For	Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service         Dement Filan           Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employ           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						2012			
						This Form is	s Open to Public		
Pension Be	nefit Guaranty Corporation	tions to the Form 550	0-SF.	Ins	pection				
Part I		lentification Information							
For calendar plan year 2012 or fiscal plan year beginning         01/01/2012         and ending         12/31/2012									
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:	the first return/report an amended return/report	the final return/report						
_	l	n/report (less than 12 m	months)						
C Check b	C Check box if filing under:						m		
		special extension (enter descript	,						
Part II		mation—enter all requested inform	nation		16	Thursday all all			
<b>1a</b> Name ROBERT A.	of pian LARSON,O.D., P.C. PR	OFIT SHARING PLAN				Three-digit plan number			
						(PN) 🕨	001		
					1c	Effective date of	•		
2a Plan sr	oonsor's name and addr	ess; include room or suite number (	employer if for a single-	emplover plan)	2b	05/01/ Employer Identif			
	LARSON,O.D., P.C.				20	(EIN) 36-38			
ROBERT A.	LARSON				2c	Sponsor's telep			
15420 S. RC PLAINFIELD		15420 S. R PLAINFIEL				815-436			
	, IL 00044		D, 12 00344		20	Business code ( 62132	,		
<b>3a</b> Plan ad	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	<b>3b</b> Administrator's EIN				
				·					
		plan sponsor has changed since the per from the last return/report.	e last return/report filed fo	r this plan, enter the	4b	EIN			
a Sponso					<b>4c</b> PN				
		the beginning of the plan year			5a				
		the end of the plan year			5b		3		
		count balances as of the end of the		•	5c		3		
_		luring the plan year invested in eligi					X Yes No		
<b>b</b> Are yo	ou claiming a waiver of th	ne annual examination and report o	f an independent qualifie	d public accountant (IQ	PA)				
		See instructions on waiver eligibility er line 6a or line 6b, the plan can					X Yes No		
		incomplete filing of this return/re							
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructio signed by an enrolled actuary, as v	ns, I declare that I have e	examined this return/rep	oort, ir	cluding, if application			
SIGN Filed with authorized/valid electronic signature. 07/22/2013 MARY LOU LARSON						SON			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	idual signing as plan administrator				
SIGN	Filed with authorized/va	lid electronic signature.	07/22/2013	MARY LOU LARSON					
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	of individual signing as employer or plan sp				
MARY LOU	LARSON ASSOCIATES, LTD. DORE ST.	ne, if applicable) and address; inclu	ide room or suite number	r (optional)	Prep	parer's telephone 815-744	number (optional) -8550		

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

L

7 Plan Assets and Liabilities		(a) Beginning of Yea		r		(b) End of Year		
a Total plan assets	7a	46195					527320	
<b>b</b> Total plan liabilities	7b		-				01.010	
C Net plan assets (subtract line 7b from line 7a)	7c	46195	8		527320			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:		(				(4)		
(1) Employers	8a(1)	1260	0					
(2) Participants	8a(2)			_				
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b	5276	2	_				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			65362	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i Net income (loss) (subtract line 8h from line 8c)	8i						65362	
j Transfers to (from) the plan (see instructions)	8j						00002	
Part IV Plan Characteristics	0]							
<ul> <li>Ba If the plan provides pension benefits, enter the applicable pension in 2E 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare feedback</li> </ul>								
<b>10</b> During the plan year:				Yes	No	A	mount	
		he time period described in	10a	Yes		A	mount	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribut</li></ul>	uciary Correc ? (Do not inc	he time period described in tion Program)		Yes	No	A	mount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	ciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported	10a	Yes	No X	A		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	iciary Correc ? (Do not inc fidelity bond	he time period described in tion Program) lude transactions reported	10a 10b		No X	A	mount	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> </ul>	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefit	he time period described in tion Program) lude transactions reported  , that was caused by fraud  by an insurance carrier, s under the plan? (See	10a 10b 10c		No X X	Α		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all content of the provides some or all con</li></ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit	he time period described in tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d		No X X X	A		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	he time period described in tion Program) Jude transactions reported 	10a 10b 10c 10d 10e 10f		No X X X X X	A		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instructi	he time period described in tion Program) Jude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d		No X X X X X X	A		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as a participant loans?</li> </ul>	iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? s of year enc (See instruction ner required n	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g		No X X X X X X X X	A		
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>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 h If this is an individual account plan, was there a blackout period? ( 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> </ul>	iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? s of year enc (See instruction ner required n	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h		No X X X X X X X X	A		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	Iciary Correc ? (Do not inc fidelity bond, fidelity fi	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X X X X X Ulle SB	(Form		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? ( 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit: n? s of year end (See instruction ne required n 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X X X X X Ulle SB	(Form	5	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>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 h If this is an individual account plan, was there a blackout period? ( 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	Iciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year enc (See instruction ne required n 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Schec	No X X X X X X X X X Ulle SB	(Form	5	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	Iciary Correc ? (Do not inc fidelity bond fidelity bond her persons b of the benefit n? s of year enc (See instruction he required n 1-3	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Schec	No X X X X X X X X X Ulle SB	(Form	5	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	Iciary Correc ? (Do not inc fidelity bond fidelity bond fidelity fidelity fide fidelity fid	he time period described in tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10a 10b 10c 10d 10d 10f 10g 10h 10i 0 plete	Schec	No           X	(Form RISA?	5 Yes X Yes X	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	Iciary Correc ? (Do not inc fidelity bond, mer persons b of the benefit n? s of year end (See instruction ne required n 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i 0 plete	Schec	No X X X X X X X X X X X X X X X X X X X	(Form RISA?	5 Yes X	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

