## 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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Complete all entries in acco					
Part I	Annual Report lo	dentification Information					
For calend	lar plan year 2013 or fisc	al plan year beginning 01/01/20	14	and ending	06/30/2	2014	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer	)	a one-particip	oant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 i	months)	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	ion)				
Part II	Basic Plan Infor	mation—enter all requested inform	nation				
1a Name	•				1b	Three-digit	
PIPECO PR	OFIT SHARING/401(K)	PLAN				plan number (PN) ▶	001
					1c	Effective date of	
						10/01/	•
	sponsor's name and addr	ress; include room or suite number (	employer, if for a single-	employer plan)	2b	Employer Identii (EIN) 82-03	fication Number 49145
					2c	Sponsor's telep	hone number
366 WASHI	NGTON STREET					208-733	
TWIN FALL	S, ID 83301				2d	Business code (	(see instructions)
3a Plan a	administrator's name and	address Same as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
							•
<b>A</b> 15.41			1tt		41.		
		plan sponsor has changed since the ber from the last return/report.	last return/report filed to	or this plan, enter the	4b	EIN	
	sor's name	oor from the last retains report.			4c	PN	
<b>5a</b> Total	number of participants a	t the beginning of the plan year			5a		25
<b>b</b> Total	number of participants a	t the end of the plan year			5b		0
	· ·	count balances as of the end of the		•	5c		0
<b>6a</b> Were	e all of the plan's assets	during the plan year invested in eligi	ble assets? (See instruc	tions.)			X Yes No
		he annual examination and report of					V vos □ No
		(See instructions on waiver eligibility ner line 6a or line 6b, the plan can					X Yes   No
		ier line oa or line ob, the plan can	not use roilli ssuu-sr			5500.	
■ 15 41	and the second of the second s	alon in it and an the DDOO					1 Not determined
C If the	plan is a defined benefit	plan, is it covered under the PBGC	nsurance program (see				Not determined
	•	plan, is it covered under the PBGC i		ERISA section 4021)?	?	Yes No	Not determined
Caution: A Under pen SB or Sch	A penalty for the late or alties of perjury and othe edule MB completed and	incomplete filing of this return/re er penalties set forth in the instruction I signed by an enrolled actuary, as v	eport will be assessed	ERISA section 4021)?  unless reasonable caexamined this return/r	ause is	Yes No cestablished.	able, a Schedule
Caution: A Under pen SB or Sch- belief, it is	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and comple	incomplete filing of this return/re er penalties set forth in the instruction I signed by an enrolled actuary, as v	eport will be assessed	ERISA section 4021)?  unless reasonable caexamined this return/r	ause is	Yes No cestablished.	able, a Schedule
Caution: A Under pen SB or Sch	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/va	incomplete filing of this return/re or penalties set forth in the instruction a signed by an enrolled actuary, as vete.	eport will be assessed ns, I declare that I have well as the electronic ver	ERISA section 4021)?  unless reasonable ca examined this return/repo	ause is eport, ir	Yes No established. Including, if applicate to the best of my	able, a Schedule knowledge and
Caution: A Under pen SB or Sch belief, it is  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and comple	incomplete filing of this return/re or penalties set forth in the instruction a signed by an enrolled actuary, as vete.	eport will be assessed	ERISA section 4021)?  unless reasonable caexamined this return/r	ause is eport, ir	Yes No established. Including, if applicate to the best of my	able, a Schedule knowledge and
Caution: A Under pen SB or Schi belief, it is	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/va	incomplete filing of this return/re or penalties set forth in the instruction of signed by an enrolled actuary, as vete.  alid electronic signature.  ministrator	eport will be assessed ins, I declare that I have well as the electronic ver  Date	ERISA section 4021)?  unless reasonable ca examined this return/repo	ause is eport, irrt, and	Yes No established. Including, if applicate to the best of my	able, a Schedule knowledge and
Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/va  Signature of plan add  Signature of employer	incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as vete.  alid electronic signature.  ministrator  er/plan sponsor	port will be assessed ins, I declare that I have well as the electronic ver  Date  Date	ERISA section 4021)?  unless reasonable ca examined this return/reposition of this return/reposition of this return/reposition.  Enter name of individual care and a contract of the contract	ause is eport, irrt, and idual sig	Yes No established. Including, if applicate to the best of my gring as plan admigning as employed	able, a Schedule knowledge and ninistrator
Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/va  Signature of plan add  Signature of employer	incomplete filing of this return/re or penalties set forth in the instruction of signed by an enrolled actuary, as vete.  alid electronic signature.  ministrator	port will be assessed ins, I declare that I have well as the electronic ver  Date  Date	ERISA section 4021)?  unless reasonable ca examined this return/reposition of this return/reposition of this return/reposition.  Enter name of individual care and a contract of the contract	ause is eport, irrt, and idual sig	Yes No established. Including, if applicate to the best of my gring as plan admigning as employed	able, a Schedule knowledge and
Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/va  Signature of plan add  Signature of employer	incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as vete.  alid electronic signature.  ministrator  er/plan sponsor	port will be assessed ins, I declare that I have well as the electronic ver  Date  Date	ERISA section 4021)?  unless reasonable ca examined this return/reposition of this return/reposition of this return/reposition.  Enter name of individual care and a contract of the contract	ause is eport, irrt, and idual sig	Yes No established. Including, if applicate to the best of my gring as plan admigning as employed	able, a Schedule knowledge and ninistrator
Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/va  Signature of plan add  Signature of employer	incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as vete.  alid electronic signature.  ministrator  er/plan sponsor	port will be assessed ins, I declare that I have well as the electronic ver  Date  Date	ERISA section 4021)?  unless reasonable ca examined this return/reposition of this return/reposition of this return/reposition.  Enter name of individual care and a contract of the contract	ause is eport, irrt, and idual sig	Yes No established. Including, if applicate to the best of my gring as plan admigning as employed	able, a Schedule knowledge and ninistrator
Caution: A Under pen SB or Sch belief, it is  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/va  Signature of plan add  Signature of employer	incomplete filing of this return/re er penalties set forth in the instruction d signed by an enrolled actuary, as vete.  alid electronic signature.  ministrator  er/plan sponsor	port will be assessed ins, I declare that I have well as the electronic ver  Date  Date	ERISA section 4021)?  unless reasonable ca examined this return/reposition of this return/reposition of this return/reposition.  Enter name of individual care and a contract of the contract	ause is eport, irrt, and idual sig	Yes No established. Including, if applicate to the best of my gring as plan admigning as employed	able, a Schedule knowledge and ninistrator

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Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Yea			ar		
<u>.</u>	tal plan assets 7a 10513						(b) Liid	JI 10	0	)
	Total plan liabilities	7b		0		0				
	Net plan assets (subtract line 7b from line 7a)	7c	105133	4		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a	Contributions received or receivable from:		(4) 74.110			(ii) Taliii				
	(1) Employers	8a(1)	30	5						
	(2) Participants	8a(2)	624							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1562	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	22172	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	106981	6						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	369	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	73506	)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-10	51334	
j_	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
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 instructi	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's			10d		X				100000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100						
-	insurance service, or other organization that provides some or all				Χ					
	instructions.)			10e	^					660
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 as	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part							ı			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X No
11:	Enter the unpaid minimum required contribution for current year fr					11a		1		
12	Is this a defined contribution plan subject to the minimum funding		, ,				EDISA2	П	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			J UI SE	CUUII	002 UI	LNIOA!	Ш	100	
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		, and e	_	ne date of t			ing
———	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Year		
	Enter the minimum required contribution for this plan year	•				12b				

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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	)	No N/A  Ves No  13c(3) PN(s)	
	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?	ontrol		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.)	)				
	3c(1) Name of plan(s):	c(2) Ell	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
	Name of trust CO RETIREMENT TRUST		ust's EIN 12019775			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Senetts Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6067(b) and 8058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

F	Penalon Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the instruct	ions to the Form 5500	-SF.				
