8a(3)			586		
ь	Other income (loss)	8b		467	9	Y Y	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The state of the s	ii. Tah	_		13770
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		L545	2		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f		379	4	dia:	
g	Other expenses	. 8g				1000 1000 1000 1000	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		ái i			19246
î	Net income (loss) (subtract line 8h from line 8c)	81	Maria Turk Mi	age i			-5476
j	Transfers to (from) the plan (see instructions)	- 8j			in m		
Pa	rt IV Plan Characteristics						
9a b Par	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f						
10	During the plan year:		1111		Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid	itions with	in the time period described in rection Program)	10a		х	""
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	Include transactions reported	10b		х	
$\overline{}$	Was the plan covered by a fidelity bond?			10c	х		195000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	10d		х	
	Were any fees or commissions paid to any brokers, agents, or of Insurance service or other organization that provides some or all Instructions.)	her persor of the ben	ns by an insurance carrier, efits under the plan? (See	10e	x		2255
				10f		х	
	Did the plan have any participant loans? (If "Yes," enter amount			10g		х	
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х	
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i			
Divi	t VI Pension Funding Compliance		111. 4 4 111.4				
11							I Vee I Me
11	a Enter the amount from Schedule SB line 39					11a	
12							ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amorti:	zed in this plan year, see instru		, and	enter ti Day	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu						
	Enter the minimum required contribution for this plan year					12b	
_							

	Form 5500-SF 2012 Page 3 -	_							
	Enter the amount contributed by the employer to the plan for this plan year		12c	T					_
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						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		Νo	N/	A
Part	Photo well's								
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	Νo			
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	T					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	he c					☐ Ye	s 🗓 ı	Vο
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)								
-1	3c(1) Name of plan(s):	13	c(2) E	∃IN	(5)		13c(:	3) PN(s	š)
Part	Will Trust Information (optional)								
14a	Name of trust	· · · · · · · · · · · · · · · · · · ·	14b :	Trus	st's €l	N			