	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed				2010				
Er	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public Inspection				
-	Complete all entries in accordance with the instructions to the Form 5500-SF.									
	Part I         Annual Report Identification Information           For calendar plan year 2010 or fiscal plan year beginning         01/01/2010         and ending         12/31/2010									
	) D	single-employer plan		mployer plan (not multiemployer)	2/01/2					
					one-participant plan					
D	This return/report is for:	an amended return/report		inal return/report short plan year return/report (less than 12 months)						
C	Check box if filing under:	Form 5558		extension	11113)	X DFVC program				
		special extension (enter description		extension						
Pa	art II Basic Plan Inform	nation—enter all requested information	,							
	Name of plan				1b	Three-digit				
	TEC, INC. 401(K) PLAN					plan number 001				
					10	(PN)				
						Effective date of plan 01/01/1990				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 64-0754016				
	OBERT E. COX RD.				2c	Plan sponsor's telephone number 606-523-1075				
	BIN, KY 40701				2d	Business code (see instructions)				
3a	Plan administrator's name and	address (if same as Plan sponsor, e			3b	Administrator's EIN				
TEL-	TEC, INC.	88 ROBERT CORBIN, KY		JAD	20	64-0754016				
					30	Administrator's telephone number 606-523-1075				
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report. Sponso					4c	PN				
5a Total number of participants at the beginning of the plan year					5a	80				
<b>b</b> Total number of participants at the end of the plan year						68				
С	Total number of participants wi complete this item)	the plan y	ear (defined benefit plans do not	5c	22					
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		Yes No				
b	, ,	e annual examination and report of a See instructions on waiver eligibility a			,	X Yes No				
		er 6a or 6b, the plan cannot use Fo		,						
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	21119	0	224213				
b	•			21119		224213				
<u> </u>		b from line 7a)	7c		-					
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total				
u			8a(1)							
	(2) Participants	Participants		1848	6					
_	(3) Others (including rollovers)		8a(3)		_					
b				444.	2	22928				
c d		Ba(2), 8a(3), and 8b)	8c			22920				
u	<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)			631	7					
е										
f	Administrative service providers (salaries, fees, commissions)			358	8					
g	Other expenses		8g 8h							
h						9905 13023				
i	( ) (	8h from line 8c)				13023				
J	riansiers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 3D 2F 2G 2J
- **b** 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	Du	During the plan year:					Am	ount	
а		Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				Х				
С	W	as the plan covered by a fidelity bond?	10c	Х					195000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e	X					2134
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					[	Yes	No
12 а	<ul> <li>12 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.)</li> <li>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</li> </ul>								
١f	-	nting the waiver			Day		_ Yea	ar	
-	Enter the minimum required contribution for this plan year				12b				
с		er 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 le negative amount)				12d				
е	Wil	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 during the plan year or any prior year?							Yes	X No
	lf "`	/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							× No	
<b>C</b> 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.)									
1	13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)			PN(s)	
<u> </u>	lant	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab		100 10	ootek	inhed			

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.

SIGN	Filed with authorized/valid electronic signature.	12/31/2013	CHARLES ALEXANDER						
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						

Page 2-

Part I         Part I<									
This matrix status         2010           Environment status         This form is required to be full under sections (0.4 and 0.06 of the Environce Constitution (0.4 and 0.4 and 0				yee	OMB Nos. 1210-0110 1210-0089				
Instruction         Instruction         Instruction         Instruction           Part II. Janual Report Mentification Information         2 Complete all entities in accordance with the Instructions to the Form 850-5F.         Instruction         1/2/31/2010           Part allends and ward XI of Select Amy sch by Simpler Si	Internal Revenue Service This form is required to be fil	ed under sections 104 and 4065 of the Employee			2010				
2 Complete all entries in accordance with the instructions to the Form 850-8F.         Part I. J. Annual Report Methodication (Information Forcedency list year 2010 edicat plan year thesigning O 1/03/2010 and ending B This return/report is for:       In the term/report       In the term/report       In the term/report of the first ending one-participant plan       One-participant plan         B This return/report is for:       In an ansended return/report       In the term/report       In the term/report       In the term/report         C Check box if filing under:       I part II. Basic Plan Information-enter all requested information       In the term/report       ID Three-digit plan number       001         1a Name of plan       TEL -TEC, INC. 40.1(K) PLAN       ID Three-digit plan number       001       ID Three-digit plan number       001         2a Plan sponter's name and address (employer, if for adsgle-employer plan)       ID Three-digit plan number       01       ID Three-digit plan number       01         3a Plan adgrighting r name and address (frame as Plan sponter, ender "Same")       3b Administrator's biophone number       026       2073         64 - 0754.01       VI for plan part and address (frame as Plan sponter, ender "Same")       3c Administrator's biophone number       021         2d Plan sponter is biophone number       026       2075       20       208 Stocesee         CORBIN       KY 40701       2d Administrator's biophone number	Department of Labor Retirement Income Security Employee Banefits Security Administration Intern	Act of 197 al Revenue	4 (ERISA), and section 6058(a) of the 2 Code (the Code).						
