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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Р	ension Be	nefit Guaranty Corporation	▶ Complete all entries in acco	ordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pi	art I	Annual Report I	dentification Information						
For	calenda	ar plan year 2012 or fisc	cal plan year beginning 01/01/20	012		and ending	2/31/2	2012	
		diffreport is for:	a single-employer plan			an (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	ㅂ	nal return/report				
			an amended return/report	a shor	t plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	X Form 5558	autom	natic extension			DFVC progra	ım
			special extension (enter descrip	otion)					
Pa	art II	Basic Plan Infor	mation—enter all requested infor	rmation					
1a	Name	of plan	·				1b	Three-digit	
GABI	E CONS	STRUCTION & DEVELO	OPMENT CORP. 401K PROFIT SH	HARING F	PLAN			plan number	
								(PN) •	001
							1C	Effective date o	•
22	Dlan ar	annor's name and add	Jenny include room or quite number	/amples	or if for a single s	ampleyer plan)	26	01/01	
		STRUCTION & DEVEL	dress; include room or suite number OPMENT CORP.	(employe	er, ir for a single-e	employer plan)	Z D	Employer Identification (EIN) 30-00	96868
							20	(=114)	
94.00	0 72RD	DDIVE					20	Sponsor's telep	
		NY 11385					2d	Business code (see instructions)
								23620	
3a	Plan ad	dministrator's name and	d address XSame as Plan Sponsor	r Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							20	Administrator's	talanhana numbar
							30	Administrators	telephone number
4	If the n	name and/or EIN of the	plan sponsor has changed since the	e last reti	urn/report filed for	r this plan, enter the	4b	EIN	
	name,	EIN, and the plan num	nber from the last return/report.				_		
		or's name					4c	PN	
5a	Total r	number of participants a	at the beginning of the plan year				5a		12
b	Total r	number of participants a	at the end of the plan year				5b		12
С			account balances as of the end of the		`	•	_		
	compl	ete this item)					5c		8
		•	during the plan year invested in elig	-	•	*			X Yes No
b			the annual examination and report of (See instructions on waiver eligibility)						X Yes No
			ther line 6a or line 6b, the plan car	-					
Cai			or incomplete filing of this return/r						
			er penalties set forth in the instruction						able a Schedule
SB	or Sche	dule MB completed and	d signed by an enrolled actuary, as						
beli	ef, it is t	rue, correct, and compl	lete.						
SIG	:NI	Filed with authorized/v	valid electronic signature.	30	3/12/2013	ERNEST BERTUZZI,	.IR		
HEI									
		Signature of plan ad	Iministrator	Da	ate	Enter name of individ	ual sig	ining as plan adn	ninistrator
SIG									
					Enter name of individ				
Pre	parer's	name (including firm na	ame, if applicable) and address; incl	lude room	n or suite number	(optional)	Prep	arer's telephone	number (optional)

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of \	'ear		
a	Total plan assets	. 7a	` ' -	430736			477785			
	Total plan liabilities	7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	43073	430736			477785			
	Income, Expenses, and Transfers for this Plan Year			(a) Amount			(b) Total			
	Contributions received or receivable from:		(a) runount				(5) 1014			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	803	30						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	5901	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						67049		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2000	00						
е	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						20000)	
	Net income (loss) (subtract line 8h from line 8c)	. 8i						47049)	
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	s:		
b	 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 									
Dord	Part V Compliance Questions									
	•				Vaa	No	1			
10	During the plan year:	tiono withi	n the time period described in		Yes	No	Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X				50000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See		X					
	instructions.)			10e					1877	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X				18282	
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	VI Pension Funding Compliance				•					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	□ No	
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and	enter th Day	ne date of the l		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2012 or fi	scal plan year beginning	01/01/2012	and ending		12/31/2012				
A This ret	urn/report is for:	🛚 a single-employer plan	a multiple-employer pl	an (not multiemployer)	mployer) a one-participant plan					
B This ret	urn/report is:	the first return/report	the final return/report	ort						
	•	an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check box if filing under:						☐ DFVC program				
• Oncor I	oox ii iiiing anaci.	special extension (enter descrip	பotion)							
Part II	Rasic Plan Info	rmation—enter all requested info								
1a Name		Cite an requested into	THOUSE		1b	Three-digit				
	•	DEVELOPMENT CORP. 40	1K PROFIT SHARIN	NG PLAN		plan number	001			
						(PN) F				
						Effective date of 01/01/1999				
		dress; include room or suite number DEVELOPMENT CORP.	(employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 30-0096868					
84-00	72RD DRIVE				2c Sponsor's telephone number 718-417-4100					
*					2d	Business code (
GLENDAI	LE	NY 11385				236200				
3a Plan ad	dministrator's name ar	nd address XSame as Plan Sponso	or Name XSame as Plan	Sponsor Address	3b	Administrator's E	ΞIN			
					3с	Administrator's t	elephone number			
4 If the n	ame and/or EIN of the	e plan sponsor has changed since th	ne last return/report filed for	r this plan, enter the	4b	EIN				
		mber from the last return/report.	·							
a Sponso					4c	PN				
	• •	at the beginning of the plan year					12			
		at the end of the plan year			5b		12			
	•	account balances as of the end of th			5c		8			
		s during the plan year invested in eliq					X Yes No			
		the annual examination and report (See instructions on waiver eligibili					X Yes No			
		ther line 6a or line 6b, the plan ca					<u> </u>			
		or incomplete filing of this return/								
		ner penalties set forth in the instructi					able, a Schedule			
SB or Sche	dule MB completed ar	nd signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	, and t	to the best of my	knowledge and			
SIGN	Bur S	E/	8-6-13	ERNEST BERTUZ:	ZI,	JR.				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator			
SIGN										
HERE Signature of employer/plan sponsor Date			Enter name of individ							
Preparer's i	name (including firm n	ame, if applicable) and address; incl	lude room or suite number	r (optional)	Prep	arer's telephone	number (optional)			
							<u> </u>			

