Form 5500-SF		Short Form Annual Return/Report of Small Emp Benefit Plan				
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee		065 of the Employee Re	etirement	2	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERIS/ Reven	A), and sections 605 nue Code (the Code)		Internal		orm is Open to c Inspection
Pension Benefit Guaranty Corporation	Complete all entries in accord	Complete all entries in accordance with the instructions to the For				
Part I Annual Report Identification Information						
For calendar plan year 2018 or			5	/31/2018		
A This return/report is for:			an (not multiemployer) (F ployer information in acc		-	
B This return/report is						
		e final return/report	n/report (less than 12 mc	onths)		
		short plan your rotan		_		
C Check box if filing under:		tomatic extension	L	DFVC p	orogram	
	special extension (enter description)					
-	ormation—enter all requested information	on		41		
1a Name of plan ELECTEMP PROFIT SHARING F	PLAN			1b Threplan	e-digit number	
				(PN)		001
				1c Effect	ctive date of	•
2a Plan sponsor's name (empl	oyer, if for a single-employer plan)			2b Empl	06/01/ lover Identifi	cation Number
Mailing address (include ro	om, apt., suite no. and street, or P.O. Box) ice, country, and ZIP or foreign postal code	(if foreign and instru	untiona)	(EIN)	-	
CLEMS ELECTRIC COMPANY, I		i (ii loreign, see instri		2c Spor	nsor's teleph 401-253-	one number -4043
				2d Business code (see instructions)		
11 BROADCOMMON ROAD BRISTOL, RI 02809-2721					23821	10
3a Plan administrator's name a	and address Same as Plan Sponsor.			3b Admi	inistrator's E	IN
CLEMS ELECTRIC COMPANY, I			-	20.41		83504
	BRISTOL, RI 028	509-2721		SC Admi	401-253-	elephone number -4043
	ne plan sponsor or the plan name has chan			4b EIN		
this plan, enter the plan sp a Sponsor's name	onsor's name, EIN, the plan name and the	plan number from th	ie last return/report.	4d PN		
C Plan Name						
5a Total number of participant	s at the beginning of the plan year			5a		12
	s at the end of the plan year			5b		12
	n account balances as of the end of the plan			5c		10
d(1) Total number of active p	articipants at the beginning of the plan year	r		5d(1)		7
• •	articipants at the end of the plan year			5d(2)		4
	o terminated employment during the plan y			5e		0
Caution: A penalty for the late	e or incomplete filing of this return/repor	t will be assessed u	unless reasonable cau			
	other penalties set forth in the instructions, and signed by an enrolled actuary, as well a polete					
	d/valid electronic signature.	07/20/2019	CLAUDIA ROCHA			
HERE Signature of plan	administrator	Date	Enter name of individu	al signing	as <u>plan</u> adm	inistrator
SIGN						
HERE Signature of empl	oyer/plan sponsor	Date	Enter name of individu	al signing	as employer	or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning o				(b) E	nd of Year	
	Total plan assets	7a	22	55839				21407	41
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	22	55839		2140741			41
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount		(b)) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	:	28483					
	(2) Participants	8a(2)	2	28518	_				
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-18	54507					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-975	06
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		17542					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		50					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						175	92
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1150	98
i	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Coo	des in the i	nstructions:	
Par 9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare for								
Par 9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions				acterist	tic Code		structions:	
Par 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	eature cod tions withi 'oluntary F	es from the List of Plan n the time period iduciary Correction						
Par 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	tions withi doluntary F	es from the List of Plan n the time period iduciary Correction include transactions	n Chara	acterist	iic Code		structions:	
Par 9a b Par 10 a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions withi 'oluntary F ? (Do not	es from the List of Plan n the time period iduciary Correction include transactions	n Chara	acterist	No X		structions: Amount	00000
Par 9a b Par 10 a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	tions withi /oluntary F ? (Do not fidelity bo	n the time period iduciary Correction include transactions nd, that was caused	n Chara 10a 10b	Yes	No X		structions: Amount	00000
Par 9a b Par 10 a b c	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	tions withi (oluntary F ? (Do not fidelity bo ner person ne or all of	es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c	Yes	No X X		structions: Amount	00000
Par 9a b Par 10 a b c	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	tions withi 'oluntary F ? (Do not fidelity bo her person he or all of	es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d	Yes	No X X		structions: Amount	
Par 9a b Par 10 a b c	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	tions withi (oluntary F ? (Do not fidelity bo her person he or all of n?	es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	n Chara 10a 10b 10c 10d 10e	Yes	No X X X		structions: Amount	
Par 9a b Par 10 a b c d d e f g	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	tions withi 'oluntary F ? (Do not fidelity bo ner person ne or all of n? s of year-e (See instru	es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f	Yes X	No X X X		structions: Amount	6919