Percenterize plan year 2010 or face of plan year beginning       01/03/2010       endering       12/23/2010         A This return/teport is for:       Indifecent/typort       Indifecent/typort       one-pastidgant plan         B This return/typort       Indifecent/typort       Indifecent/typort       one-pastidgant plan         C Check box if filing under:       Prom 6568       anonate: extension       DirVC program         Part II       Basic Plan       Information       Information       01         1 Name of plan       Total address (employer, if for single-employer plan)       10       The edgin       001         22       Plan apotech's name and address (employer, if for single-employer plan)       10       10       Electronic deal of plan         23       Plan apotech's name and address (employer, if for single-employer plan)       22       Plan sponton's beginne mumber       01         24       Plan apotech's name and address (employer, if for single-employer plan)       22       Plan sponton's beginne mumber       01         23       Plan apotech's name and address (employer, if for single-employer plan)       22       28       Plan sponton's beginne mumber         24       Plan apotech's name and address (employer, if for single-employer plan)       24       24       26       27.01/20         25       B COERET E.	Pension Benefit Guarenty Corporation + Complete all entries in acco	rdance wi	th the instructions to the Form 550	Inspection					
A This returning or is for: <ul> <li>Indigue-semployer plan</li> <li>Indigue-semployer plan (not multismployer)</li> <li>One-participant plan</li> <li>Semi-seturation</li> <li>Indigue-semployer plan (not multismployer)</li> <li>One-participant plan</li> <li>Part II</li> <li>Basic Plan Information - enter at regrested information</li> <li>Tak mane of plan</li> <li>Tak - TRC , LINC . 401 (K) FLAM</li> <li>TEL-TRC , LINC . 401 (K) FLAM</li> <li>CORBIN KY 40701</li> <li>Semployer blant float multismployer plan (not multismployer)</li> <li>Semployer blant float any semployer blant float in the semployer plan (not multismployer)</li> <li>Semployer blant float any semploy float float in the multimity plant float floa</li></ul>									
B       This return report       Instrummer port       Instrummer port         B       This return report       Instrummer port       Instrummer port         C       Check box if filling under:       Instrummer description         B       This return report       Instrummer description         Part II       Basic Plan Information - new an requested information       10         11       Name of plan       Information - new an requested information       001         12       Plan sponsor's name and address (remplayer, if for single-emplayer plan)       20       Filling under:       001         22       Plan sponsor's name and address (remplayer, if for single-emplayer plan)       20       Filling under:       001         23       Plan sponsor's name and address (remplayer, if for single-emplayer plan)       20       Filling under:       001         24       Plan sponsor has changed ance the sist return report "same")       20		01/01/	2010 and ending		12/31/2010				
an amended return/report       abort plan year return/report (less than 12 months)         C Check box if filing under:       Form 6568         at Name of plan       Bepeldit extension (enter description)         Part III       Dasie Plan Information—enter all requested information         1a Name of plan       Three-edgit         1a Name of plan       Three-edgit         1b Three-edgit       plan number         (PN)       001         22 Plan sponsor's name and address (employer, if for single-employer plan)       22 Employer theretMation Number         TEL-TEC, INC.       40701         23 Plan sponsor's inspine number       (20.67.23.10.07.         24 Bits sponsor's temployer theretMation Number       (20.67.23.10.07.         25 Bits officitators name and address (if cance as Plan sponsor, enter "Same")       33 Administrator's name and address (if cance as Plan sponsor, enter "Same")         34 Plan sponsor's temployer them has attractum/report field for this plan, enter the concellent of the plan sponsor has changed since the last return/report field for this plan, enter the concellent of the plan sponsor's temployer them has attracture of the plan sponsor's temployer temployer temployer temployer temployer of the plan sponsor temployer sponsor's temployer temployer temploy te	A This return/report is for: X single-employer plan	multiple-	employer plan (not multiemployer)		🔲 one-participant plan				
C Check box Hilling under:       Form 5658       automatic extension       EDFVC program         Part II       Basile Plan Information—enter all requested information       fb Three-sign       fb Three-sign         1a Name of plan       fb Three-sign       fb Three-sign       gan mumber         1a Name of plan       fb Three-sign       gan mumber       gan mumber         1a Name of plan       fb Three-sign       gan mumber       gan mumber         1a Tell—TSC, INC.       401 (K) PLAN       fb Three-sign       gan mumber         2a Plan sponsor/s name and address (semployer, If for single-employer plan)       fb Effective date of plan       gan fb administration       gan for administration       gan for administration         2B Plan sponsor/s name and address (semployer, If for single-employer plan)       fb Effective date of plan       gan for administration       gan for	B This return/report is for: I first return/report	] final retu	m/report						
