Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 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

Pension B	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2013	and ending 0	9/30/2	2013	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	pant plan
B This re	turn/report is:	the first return/report	the final return/repor	t			
		x an amended return/report	x a short plan year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	iption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name					1b	Three-digit	
		R GRINDING, INC. 2013				plan number	
						(PN)	001
					1c	Effective date o	•
0					01	01/01	
	ponsor's name and ad SION TOOL & CUTTE	dress; include room or suite numbe ER GRINDING, INC.	r (employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 84-14	fication Number 22256
					2c	Sponsor's telep	hone number
P. O. BOX 7	747 101 COLLEGE AV	E.				208-47	
OROFINO,	ID 83544-0747				2d	Business code ((see instructions)
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	
					2-		
					30	Administrators	telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
name	, EIN, and the plan nu	mber from the last return/report.					
	or's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		13
b Total	number of participants	at the end of the plan year			5b		0
		account balances as of the end of t	. , ,	•	5с		0
_		s during the plan year invested in el					X Yes No
_		f the annual examination and report	•	,			
		? (See instructions on waiver eligibi					X Yes No
lf you	ı answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-S	F and must instead use	Form	5500.	
		or incomplete filing of this return					
		her penalties set forth in the instruc nd signed by an enrolled actuary, a					
	true, correct, and com		s well as the electronic ve	ersion or this return/report	, and	to the best of my	knowledge and
·	<u> </u>		T	1			
SIGN HERE		valid electronic signature.	01/02/2014	LORELLE LAMBERT			
	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address; inc	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

7 Plan Assets and Liabilities	Pa	rt III Financial Information									
a Total plan essets. 7a 917382 0 D Total plan liabilities. 7b 7b 9 To Net plan sasets (pubract line 7b from line 7a) 7c 917382 0 8 Income. Expenses, and Transfers for this Pan Year (a) Amount (b) Total and Contributions received or receivable from: (1) Employers (2) Participants 84(2) 47288 (2) Participants 84(2) 85(2) Participants 84(2) Par	7			(a) Beginning of Yea	ar			(b) Er	nd of \	'ear	
b Total plan lasabilities. To C Net plan assets (autotract fine 75 from line 7a). 7c 917302 0 8 Income, Expresses, and Transfers for this Plan Year (a) Amount (b) Total 3 Contributions received or receivable from: (1) Employers 8a(1) 78065 (2) Participants 8a(2) 47208 (3) Others (including rollovers). 8a(3)	a		7a					(,			0
8 Income. Expenses, and Transfers for this Plan Year 10 Contributions received or receivable from: 10 Employees 10 Participants 10 Participan											
8 Income. Expenses, and Transfers for this Plan Year 10 Contributions received or receivable from: 10 Employees 10 Participants 10 Participan	С	Net plan assets (subtract line 7b from line 7a)		91730)2						0
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Other (including rollovers). (6) Other income (loss). (7) Other (including rollovers). (8) Other (including rollovers). (9) Other (including rollovers). (9) Other (including rollovers). (9) Other (including rollovers). (9) Other expenses.								(h	Tota		
(2) Participants				(u) / inio ant					, . 		
Sala		(1) Employers	8a(1)	7806	5						
b Other income (loss)		(2) Participants	8a(2)	4720)8						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Cortain deemed and/or corrective distributions (see instructions). g Charlam deemed and/or corrective distributions (see instructions). g If the plan provides penals here the applicable penals on feature codes from the List of Plan Characteristic Codes in the instructions: 2		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollowers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e 631 f Administrative service providers (salarios, fees, commissions) 8f 1237 g) Other expenses 8f 1237 g) Other expenses 8f 1237 g) Other spenses 8f 1237 j) Transfers to (from) the plan (see instructions) 8f 1237 j) Transfers to (from) the plan (see instructions) 8f 1237 j) Transfers to (from) the plan (see instructions) 8f 1237 part IV Plan Characteristics ga It the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2	b	Other income (loss)	8b	-642	26						
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11884	7
f Administrative service providers (salaries, fees, commissions)	d	, , ,	8d	103422	21						
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e	69)1						
Notal expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	123	37						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	03614	9
Part IV Plan Characteristics Plant IV Plan Characteristic Plant IV Plant P	i		8i							-91730)2
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D	j										
9a	Pai	t IV Plan Characteristics	<u> </u>	l							
Description		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	uction	s:	
During the plan year: a 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.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) f Hoh was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 f Hoh was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 f It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500) and line 11a below). f Is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? f Yes No (If "Yes," complete line 12a or lines 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. Month Day Year	b		eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions	:	
During the plan year: a 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.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) f Hoh was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 f Hoh was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 f It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500) and line 11a below). f Is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? f Yes No (If "Yes," complete line 12a or lines 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. Month Day Year	_										
a 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)		t V Compliance Questions				1	1	ı			
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yes	No		Am	ount	
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X				
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	С	Was the plan covered by a fidelity bond?			10c	X					40000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		-	-	10d		X				
instructions.)	е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,							
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					10e		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) 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 requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Did the plan have any participant loans? (If "Yes " enter amount a	s of year e	and)		X					
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)			1-3		101						
5500) and line 11a below)											
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 line 12a or lines 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	11									Yes	No
(If "Yes," complete line 12a or lines 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	_11a	Enter the amount from Schedule SB line 39					11a				
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA?	[Yes	X No
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
	a		-			and e	_	ne date d			ıling
b Enter the minimum required contribution for this plan year	If	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