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-SF	Short Form Annu		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan			2018
Department of Labor	This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the				
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Revenue Code (the Code	,		This Form is Open to Public Inspection
	Complete all entries in a dentification Information		ructions to the Form 55	500-SF.	
For calendar plan year 2018 or fis		01/01/2018	and ending	12/3	31/2018
A	X a single-employer plan				king this box must attach a
A This return/report is for:	a one-participant plan	list of participating en	nployer information in ac	cordance v	vith the form instructions.)
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension	÷		orogram
	special extension (enter descr	ription)			
Part II Basic Plan Infor	mation—enter all requested inf	formation			
1a Name of plan Electemp Profit Sh	haring Plan				number
					tive date of plan
2a Plan sponsor's name (employ	er, if for a single-employer plan)			the local property in the local party of	01/1995 loyer Identification Number
Mailing address (include room	n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post). Box) al code (if foreign, see inst	ructions)		05-0383504
CLEMS ELECTRIC CON			idodons)		nsor's telephone number
11 BROADCOMMON ROA	AD.			2d Busi	ness code (see instructions)
BRISTOL	RI 02809-	2721		238	210
3a Plan administrator's name and CLEMS ELECTRIC COM		nsor.			inistrator's EIN 0383504
11 BROADCOMMON ROA	AD			3c Adm	inistrator's telephone number
BRISTOL	RI 02809-272	21		401	-253-4043
4 If the name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for	4b EIN	
this plan, enter the plan spon a Sponsor's name	sor's name, EIN, the plan name a	and the plan number from the	he last return/report.	Ad DN	
c Plan Name				4d PN	
5a Total number of participants a				5a	12
	at the end of the plan year			5b	12
	ccount balances as of the end of			5c	10
d(1) Total number of active part	icipants at the beginning of the pla	an year		5d(1)	7
	ticipants at the end of the plan yea			5d(2)	4
 Number of participants who t than 100% vested 	erminated employment during the	e plan year with accrued be	enefits that were less	5e	0
Caution: A penalty for the late of	r incomplete filing of this return	n/report will be assessed	unless reasonable cau	ise is estal	blished.
Under penalties of perjury and othe SB or Schedule MB completed and	er penalties set forth in the instruc d signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ver	examined this return/rep rsion of this return/report	oort, includi	ng, if applicable, a Schedule best of my knowledge and
belief, it is true, correct, and compl	ete.	Tyl. Lor	T	,	
HERE		+119/19	Claudia Rocha		
Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan administrator
SIGN HERE					
For Paperwork Reduction Act Notice		-SF.	Enter name of individu	al signing	as employer or plan sponsor Form 5500-SF (2018)
					v.171027

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined . (See instructions.)
Pa	rt III Financial Information	

7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year	
a Total plan assets	. 7a	2,255,			2,140,741	
b Total plan liabilities	. 7a . 7b	_,,			_,,	
C Net plan assets (subtract line 7b from line 7a)		2,255,	839		2,140,741	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
a Contributions received or receivable from:			100			
(1) Employers	. 8a(1)	28,				
(2) Participants	. 8a(2)	28,	518			
(3) Others (including rollovers)	. 8a(3)		0			
b Other income (loss)	. 8b	-154,	507			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				-97,506	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	17,	542			
e Certain deemed and/or corrective distributions (see instructions)			0			
f Administrative service providers (salaries, fees, commissions)	8f		50			
g Other expenses	. 8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				17,592	
i Net income (loss) (subtract line 8h from line 8c)	8i				-115,098	
j Transfers to (from) the plan (see instructions)	8j		0			
Part IV Plan Characteristics	oj		ů			
92 If the plan provides pension benefits, enter the applicable pension	n feature co	odes from the List of Plan Cha	racteri	stic Cod	les in the instructions.	
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	i feature co	odes from the List of Plan Cha	racteris	stic Cod	les in the instructions:	
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare						
2E 2F 2G 2J 2T 3D						
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year:	feature coo	les from the List of Plan Chara				
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution	feature coo	les from the List of Plan Chara	acterist	ic Code	es in the instructions:	
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's	feature coo utions withi Voluntary F	les from the List of Plan Chara n the time period Fiduciary Correction	acterist	ic Code	es in the instructions:	
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution	feature coo utions with	n the time period Fiduciary Correction	acterist	No X	es in the instructions:	
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	feature coo utions with Voluntary F	n the time period Fiduciary Correction include transactions	acterist	ic Code	es in the instructions:	
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest	feature coo utions withi Voluntary F	n the time period Fiduciary Correction include transactions 10b	acterist	No X	es in the instructions: Amount	
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	feature coo utions with Voluntary F t? (Do not	n the time period Fiduciary Correction include transactions 10b 10c nd, that was caused	Yes	No X	es in the instructions: Amount	
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest 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	feature coo utions withi Voluntary F it? (Do not s fidelity bo her persor ne or all of	n the time period iduciary Correction include transactions 10b 10c 10c 10c 10d 10d 10d 10d	Yes	No X X	Amount	
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sorted or dishonest of the plan that provides sorted or the plan that provides sorted or dishonest of the plan that provides sorted or the plan that provides sorted or the plan that p	feature coo utions withi Voluntary F t? (Do not s fidelity bo her persor ne or all of	n the time period include transactions nd, that was caused the benefits under 10e	Yes X	No X X	es in the instructions:	

f Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		17,542
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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	10i			

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Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)			В	Yes No	C
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			f 	Yes X No	<u></u>
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter _ Day		of the letter ruling Year	
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		•		
b	Ente	r the minimum required contribution for this plan year		12b			
С	Entei	the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A	
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?			[[Yes X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred.	ify the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)	_
							_