<pre></pre>	an amended return/report	short plan year return/report (less than 12 months)							
Part II       Basic Plan Information - enter all requested information       1b       Twee digit plan number (PA)       001         TEL_TEC, INC. 401 (K) FLAM       001       1c       Effective date of plan (PA)       001         2a       Plan sponsor's name and address (temployer, if for single-employer plan)       2c       Effective date of plan (D) (D) (J (J S90)         2a       Plan sponsor's telephone number (D)	C Check box if filing under. Form 5558	automati	ic extension		X DEVC program				
1a Name of plan       TEL-TEC, INC. 401 (K) PLAN       Ib Tree-deft         TEL-TEC, INC. 401 (K) PLAN       Ib Tree-deft         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer Manification Namber         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer Manification Namber         3a Rescent E. COX RD.       2c Plan sponsor's telephone number         CORBIN       KY 40701       2d Busines code (see instructions)         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN         CORBIN       KY 40701       2d Busines code (see instructions)         3a Plan administrator's name and address of same a Plan sponsor, enter "Same")       3b Administrator's EIN         CORBIN       KY 40701       3c Administrator's EIN         6 Administrator's EIN       6c Plan         7 Ba Total number of participants at the beginning of the plan year       5g B         6 Total number of participants with account balances as of the end of the plan year (defined bands that account at tell hor market at the end of the plan year (market based accountant (QPA)       g Ye is No	special extension (enter descript	ion)			-				
TEL-TEC, INC. 401 (K) PLAN     pion number       22     Pion sponsor's name and address (employer, if for single-employer plan)     10       23     Pion sponsor's name and address (employer, if for single-employer plan)     2b       24     Pion sponsor's name and address (if same as Plan sponsor, ender "Same")     2b       35     Pian adjuictation's name and address (if same as Plan sponsor, ender "Same")     3b       36     Pian adjuictation's name and address (if same as Plan sponsor, ender "Same")     3b       37     Pian adjuictation's name and address (if same as Plan sponsor, ender "Same")     3b       38     Pian sponsor's language and address (if same as Plan sponsor, ender "Same")     3c       39     Pian adjuictation's name and address (if same as Plan sponsor, ender "Same")     3c       30     Pian adjuictation's name and address (if same as Plan sponsor, ender "Same")     3c       31     Pian number of participants at the bait return/report field for this plan, enter the name.     3c       35     Total number of participants at the plan year     Sponsor's name       36     Yean address at the plan year invected in sightle and enditions.     Sponsor statistication address contains of the plan year invected in sightle and enditions.       36     Total number of participants at the plan year invected in sightle and enditions.     Sponsor statistication address contains of year       37     Pian Assorts and Liabilities     10 <td>Part II Basic Plan Information-enter all requested inform</td> <td>nation</td> <td></td> <td></td> <td></td>	Part II Basic Plan Information-enter all requested inform	nation							
(PA) I       001         1 ft Effective date of plan 01/01/1990       10/01/1990         2a Plan sponsor's name and address (employer, if for single-employer plan) TEL-TEC, INC       2b Employer identification hamber (EIN) 64-0754016         38 ROBERT E. COX RD.       2c Plan sponsor's blaphore number 005-523-1075         CORBIN       KY 40701         39 Plan spinsor's blaphore number 005-523-1075         30 Registering random and address (if came as Plan sponsor, enter "Same")         38 ROBERT E. COX ROAD CORBIN       KY 40701         39 Table-TEDC, INCC       3b Administrator's blaphone number 005-523-1075         41 If the name and/or EIN of the plan sponsor has changed since the last return/report fied for this plan, enter the name. EIN, and the plan number from the last return/report fied for this plan, enter the name. EIN, and the plan number from the last return/report fied for this plan, enter the name. EIN, and the plan number from the last return/report fied for this plan, enter the name. EIN, and the plan number for the plan sector the same adjustice player (defined benefit plans do nat for tait number of participants at the end of the plan year.       5b         5a Totai number of participants at the end of the plan year investide in stigling an doording number complete bijs lism)       5b       6a         6a Were all of the plan year investide in stigling and acontions.).       KYes I No       Yes I No         1 Yea All with flance of the high an cannot use Form 500-55 and must instead use Form 500.       5b       6a      <				1b	Three-digit				