Maureen F. Carsey

			Tueso Maur	day, Decem een F. Cars	ber 31, 201	3 9:	
		,		K 1			17, 10-mis87
	ent of the Treasury Literature Survice			enefit Plan			2012
Gres Simployae Ban	officerial Capter office Spourcy Administration	This form is required to Retirement Income Security the	y Act of 11		oons 6057(b) and 6058		This Form is Open to Public
Persecentiless	ifi Симину Сирокайоп	➤ Complete all entries in	accorda	nce with the instruct	ions to the Form 550	0-SF.	Inspection
		dentification Information					
		al plan year beginning		01/2013	and ending	- 1	09/30/2013
	m/report is for:	X a single-employer plan	_		in (not multiemplayer)	L	a one-participant plan
8 This retu	miresoni is	the first return/report	-	ne finali return/report	Connections to an are		
C C	or I films .	an amended return/report	****	short plan year return utomatic extension	report (less than 12 m		SFVC program
Cubbox pr	ox if filing under	Special extension fenter &	32			1	Tre-arc brodeaus
Part II	Basic Plan Infor	mation—enter all requested	************				entanta anno est d'accompany
1a Nume o	nale 1	Cutter Grinding,	No. of Contract of				Three-digit plan number (IPN) ▶ 001
							Effective date of plan 31/01/2004
		iress, include room or suite nu		ployer, if for a single-	employer plans	+	Employer Identification Number
Aaa Pre	cision Tool &	Cutter Grinding,	Inc.			\$ roccorne	(EIN) 84-1422256
P. O. B	ex 747 101 Co	llege Ave.					Sponsor's telephone number 208-476-4004
						-	Business code (see instructions)
Orofino		ID 83544-0	747				332900
3a Plan ad	ministrator's name an	d address X Same as Plan Sc	consor Na	me X Same as Plan	Spansor Address	3b	Administrator's FIN
						3c	Administrator's telephone number
	archy (1984), bugst transcription of the	F				1	
		plan sponsor has changed as ober from the last return/mport		st return/report fred to	r this plan enter the	4b	EIN
a Sponso						4c	PN
50 Total n	umber of participants	at the beginning of the plan ye	MXT			5a	
		at the end of the plan year	restaurorus S			5b	
		account balances as of the one		an year (defined bene	nt plans do not	. 5c	
6a Were b Are you under If you	all of the plan's assets u claiming a waiver of 29 CFR 2520.104-46° answered "No" to el	during the plan year invested the annual examination and in (See instructions on waiver of ther line 6a or line 6b, the pl	in eligible eport of a digibility a lan canno	n independent qualific nd conditions) It use Form 5900-SF	d public accountant (IC	e Form	
Gaution: A	ities of perjury and off dule Mit completed ar	id signed by an enrolled actua	structions	I declare that I have	examined this return/re	eport, in	ostablished. soluding, if applicable, a Schedule to the bost of my knowledge and
SB or Sche	rue, correct/and comp	Sele					
SB or Sche	1 10 "	C13.~~		12/31/2013	lorelle-Lambe		DEVEN BUNNAL
SB or Sche belief, it is t SIGN	Signature of plan a	dmlnistrator	`	Date	Enter name of indivi	dual sig	ming as plan administrator
SB or Sche belief, it is t		1123 2	***********	12/2/2019	DEVOY	130	NYAN
SB or Siche belief, it is t SIGN HERE SIGN	- 1 C			1.2.7		-	
SB or Siche belef, it is t SIGN HERE SIGN HERE	Signature of emplo			Date	Liter name of indivi		ining as employer or plan sponsor
SB or Siche belef, it is t SIGN HERE SIGN HERE	Signature of emplo	yer/plan sponsor arme, if applicable) and addres	es, include		tentor name of indexer (optional)		ning as employer or plan sponsor larer's telephone number (aphonal)

