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).

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part		t Identification Information						
For cale	ndar plan year 2013 or	fiscal plan year beginning 01/01/2	2013	and ending 1	2/27/	2013		
A This	return/report is for:	✓ a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan	
B This	return/report is:	the first return/report	x the final return/report					
		an amended return/report	x a short plan year retur	n/report (less than 12 m	onths)		
C Check box if filing under: Form 5558 automatic extension						DFVC progra	am	
	3 · · · ·	special extension (enter descri	ption)					
Part	Basic Plan Inf	ormation—enter all requested info	. /					
	ne of plan	omeran requested into	, initiation		1b	Three-digit		
	, INC. 401(K) PLAN					plan number		
						(PN) ▶	001	
					1C	Effective date o	•	
2a Dia	n enoneor's name and a	iddress; include room or suite numbe	r (amplayor if for a single	omployor plan)	2h	01/01		
TEL-TEC		iddress, include 100m of saile numbe	i (employer, ir for a single	-employer plan)	20	Employer Identi (EIN) 64-07	54016	
					20	Sponsor's telep		
88 ROBE	RT E. COX RD.					606-523		
	KY 40701				2d	Business code ((see instructions)	
						23821	10	
3a Pla	n administrator's name a	and address Same as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b	Administrator's		
EL-TEC,	NC		T E. COX RD.		30		'54016	
		CORBIN, K	Y 40701		36	606-523	telephone number 3-1075	
		he plan sponsor has changed since the	he last return/report filed f	or this plan, enter the	4b	EIN		
	me, EIN, and the plan n onsor's name	umber from the last return/report.			4c PN			
		s at the beginning of the plan year			+	FIN	36	
_					5a		36	
		is at the end of the plan year n account balances as of the end of the			5b		0	
		1 account balances as of the end of the		-	5c		0	
6a w	ere all of the plan's asse	ets during the plan year invested in eli	igible assets? (See instruc	ctions.)			X Yes No	
		of the annual examination and report						
		6? (See instructions on waiver eligibil					X Yes No	
		either line 6a or line 6b, the plan ca					1	
C If the	ne plan is a defined bene	efit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution	: A penalty for the late	e or incomplete filing of this return	report will be assessed	unless reasonable cau	ıse is	established.		
		other penalties set forth in the instruct						
	is true, correct, and cor	and signed by an enrolled actuary, as	s well as the electronic ver	rsion of this return/report	t, and	to the best of my	knowledge and	
,		·	<u> </u>	T				
SIGN HERE	Filed with authorized	d/valid electronic signature.	07/22/2014	CHARLES ALEXAND	ER			
HEIKE	Signature of plan	administrator	Date	Enter name of individ	ual siç	gning as plan adn	ninistrator	
SIGN								
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor	
Prepare	r's name (including firm	name, if applicable) and address; inc	clude room or suite number	er (optional)	Prep	parer's telephone	number (optional)	

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities					(b) End of Year					
		7a	(a) Beginning of Yea		+		(b) Ella o	i ieai	0		
	Total plan assets Total plan liabilities	7a 7b	22000		+						
	Net plan assets (subtract line 7b from line 7a)		22693	15					0		
8		7c			+		(I-) T-	1-1	0		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	taı			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)	770	9							
	(3) Others (including rollovers)	8a(3)	413	88							
b	Other income (loss)	8b	344	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15	287		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23932	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	289	9							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						242	222		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-226	935		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	-,	I								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
Dor	t V Compliance Questions										
Par	•				Vaa	NI-	1				
10	During the plan year:	tiono withi	n the time period described in		Yes	No	,	Amour	nt		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X					
N	on line 10a.)	`	•	10b		X					
				40-	Χ				41	950	100
				10c					13	950	100
	or dishonesty?	······		10d		Х					
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 										
	instructions.)		. ,	10e	X					19	969
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	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 required	d notice or one of the	10i							
Part	· · · · · · · · · · · · · · · · · · ·	1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem							П .	/aa [1	N.
	5500) and line 11a below)							Y	'es		No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>		, г	_	
_12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ection	302 of	ERISA?	Y	'es	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 beir granting the waiver.		Mon	nth	, and (enter th Day		e lette Year _	r rulin	ng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>		I				
h	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -	. 1	
гаус	J		

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	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a Name of trust				•	

Form 5500-SF

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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).

Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

			iuncation information		70-1							
For calendar plan ye				_01/	01/2013	and ending		12/27/2013				
A This return/repor	This return/report is for: 🗵 a single-employer plan 🔲 a multiple-employer plan (not multiemployer) 🔲 a one-participant plan											
B This return/repor	t is:	t	the first return/report	X t	he final return/report	urn/report						
		[] 8	an amended return/report	Χa	short plan year retu	m/report (less than 12 m	onths)				
C Check box if filing	g under:	F	Form 5558	a	utomatic extension			DFVC program				
		<u></u> ε	special extension (enter desc	ription))							
Part II Basic	Plan Info	rma	tion—enter all requested in	ormati	on							
1a Name of plan							1b	Three-digit				
Tel-Tec, Inc	. 401(k)) PJ	lan					plan number				
							4	(PN) • 001				
							10	Effective date of plan 01/01/1990				
2a Plan sponsor's r	name and add	dress:	; include room or suite numbe	эг (emj	ployer, if for a single	-employer plan)	2b	Employer Identification Number				
Tel-Tec, Inc								(EIN) 64-0754016				
88 Robert E.	Cox Rd.						2c	Sponsor's telephone number 606~523-1075				
			•				2d	Business code (see instructions)				
Corbin			Y 40701					238210				
3a Plan administrate Tel-Tec, Inc		ıd add	dress Same as Plan Spons	or Nar	me Same as Plai	n Sponsor Address	3b	Administrator's EIN 64-0754016				
						,	3с	Administrator's telephone number				
88 Robert E.	Cox Rd.							606-523-1075				
Corbin		ĸ	Y 40701									
4 If the name and/	or EIN of the	plan	sponsor has changed since t from the last return/report.	he las	return/report filed for	or this plan, enter the	4b	EIN				
a Sponsor's name		ibet i	tom the last return/report.				4c	PN				
5a Total number of	participants :	at the	beginning of the plan year				5a	36				
_			end of the plan year				5b	0				
C Number of partic	cipants with a	accou	nt balances as of the end of t	he plai	n year (defined bene	fit plans do not	0.5	<u> </u>				
complete this ite	em)	********		**********			5c	0				
6a Were all of the	olan's assets	durin	ng the plan year invested in el	igible a	assets? (See instruc	tions.)		X Yes No				
D Are you claiming under 29 CFR 2	3 a waiver of 520 104-462	the ar	nnual examination and report instructions on walver eligibi	of an	independent qualifie	ed public accountant (IQ	PA)	X Yes ∏ No				
If you answere	d "No" to eit	ther li	ine 6a or line 6b, the plan c	annot	use Form 5500-SF	and must instead use	Form	5500				
			, is it covered under the PBG									
Caution: A penalty f	or the late o	rince	omplete filing of this return	repor	t will be assessed	uniess reasonable cau	se is	established.				
SB or Schedule MB of	rjury and oth completed an	er per d siar	nalties set forth in the instruct ned by an enrolled actuary, at	iions, I s well :	declare that I have a s the electronic year	examined this return/rep	ort, in	cluding, if applicable, a Schedule o the best of my knowledge and				
belief, it is true, correct	ct, and comp	lete.	an Dimonou docadiy, an	2 *****	as the dieditoriis ver	sion of this retainfreport	, and t	o the best of my knowledge and				
eich /		7	1/1///		4 44 5 - 1 1	Charles Alexar						
SIGN //	ran	(Why ar		6-14-2014	Charles Alexar	laer					
Signatur	re of plan ad	Iminis	stratos		Date			ning as plan administrator				
SIGN HERE	rak	<i>,</i>	Gelfack	-	6-14-2014	Charles Alexar	ıder					
, ⊒upatui Signatui	re of employ				Date	Enter name of individu		ning as employer or plan sponsor				
rreparer's name (incl	uding firm na	ıme, i	f applicable) and address; inc	dude re	oom or suite numbe	r (optional)		arer's telephone number (optional)				
						ţ						
•												

a Total plan assets	7.	(a) Beginning of Ye						
	7a	226935			(b) End of Year			
bT otal plan liabilities	-							-
C Net plan assets (subtract line 7b from line 7a)		2	2693	35				0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a Contributions received or receivable from: (1) Employers	8a(1)	(4)		3/5/ 1/3/	(D) Total			
(2) Participants	8a(2)		770	09	14 M			
(3) Others (including rollovers)						ni kizirini		A SHEET
b Othe rincome (loss)								11 57 51 4 527 6411
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	_		Projes	£23		***		15287
dBenefit s paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	3932	23			alendelikotti Viikoselikotti	
e Certain deemed and/or corrective distributions (see instructions).	8e			SV.				
f Administrative service providers (salaries, fees, commissions)	8f		289	9				
gOthe r expenses	8g					aran ya i		
hT otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			Sex Civ				242222
i Net income (loss) (subtract line 8h from line 8c)	8i		6 (1971)	942 942			_	-226935
j Transfers to (from) the plan (see instructions)	··· 8j			60				giştiye.
Part IV Plan Characteristics				. 1000.00		\$100 and a second		22 - 100 - 2
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare								
b If the plan provides welfare benefits, enter the applicable welfare	reature cod	les from the List of Pian Chara	ctensi	iic Cod	les in i	the instruct	ions:	
Part V Compliance Questions								
10 During the plan year:		-		Yes	No		Amount	:
Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.			10a		Х			
b Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b		х			
C Was the plan covered by a fidelity bond?		•••••••••••••••••••••••••••••••••••••••	10c	х				195000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		х			
Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.)	II of the ber	efits under the plan? (See	10e	х				1969
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year o	end.)	10g		Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If "	Yes," see instructions and com	plete	Sched	lule SI	3 (Form	Ye	s No
11a Enter the unpaid minimum required contribution for current year			-		11a			
12 Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	orse	ction	302 of	ERISA?	☐ Ye	s X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as applic	able.)						
If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortiz	ed in this plan year, see instru		, and e	enter ti Day		the letter r Year	ruling
	NO /F	m EEOO) and akin to line 12			-			
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Foi	m 3300), and skip to sine 13.						

C Enter the amount contributed by the employer to the plan for this plan year		12c				
dSubtr act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left 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						
13a Has a resolution to terminate the plan been adopted in any plan year?		X	es N	0		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	under the	control		X Yes	No	
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to				
13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)		
	-			+		
Part VIII Trust Information (optional)	ı			<u> </u>		
14a Name of trust		14b Trust's EIN				

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