2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Enclose date of plan 01/01/1990         2b Plan sponsor's name and address (employer, if for single-employer plan)       2b Enclose date of plan 01/01/1990         3c Plan sponsor's telephone number fills       2c Plan sponsor's telephone number 606-523-1075         3c Plan spinitistaping name and address (if care as Plan sponsor, enter "Same")       2b Administrator's telephone number 606-523-1075         3d Plan spinitistaping name and address (if care as Plan sponsor, enter "Same")       2b Administrator's telephone number 606-523-1075         3d Plan spinitistaping name and address (if care as Plan sponsor, enter "Same")       2b Administrator's telephone number 606-523-1075         3d Plan spinitistaping name and/science (if care as Plan sponsor, enter "Same")       2b Administrator's telephone number 606-523-1075         3d If the name and/science (if care as Plan sponsor, enter "Same")       2b En         5a Total number of participants at the balginning of the plan year.       5a         6a Total number of participants at the end of the plan year.       5a         6a Were at I for be plan seasets during the plan year.       5a         6a Were at I the plan seaset during the plan year invested to neighon sector (gen sponsor).       W Yea   No         7 Plan Assets and Libbilies       (d) Beginning of Year       (g) End of Year         7 Plan Assets and Libbilies       7a       211190       224213 <td>TEL-TEC, INC. 401(K) PLAN</td> <td></td> <td></td> <td></td> <td>• • • • • • • • • • • • • • • • • • • •</td>	TEL-TEC, INC. 401(K) PLAN				• • • • • • • • • • • • • • • • • • • •				
2a         Plan sponsor's name and address (employer, if for single-employer plan) TEL-TEC, INC         2b         Employer identification Mumber (Bib) 64-0754016           88         ROBERT E. COX RD.         2c         Plan sponsor's telephone number (SOEBIN         KY         40701         2d         Business code (sas instructions) 2d Bib) 64-0754016         2d Business code (sas instructions) 2d Bib) 64-0754016           3a         Plan sponsor's telephone number (CORBIN         KY         40701         2d Business code (sas instructions) 2d Bib) 64-0754016           3a         Plan sponsor's telephone number (CORBIN         KY         40701         2d Administrator's telephone number (CORBIN         2d Administrator's telephone number (CORBIN         2d Administrator's telephone number (CORBIN         2d Code-523-1075           4         If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number of participants at the ead of the plan year.         5a				40	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
2a Print spontor's name and address (employer, if for single-employer plan)       2b Employer Identification Number TEL-TEC, INC         3b ROBERT E. COX RD.       2c Plan spontor's telephone number 6069=23-1075         CORBIN       KY 40701         3a Pain stampletrupts name and address (if same as Pfan sponsor, enter "Same")       3b Administrator's EIN 66-0754016         3b ROBERT E. COX ROAD       KY 40701         3b ROBERT E. COX ROAD       KY 40701         4 If the name and/of EIN of the plan sponsor has changed since the last return/report field for this plan, enter the complete full state termspont. Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a       5a       9b       6c         5a Total number of participants with account belones as of the end of the plan year.       5a       9b       6c         5a Were all of the plan summar for the sine end of the plan year invested in eligible sasets? (See instructions.)       EV rs IN       No         5a Were all of the plan seets during the plan year invested in eligible sasets? (See instructions.)       EV rs IN       No         6b       22       6c       22       No         6c       7b       21.12.90       22.42.13         7b       7c       21.12.90       22.42.13         7a       21.12.90       22.42.13         7a				14	•				
88 ROBERT E. COX RD.       20 Plan sponsor's kleptione number 606-523-1075         CORBIN       KY 40701         3a Plan equiption of the plan sponsor, enter "Same")       3b Administrative EN 64-0754016         3a Plan equiption of the plan sponsor, enter "Same")       3b Administrative EN 64-0754016         3b ROBERT E. COX ROAD CORBIN       KY 40701         3c Robert E. COX ROAD CORBIN       Sponsort kleption enumber Core Sponsort kleption enumber Core Sponsort kleption enumber Core Sponsort kleption enumber Sponsort kleption enumber Core Sponsort kleption enumber Core Robert enumere Sponsor	2a Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number				
B ROBERC E. COX KU.     606-523-1075       CORBIN     KY 40701       39 Min Sequences (if same as Plan sponsor, enter "Same")     36 Manufastrator's EIN 58 ROBERT S. COX KOAD CORBIN     36 Manufastrator's EIN 58 ROBERT S. COX KOAD CORBIN     30 Administrator's ISIN 64-0754016       4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN and the plan number from the last return/report filed for this plan, enter the rame. EIN and the plan number from the last return/report filed for this plan, enter the aname. EIN and the plan number from the last return/report filed for this plan, enter the rame. EIN and the plan number from the last return/report filed for this plan, enter the aname. EIN and the plan number from the last return/report filed for this plan, enter the aname. EIN and the plan number from the last return/report filed for this plan, enter the aname. EIN and the plan number for the plan year.     5a       5a Total number of participants at the beginning of the plan year.     5a     5a     5a       6a Were all of the plan's assets during the plan year investide in angehold as acate? (See instructions.)     Yes ]     No       6a Vere all of the plan's assets during the plan year investide in eightile asset? (See instructions.)     Yes ]     No       7 Plan Assets and Labilities     7a     (a) Bestining of Year     (b) End of Year       7 A tot plan assets.     7a     (a) Amount     (b) Total       8 Income. (obs).     8a (1)     (b) Total     (c) Total       9 Tota I pan isabities.     7b	·			20					