Pa	rt III Financial Information			*******			
7	Plan Assets and Liabilities	TTT	(a) Boginning of Ye	or.	Т		b) End of Year
a	Total plan assets	7a		1730	72	- 1	O) End or rear
b	Total plan liabilities	76	***************************************		+		V
c	Not plan assets (subtract line 75 from line 75)	7c	9	1730	12		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		
	Contributions received or receivable from. (1) Employers	Pa/f)		7806			(b) Total
	(2) Participants	Ba(1)		4720	-	***************************************	***************************************
	(3) Others (including rollovers)	8a(2)		# 1 Z l	181		
b	Other income (loss)	8a(3) 8b		-642	-		
C	Total income (add lines 8s(1), 8s(2), 8s(3), and 8b)		oconomica de la constanta de l	-04.2	- 6		
d	Benefits paid (including direct rollovers and insurance premiums	8c		-	+-	***************************************	118847
	to provide benefits)	8d	10	3422	21		
e	Centain deemed and/or corrective distributions (see instructions)	8e		69	1		
f	Administrative service providers (sularies, fees, commissions).	81		123	17	***************************************	***************************************
9	Other expenses	Bq				170000	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1	***************************************	1036149
i	Not income (loss) (subbasic line 8h from line 8e)	81			\top		-917302
197	Transfers to (from) the plan (see instructions)	81			_		
	rt IV Plan Characteristics						
9a	If the plan provides pension banefits, enter the applicable pension 28 2G 2J 2K 3D	feature code:	s from the List of Plan Char	acteria	itic Co	dos in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare to	rature codes	from the List of Plan Chara	ctenst	ic Coc	les in the in	instructions:
Parl	W [C1:						
10	3	WW.					
**********	During the plan year:		····		Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2516.3-1027 (See instructions and DOL's Voluntary Fidu	dary Connet	ion Program)	10a		х	
О	Were there any nonexempt transactions with any party-in-interest on line 10a.)		ude transactions reported	10b		х	noblection and control of the contro
С	Was the plan covered by a fidelity bond?		***************************************	10c	X		40000
d	Old the plan have a loss, whether or not reimbursed by the plan's or dishanesty?	fidelity band	that was caused by fraud			x	***************************************
e	Were any focs or commissions paid to any brokers, agents, or oth	or parrons by	MANUAL TO THE PARTY OF THE PART	10d			
100	insurance service or other organization that provides some or all or instructions.)	t the becation	combine their miner 2 (2)	10e		х	
f	Flas the plan failed to provide any benefit when due under the plan	12		-	_	×	
a	Oid the plan have any participant loans? (If "Yes," enter amount ag	of want or 1	4	101		A	(entre
h	If this is an individual account plan, was there a blackout period? (See instrumen	ons and 29 CFR	10g	Х	x	0
i		in managed or	place or one of the	10h			
D	exceptions to providing the notice applied uniter 29 CFR 2520.101	-3		101			
Part 11			***************************************				
******	Is this a defined benefit plan subject to minimum funding requirements (500) and line 11a below)			piele :	Sched	luse SB (Fo	Yes Nu
11a	Enter the amount from Schedule SB line 29					Ita	that the same
12	Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of the Code	or se			SA? TYES X NO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a below	as applicable	4.)			1	
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized o	n this plan year, see instruc	tions.	and e	inter the du Day	ale of the letter ruling Year
भ	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5	(500), and skip to line 13.			5.57	193
b	Enter the minimum required contribution for this plan year					12b	The same of the sa

		-		TAN COLORS	
C	Enter the amount contributed by the employer to the plan for this plan year	12c			
CI	Subtract the amount in line 12c from the amount in line 12b. Eater the result (order a manus 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	No	N/A
Part	VII Plan Terminations and Transfers of Assets				AME
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	es 🗍	Na	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			⊠ 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			
	(3o(1) Name of plan(s).	13c(2) El	N(s)	13c(2) PN(s)
		-100			
***	VIII Trust Information (optional)				
***	VIII Trust Information (optional) Name of trust	14b Tr	ust's E/N		
Averance	WANTED TO THE PARTY OF THE PART	14b Te	ust's EIN		