P	Annual Report k	ientification information				2014			
For	calendar plan year 2013 or flaca	i plan year beginning	01/01/2014	and ending	06/30/2				
A ·	This return/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer)	∐ a one	-participent plan			
В	This return/report is:	the first return/report	x the final return/report			,			
	Ī	an amended return/report	🔀 a short plan year return	report (lass than 12 mo	_				
C	Check box if filing under:	Form 5558	automatic extension		☐ DFV	C program			
_		= special extension (enter descr	iption)						
	Basic Plan Infor	mation enter all requested	information						
•••	Name of plan				1b Three-c				
	Pipaco Profit Sharir	og/401(K) Plan			(PN) ►	I ~~~			
	PIDECO FIOLIC DIMIT					e date of plan			
						./1999			
2a	Plan sponsor's name and add	ress; include room or suite numb	er (employer, if for a single-e	mployer plan)		rer Identification Number 82-0349145			
	Pipeco, Incorporated					x's telephone number			
					•	733-5157			
	366 Washington Street	at .			2d Business code (see instructions)				
ng	Twin Falls	ID 83301			44420	00			
34	Plan administrator's name and	address X Same as Plan Sp	onsor Name 🔲 Same as P	an Sponsor Address	3b Admini	strator's EIN			
					3C Admini	strator's telephone number			
4	if the name and/or CIN of the	plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b EIN				
4	name, EIN, and the plan nom	ber from the last return/report.	*.•	•					
	Sponsor's name				4c PN	05			
58	Total number of participants a	at the beginning of the plan year			5a 5b	25 0			
þ	Total number of participants a	at the end of the plan year	Abaaalaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	th nine do not	ספ	V			
C	Number of participants with a	ccount balances as of the end of	tue bien Asm (gemen neue)	it biana oo not	5c	0			
68	Were all of the plan's assets	during the plan year invested in e	ligible assets? (See instructi	ona.)		X Yes □No			
b	Are you claiming a waiver of	the annual examination and repo	rt of an independent qualifier	i public accountant (IQI	PA)	X Yes □No			
	under 29 CFR 2520.104-48?	(See instructions on waiver eligit	ility and conditions.)			<u>Vias Cia</u>			
	If you answered "No" to elt	her line &s or line &b, the plan (	cannot use Form abou-ar a	ING INUST INSUMO USE I EDISA saction 4021\?	Ye	No Not determined			
c		t plan, is it covered under the PB							
_9	aution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	uniese reesonable ca	use is establi	ished.			
L	Inder penalties of perjury and of	her penalties set forth in the instr nd signed by an enrolled actuary.	uctions, I declare that I have as well as the electronic ver	examined this returning sion of this return/repor	port, increding t, and to the b	est of my knowledge and			
b	ellef, it is true, copper, and com	pleite	- 0		_				
		Dann	Uch 70, 20	14 Gord	on £	Sarry			
	HERE Signature of plan adm	inistrator —	Date <sub>4</sub>	Enter name of individu	ai Signing 20	plan administrator			
		Fan	00,20,201	y Gord	en ci	arry			
	HERD Signature of employee	riplen eponsor	Date	7	al signing as	employer or plan sponsor			
	reparer's name (including firm r	name, if applicable) and address;				elephone number (optional)			
	, , ,								
1									
l									
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Pa	Parciti Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Year		T		(b) End of Year				
a	Total plan assets .	plan assets					C			
b	Total plan liabilities	7b		0			0			
C	Net plan assets (subtract line 7b from line 7a)	7c	1,051,33	34	T	0				
	income, Expenses, and Transfers for this Plan Year	(a) Amount				(b) Total				
	Contributions received or receivable from:									
	) Employers 8a(1) 3									
	(2) Participants	8a(2)	6,24	10						
	(3) Others (including rollovers)	8a(3)	45.5							
	Other income (loss)	86	15,62	21						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c		ير الأوارا		22,172				
	to provide benefits)	8d	1,069,81	6						
	Certain deemed and/or corrective distributions (see instructions)	80								
f	Administrative service providers (salaries, fees, commissions)	8 <b>f</b>	3,69	0		0,77	<b>PARTONIA</b> PARTONIA PA			
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,073,506			
i	Net Income (loss) (subtract line 8h from line 8c)	81					(1,051,334)			
1	Transfers to (from) the plan (see instructions)	8)								
- Partition part	Plan Characteristics				Parameter .					