CORSTN       XY       40701       238210         39       Pion definitistator, name and address (if same as Plan sponsor, enter "Same")       35       Administrator's ENN         38       Right entities and contrast (if same as Plan sponsor, enter "Same")       36       Administrator's ENN         38       Right entities and contrast (if same as Plan sponsor has changed since the last return/report filed for this plan, enter the contrast of the plan sponsor has changed since the last return/report filed for this plan, enter the contrast entities and the plan number from the last return/report filed for this plan, enter the contrast entities and the plan number for the plan year.       40       50         50       Total number of participants at the beginning of the plan year.       50       50       68         Contrast in the plan sponsor has changed since the last return/report filed for this plan, enter the contrast of participants at the count balances as of the end of the plan year.       50       50       68         Contrast in the end of the plan year.       50       50       68       50       68         Contrast in the plan year invested in eligible assets? (See instructions).       Even asset       Even asset       50 <td>88 ROBERT E. COX RD.</td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td>1</td> <td></td>	88 ROBERT E. COX RD.		· · · · · · · · · · · · · · · · · · ·	1					
3a Plan administrator's climate and address (if same as Pion sponsor, enter "Same")       3b Administrator's EIN         TEU-TEC, TNC, TNC,       3c Administrator's EIN         64-0754016       3c Administrator's EIN         64-0754017       4D EIN         7       Alten name and/or EIN of the plan sponsor has changed since the last return/report's number of participants at the beginning of the plan year       5a         5a Total number of participants at the end of the plan year       5a         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       El Yee I         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       El Yee I         7a Total number of participants       The plan sasets during the plan year invested in eligible assets? (See instructions on waver aligiblily and conditions)       El Yee I         7a Total number of participants       The plan sasets during the plan sasets       Total plan assets         7a Total plan as	CORBIN KY 40701			2d					
98 ROBERT E. COX ROAD CORBIN       KY       40701       3C Administrator's telephone number 606-523-1075         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report. Sponsor's name       4D EIN         58 Total number of participants at the beginning of the plan year.       5a       5a       80         50 Total number of participants at the end of the plan year.       5b       68       68         Complete this limp.       5b       68       62       22         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       EI Yes IN       No         hards or of the annual examination an indepondent qualified public accountant (IQPA)       EI Yes IN       No         Hyou answerd "No" to alther 69 or 60, the plan cennot use Form 5600-SF and must instead use Form 5500.       Part III       Financial Information       Yes IN         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       (b) Total         a Contributions rescribed on rescributin from Time 79)       7c       211190       224213         50 Total plan assets (subtract line 7b from line 7b)       7c       211190       224213         50 total plan assets (subtract line 7b from line 7b)       7c       211190       224213         51	3a Plan administrator's name and address (if same as Plan sponsor, TEL-TEC, INC.	enter "Sam	e")	3b	Administrator's EIN				
CORBIN       KY       40701       606-523-1075         4 If the new end/or EIN of the plan spons has change show the last return/report field for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       40 EIN       40 EIN         58       Total number of participants at the beginning of the plan year       5a       5a       5a       5b       68         C Total number of participants at the end of the plan year       5b       68       60       5c       22         6a       New set of the plan year invested in eligible assets? (See instructions.)       EV       EV       No         b Ara you claiming a waiver of the annue examisation and report of an independent qualified public accountant (QPA)       EV       Yes       No         H you answared "No" to either 6a or 6b, the plan cennot use Form 5600-SF and must instead use Form 5500.       EV res       No         Part III       Financial Information       7a       21.1190       224213         b Total runne (add ines 8dt1), 8d(2), 8d(3), and 8b)       8a(1)       (a) Amount       (b) Total         1       Expenses, and Transfers for this Plan Year       8a(1)       (a) Amount       (b) Total         2       Contrologiants       Ba(2)       10486       22928       224213         0       Ditte Iplan labilities       7b <t< td=""><td>88 ROBERT E. COX ROAD</td><td></td><td></td><td>3c</td><td></td></t<>	88 ROBERT E. COX ROAD			3c					