	rm 5500-SF	Short Form Annual R	yee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the				and 4065 of the Employe	ee		2012
Employee 8	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and the Internal Revenue Code (the Code).					This Form	s Open to Public
	Benefit Guaranty Corporation	ictions to the Form 550	)0-SF.	Ins	spection		
For calend	Annual Report Id	entification Information	3	and and in a	40.04		
-	turn/report is for:	· · · · · · · · · · · · · · · · · · ·			12/31/		
_	turn/report is:		the final return/report	olan (not multiemployer)		a one-partici	oant plan
		f ' H	•	m/report (less than 12 m	ontho	ι.	
C Check	box if filing under:	Form 5558	automatic extension		UNITIS	)	
	Ĩ	special extension (enter description					111
Part II	Basic Plan Inform	nation-enter all requested informa		······································	···		
1a Name	of plan				1b	Three-digit	
ROBERT A.	LARSON,O.D., P.C. PRO	OFIT SHARING PLAN			ĺ	plan number	
					10	(PN) ► Effective date or	001
						Cliective date of 05/01	
2a Plan s ROBERT A.	ponsor's name and addre LARSON,O.D., P.C.	ss; include room or suite number (en	nployer, if for a single	-employer plan)	2b	Employer Identif (EIN) 36-38	
ROBERT A.					2c	Sponsor's telep	none number
15420 S. RO PLAINFIELD		15420 S. ROL PLAINFIELD,				815-436	
					20	Business code ( 62132	
<b>3a</b> Plan a	dministrator's name and a	ddress XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's E	EIN
					JC	Administrator's t	elephone number
4 If the r name,	name and/or EIN of the pla EIN, and the plan numbe	an sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
a Sponse	or's name				4c	PN	
5a ⊤otalr	number of participants at the	he beginning of the plan year			5a		3
<b>b</b> Total r	number of participants at ti	he end of the plan year			5b		3
C Numbe comple	er of participants with accordent termination of the second second second second second second second second se	ount balances as of the end of the pla			5c		3
6a Were	all of the plan's assets du	ring the plan year invested in eligible	assets? (See instruc	tions.)			Yes No
under	29 CFR 2520,104-46? (Second second seco	annual examination and report of ar ee instructions on waiver eligibility ar	independent qualifie of conditions )	d public accountant (IQF	PA)		
lf you	answered "No" to either	r line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use I	Form	5500.	X Yes   No
Caution: A	penalty for the late or in	complete filing of this return/repo	rt will be assessed (	uniess reasonable caus	se is e	established	· · · · · · · · · · · · · · · · · · ·
SB or Sche	ulties of periury and other r	penalties set forth in the instructions, igned by an enrolled actuary as well	I declare that I have	warning of this active las-			ble, a Schedule
SIGN	Dol. Rn	n ap	7/10/10	Ropent		1 1 1 1 1	
HERE	Signature of plan admin		Date ,			LAN	
SIGN	Ath. Kh		7/10/12	Enter name of individu	<u>al sigr</u>		
HERE	Signature of employer/		Date	KOBENT	//	- LARS	
Preparer's r	name (including firm name	, if applicable) and address; include	room or suite number	Enter name of individu (optional)	Prepa	ing as employer irer's telephone n	or plan sponsor umber (optional)
MARY LOU I LARSON & A	ASSOCIATES, LTD.					815-744-{	
2233 THEOD CREST HILL							-
	,,				Т.		
For Paperwo	rk Reduction Act Notice and	d OMB Control Numbers, see the instru	ctions for Form 5500-S	<u>. [</u> ] ЭЕ.	· ·	Fo	rm 5500-SF (2012)

v. 120126

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Pa	rt III Financial Information		······································	•					
7	Plan Assets and Liabilities	sets and Liabilities (a) Beginning of Year			(b) End of Year				
<u>a</u>	Total plan assets	7a				527320			
b	Total plan liabilities	7b						02/0	,20
C	an assets (subtract line 7b from line 7a)							5273	20
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total		
а	Contributions received or receivable from:					·		1000	· · · · · · · · · · · · · · · · · · ·
	8a(1) 12600						-		
	2) Participants								
	(3) Others (including rollovers)						•		
	Other income (loss)	8b	5276	62					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		· .				653	62
	to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						•	
f	Administrative service providers (salaries, fees, commissions)	8f							
<u> </u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		: · · ·					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)							653	62
j	Transfers to (from) the plan (see instructions)	8j			:				
Par	t IV Plan Characteristics		•						
b	and provided wendle benefite, enter the applicable wendle leader codes from the List of Plan Characteristic Codes in the instructions:								
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	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)								
сі 	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	х				53000
d	Did the plan have a loss, whether or not reimbursed by the plan's t or dishonesty?	idelity bor	nd, that was caused by fraud	10d		x			03000
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	er person: f the bene	s by an insurance carrier	10e		x			
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 e	nd.)	10g		Х			·
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					x		·. ·	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i			n de la composition la composition la composition		
Part							· ·	· · · · · · · · · · · · · · · · · · ·	
11	Is this a defined benefit plan subject to minimum funding requirement	nts? (If "\	fes," see instructions and com	plete	Sched	ule SE	B (Form	∏ Yes	X No
11a	5500) and line 11a below)								
12	Is this a defined contribution plan subject to the minimum funding r						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								
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
	b Enter the minimum required contribution for this plan year								

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12c	· · · · · · · · · · · · · · · · · · ·
12d	
	Yes No N/A
	es X No
	 □ Yes ⊠ No
an(s) to	
13c(2) EIN	l(s) 13c(3) PN(s)
<b>14b</b> Tru	st's EIN
	12d