-	If the plan provides pension benefits, enter the applicable pension fe	eture code	is from the List of Plan Characte	right	Code	s in th	e instructione			
77	2F 2G 2J 2K 3D		O HOLL SE COLOT HELL CHEEKS	314344		3 III U	o manucultur.			
ь	If the plan provides welfare benefits, enter the applicable welfare fea	tum andar	Somethal let of Disa Character			1- 4	1tt			
٠,	п им раш ргичная монито вознано, отностью оррасамы меняць как	IIII & COURS	FILCH IN THE CHARGE	180C (	JOUHS	HJ ELHS	STRUCTORIS:			
	Compliance Questions									
10	During the plan year:	<del></del>			V	110	<b>A</b> ————			
a		inne within	the time neded described in		Yes	No	Amount			
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc	агу Сопе	ction Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not in	nclude transactions reported	10b		х				
C	Was the plan covered by a fidelity bond?			10c	x		100,000			
d		ldelity bon	d, that was caused by fraud							
	or dishonesty?			10d		X				
8	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of									
	instructions.)		and under the part (See	10e	х		660			
f	Has the plan failed to provide any benefit when due under the plan	7		10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X				
n	If this is an individual account plan, was there a blackout period? (: 2520.101-3.)	See Instruk	clions and 29 CFR	10h		x				
				1011						
ī	if 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101		notice or one of the	101						
ì	exceptions to providing the notice applied under 29 CFR 2520.101		notice or one of the							
i 11	exceptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements.	-3		101	chedu	le SB				
11	exceptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements of the subject to minimum funding requirements.	-3ents? (If "Y	'es," see instructions and compl	101	1		(Form Yes X No			
11	exceptions to providing the notice applied under 29 CFR 2520.101  TVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)  I Enter the unpaid minimum required contribution for current year for	ents? (If "Y	'es," see instructions and compl de SB (Form 5500) line 39	101 ete S		11a	Yes X No			
11	exceptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)  Enter the unpaid minimum required contribution for current year for lis this a defined contribution plan subject to the minimum funding recommends.	ents? (If "Your Schedu	'es," see instructions and compl de SB (Form 5500) line 39	101 ete S		11a	Yes X No			
11 11a 12	exceptions to providing the notice applied under 29 CFR 2520.101  1.VI. Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)  I Enter the unpaid minimum required contribution for current year for its this a defined contribution plan subject to the minimum funding requirements a defined contribution plan subject to the minimum funding refer to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the standard for a prior year.	ents? (If "Your Schedu requirements as applicating amortize	/ea," see instructions and compl de SB (Form 5500) line 39	ete S	ion 30	11a 2 of E	PISA? Yes X No			
11 11a 12 a	exceptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)  Enter the unpaid minimum required contribution for current year for its this a defined contribution plan subject to the minimum funding requirements a defined contribution plan subject to the minimum funding requirements (if "Yee," complete line 12a or lines 12b, 12c, 12d, and 12e below, if a waiver of the minimum funding standard for a prior year is being granting the waiver.	ents? (If "Y om Schedu requirement as applica ag amortize	/ee," see Instructions and compl de SB (Form 5500) line 39	ete S	ion 30	11a 2 of E	PISA? Yes X No			
11 11a 12 a	exceptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for its this a defined contribution plan subject to the minimum funding requirements of the minimum funding standard for a prior year is being granting the waiver  you completed line 12a, complete lines 3, 9, and 10 of Schedule	ents? (If "Y om Schedu requiremer as applica ng amortize	fes," see instructions and complete SB (Form 5500) line 39	ete S	lon 30	11a 2 of E	PISA? Yes X No			

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C	Enter the amount contributed by the employer to the plan for this plan year		12c	T		· · · · · · · · · · · · · · · · · · ·
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	□ No	□ N/A
Part	Plan Terminations and Transfers of Assets			<del></del>		
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yo	es 🗀	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 unof the PBGC?	der the co	entrol		X Yes	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to		<u></u>		
1	13c(1) Name of plan(s):	13c	(2) EIN(	s)	13c(	3) PN(s)
Part	Trust Information (optional)					
14a I	Name of trust		14b Tr	rust's E	IN	***************************************
E	Pipeco Retirement Trust				19775	
		i				

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