ame, EIN, and the plan number from the tast return/report. Sponsor's name     4c     PN       58     Total number of participants at the beginning of the plan year     5a     80       bTota I number of participants at the end of the plan year     5b     68       complete this len).     5b     68       complete this len).     60     62     22       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     EV     80       b Are you claiming a valver of the annual examination and report of an independent qualified public accountant (IQPA)     EV     No       b Are you claiming a valver of the annual examination and report of an independent qualified public accountant (IQPA)     EV     No       Part III     Financial Information     Financial Information     Financial Information       7     Pan Assets and Liabilities     7a     21,1190     224213       b Itota (plan iabilities     7b     211190     224213       b Itota (plan iabilities     7b     211190     224213       c	CORBIN KY 40701			606-523-1075					
4C     PN       5a     Total number of participants at the beginning of the plan year     5a     80       bTota I number of participants at the end of the plan year     5b     6a     80       c     Total number of participants at the end of the plan year     5b     6a       c     Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this linem)     6c     22       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)     EV     Yes     No       b Are you claiming a valver of the annual examination and report of an independent qualified public accountant (IQPA)     EV     Yes     No       under 25 GFR 2520.104-46? (See instructions on walver aligibility and conditions.)     If you answord "Mor to be that 6 or 6b, the plan cannot use Form 5600-SF and must instead use Form 5500.     Part III     Financial Information       7     Plan Assets and Llabilities     7a     211190     224213       bTota I plan itabilities     7a     211190     224213       a Total maxet (work of receivable from:     6a(1)     6a(1)     6a(2)       (2) Participants     8a(2)     10446     22     224213       bTota I plan assets (wubract line 7b from line 7a)     7c     211190     224213       8     6a(1)     6a(1)     6a(1)     6a(1) <td>4 If the name and/or EIN of the plan sponsor has changed since the is name. EIN and the plan number from the last antimeters at a Sector.</td> <td>ast return/re</td> <td>eport filed for this plan, enter the</td> <td>4b</td> <td>EIN</td>	4 If the name and/or EIN of the plan sponsor has changed since the is name. EIN and the plan number from the last antimeters at a Sector.	ast return/re	eport filed for this plan, enter the	4b	EIN				
58       Total number of participants at the beginning of the plan year       5a       5a       80         bTotal number of participants at the end of the plan year       5b       5b       68         C Total number of participants at the end of the plan year       5b       68         C Total number of participants at the end of the plan year       5b       68         C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term)       5c       22         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Figure 1       No         b Are you claiming a waiver of the enrusel examination and report of an independent qualified public accountant (IQPA)       Yes       No         If you answered "No" to either 6e or 6b, the plan cannot use Form 5600-SF and must instead use Form 5500.       Part III       Financial Information         7       Plan Assets and Liabilities       7a       21,1190       224213         bTota I plan isbinities.       7b       -       22       22         C Net plan assets (subtract line 7b from line 7a)       7c       21,1190       224213         bTota I plan isbinities.       7b       -       22       22         C Net plan assets (subtract line 7b from line 7a)       7c       21,1190 <t< td=""><td>name, Ent, and die plan number nom the fast returningport. Spons</td><td>ors name</td><td></td><td>4c</td><td colspan="5">PN</td></t<>	name, Ent, and die plan number nom the fast returningport. Spons	ors name		4c	PN				
bTota       Inumber of participants at the end of the plan year	5a Total number of participants at the beginning of the plan year	****							
c       Total number of participants with account balances as of the end of the plan year (defined banefit plans do not complete this litern).       5c       22         Ga       Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Si Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Si Yes       No         ff you answers of "War" to other 6 ear of b, the plan cannot use Form 5600-SF and must instead use Form 5500.       Part III       Financial Information       Yes       No         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       (b) End of Year         6       Net plan assets (subtract line 7b from line 79).       7c       211190       224213         8       noome, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions receivador receivable from:       8a(1)       (1)       Endowne, Expenses, and Transfers for this Plan Year       8a(1)         (1)       Employers       8a(3)       0       22928       0       22928         d       Benefits paid (including rolicovers)       8a       31588       3588       3588         g Other expenses       8d       3588       3588       3588       31									
6a       Were all of the pten's assets during the plan year invested in eligible assets? (See instructions.)       Image: Construction on water aligible assets? (See instructions.)       Image: Construction on water aligible assets?         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction on water aligibility and conditions.)       Image: Constructions.)       Image: Constructions.) <td>C Total number of participants with account balances as of the end of</td> <td>of the plan y</td> <td>vear (defined benefit plans do not</td> <td></td> <td>22</td>	C Total number of participants with account balances as of the end of	of the plan y	vear (defined benefit plans do not		22				
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Text of the second			X Yes No						
If you answerd "No" to either 6a or 6b, the plan cannot use Form 5600-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets.       7a       211190       224213         bTota I plan liabilities.       7c       211190       224213         c Net plan assets (subtract line 7b from line 7a).       7c       211190       224213         a Contributions received or receivable from:       (a) Amount       (b) Total       (b) Total         a Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (2) Participants       8a(2)       1044866       22928         bOt her income (loss)       8b       44442       22928         c Total income (add lines 8a(1), 6a(2), 8a(3), and 8b)       8c       22928         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8e       63117         e Certain deemed and/or corrective distributions (see instructions)       8e       3588       90         g Other expenses       8g       1       13023       1         f Administrative service providers (salaries, fees, commissions)       8t       3588       1 <tr< td=""><td>b Are you claiming a waiver of the annual examination and report of</td><td>an Indeper</td><td>tđent qualified public accountant (IQF</td><td>PA)</td><td></td></tr<>	b Are you claiming a waiver of the annual examination and report of	an Indeper	tđent qualified public accountant (IQF	PA)					
Part Ifi       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets	under 29 CFR 2520.104-46? (See instructions on waiver aligibility	and condit	ions.)						
7       Plan Assets and Liabilities       (a) BegInning of Year       (b) End of Year         a       Total plan assets       7a       21,11,90       224213         bTota       Iplan liabilities       7b       -       -       -         c       Net plan assets (subtract line 7b from line 7g),		OTH DOUG	SF and must instead use Form 550	ю,					
a Total plan assets       7a       21,1190       224213         bTota 1 plan fiabilities       7b       -       -         c Net plan assets (subtract line 7b from line 7g),		1			/b) E-d -4 V				
bTota I plan liabilities       7b       -         c Net plan assets (subtract line 7b from line 7g)       7c       211190       224213         8 income, Expenses, and Transfers for this Plan Year       (a) Arnount       (b) Total         a Contributions received or receivable from:       8a(1)       (b) Total         (2) Participants       8a(2)       18486         (3) Others (including rollovers)       8a(3)       343         bOt her income (loss)       8b       44442         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       22928         d Benefits paid (including direct rollovers and insurance premiums to provide hanefits)       8d       6317         e Certain deemed and/or corrective distributions (see instructions)       8e       3588         g Other expenses.       8g       9905         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       9905         i Net income (loss) (subtract line 8h from line 8c)       8i       13023		70							
c       Net plan assets (subtract line 7b from line 7a),			-	╧╋╌	62-20-1-1				
8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (b) Total         (1)       Employers       8a(1)       (b) Total         (2)       Participants       8a(2)       18486         (3)       Others (including rollovers)       8a(3)       (b) Total         bOt her income (loss)       8b       44442       22926         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       22926         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       6317         e       Certain deemed and/or corrective distributions (see instructions)       8e       3588         g       Other expenses       8g       9905         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       9905         i       Net income (toss) (subtract line 8h from line 8c)       8i       13023         j       Transfers to (from) the plan (see instructions)       8i       13023			21119	3	224213				
a Contributions received or receivable from:       8a(1)         (1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         bOt her income (loss)       8b         4 Exercise provide banefits)       8c         6 Benefits paid (including direct rollovers and insurance premiums to provide banefits)       8c         6 Certain deemed and/or corrective distributions (see instructions)       8e         6 Administrative service providers (salaries, fees, commissions)       8t         7 Other expenses (add lines 8d, 8e, 8f, and 8g)       8g         9 Other expenses (add lines 8d, 8e, 8f, and 8g)       8i         11 Transfers to (from) the plan (see instructions)       8i									
(2) Participants       8a(2)       18486         (3) Others (including rollovers)       8a(3)       8a(3)         bOt her income (loss)       8b       4442         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       22928         G Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       6317         e Certain deemed and/or corrective distributions (see instructions)       8e       6317         f Administrative service providers (salaries, fees, commissions)       8f       3588         g Other expenses       8g       9905         i Net income (loss) (subtract line 8h from line 8c)       8i       13023         j Transfers to (from) the plan (see instructions)       8j       8i	a Contributions received or receivable from:			1					
(3) Others (including rollovers)       8a(3)         bOt her income (loss)       8b       4442         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       22928         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       6317         e Certain deemed and/or corrective distributions (see instructions)       8e       3588         f Administrative service providers (salaries, fees, commissions)       8t       3588         g Other expenses       8g       9905         i Net income (loss) (subtract line 8h from line 8c)       8i       13023         j Transfers to (from) the plan (see instructions)       8i       13023									
bOt her income (loss)			19486	5					
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       22926         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       6317         C       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (selaties, fees, commissions)       8t       3588         g       Other expenses       8g       9905         i       Net income (loss) (subtract line 8h from line 8c)       8i       13023         j       Transfers to (from) the plan (see instructions)       8j       13023									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			4442	2					
to provide benefits)       8d       6317         Certain deemed and/or corrective distributions (see instructions)       8e       6317         f Administrative service providers (selaries, fees, commissions)		. 8c			22926				
f     Administrative service providers (salaries, fees, commissions)	to provide benefits)	. <u>Bd</u>	6315						
g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         j Transfers to (from) the plan (see instructions)       8j									
h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       9905         i Net income (loss) (subtract line 8h from line 8c)       8i       13023         j Transfers to (from) the plan (see instructions)       8j       13023			3588	<u>ı</u> l .					
i Net income (loss) (subtract line 8h from line 8c)									
j Transfers to (from) the plan (see instructions)				<b>_</b>	9905				
		81	······································	<u> </u>	13023				
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.					·				

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Form 5500-SF (2010) v,092305,1

Form 5500-SF 2010

Page 2

Enter name of individual signing as employer or plan sponsor

## 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: 2E 2F 2G 2J 2K 3D

b 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:	<b></b>	•		Yes	No	1	Amou					
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce	period described in	10a		x		Adaba						
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.),	sactions reported	105		X								
c	Was the plan covered by a fidelity bond?		10c	x		<b></b>		1 <	5000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fix or dishonesty?	delity bond, that way	s caused by froud	10d	•	x			÷.				
· e	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	10a	x					2134					
f	Has the plan failed to provide any benefit when due under the plan?			100		x							
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	F	10a		X		<u></u>					
'n	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions and	29 CFR	10g 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 2520.101-1	required notice or a	me of the	101			···						
Part	Part VI Pension Funding Compliance												
11													
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X       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.       Day													
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)		pian(s), identity trie	: pian									
13c(1) Name of plan(s):						13c(2) EIN(s)13c				<u>'N(s)</u>			
Cautio	n: A penalty for the late or incomplete filing of this return/report	t will be assessed	uniess reasonable	caus	e is e	stabli	shed,						
Under penalties of penjury and other penalties set (orth 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.													
SIGN	Charles Palet rales	10-21-17	CHARLES ALE	KANT	)ER					···· ]			
HERE	Elementary of the second							alateri					
SIGN	N Chart Celford 10-21-13 CHARLES AL						pian aomi	บรเทลเด	<u>r</u>				
HERE	IFRE and the second sec					er name of individual signing as employer or plan sponsor							