l Pa	rt III Financial Information		1925				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	4:	3073	6		477785
	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	4:	3073	6		477785
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		803			
	(2) Participants	8a(2)		003			
	(3) Others (including rollovers)	8a(3)		5901			
	Other income (loss)	8b		3701			67049
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		07042
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2000	0		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					20000
i	Net income (loss) (subtract line 8h from line 8c)	8i					47049
j	Transfers to (from) the plan (see instructions)	- 8j					
Pa	rt IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for						
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	4	Х	
b	Were there any nonexempt transactions with any party-in-interest	0 (D+					
	on line 10a.)			10b		Х	
	on line 10a.)			10b 10c	Х	Х	50000
	on line 10a.)	fidelity bor	nd, that was caused by fraud		Х	Х	50000
	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 or dishonesty?	fidelity bor	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c	X		1877
	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	fidelity borner persons	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c 10d			
6	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the pl	fidelity borner persons of the bene	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10d 10d 10e		Х	
	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity borner persons of the benefit n? s of year e	s by an insurance carrier, sfits under the plan? (See	10d 10d 10e 10f	Х	Х	1877
	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	fidelity borner persons of the beneather persons of the beneather the beneather the beneather the fidelity beneather the beneath	s by an insurance carrier, fifts under the plan? (See and.)	10d 10d 10e 10f 10g	Х	X	1877
	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity borner persons of the beneather persons of the beneather the beneather the beneather the fidelity beneather the beneath	s by an insurance carrier, fifts under the plan? (See and.)	10c 10d 10e 10f 10g 10h	Х	X	1877
f g h	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity borner persons of the beneath n? s of year e (See instrume required 1-3	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) loctions and 29 CFR If notice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X	1877 18282
f g h	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity borner persons of the beneath n?	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See nd.) Inctions and 29 CFR In notice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X	1877 18282
f g h	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 ct. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner persons of the beneath n? s of year e (See instrume required 1-3	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR I notice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X dule SE	1877 18282 3 (Form Yes No
f g h	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity borner persons of the beneather sof year e (See instrument required 1-3	nd, that was caused by fraud s by an insurance carrier, offits under the plan? (See and.)	10c 10d 10e 10f 10g 10h 10i	X X Schec	X X X dule SE 11a 302 of	1877 18282 3 (Form Yes No
f g h	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (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 beingranting the waiver.	fidelity borner persons of the beneather sof year experience (See instruments? (If """") requirements as applicating amortized.	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) Introductions and 29 CFR If notice or one of the ents of section 412 of the Code able.) and in this plan year, see instructions and complete in the plan year, see instructions and complete in this plan year.	10c 10d 10e 10f 10g 10h 10i nplete	X X Schec	X X X dule SE 11a 302 of	1877 18282 3 (Form Yes No ERISA? Yes X No he date of the letter ruling
f g h	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (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 being the plan is the plan in	fidelity borner persons of the beneather sof year experience (See instruments? (If """") requirements as applicating amortized.	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) Introductions and 29 CFR If notice or one of the ents of section 412 of the Code able.) and in this plan year, see instructions and complete in the plan year, see instructions and complete in this plan year.	10c 10d 10e 10f 10g 10h 10i nplete	X X Schec	X X X Adule SE 11a 302 of enter th	1877 18282 3 (Form Yes No ERISA? Yes X No he date of the letter ruling
f g h 11 11a 12 a If	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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (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 beingranting the waiver.	fidelity borner persons of the beneather perso	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) Inctions and 29 CFR I notice or one of the ents of section 412 of the Code able.) and in this plan year, see instructions m 5500), and skip to line 13.	10c 10d 10e 10f 10g 10h 10i nplete	X X Schecetion , and c	X X X dule SE 11a 302 of	1877 18282 3 (Form Yes No ERISA? Yes X No he date of the letter ruling

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C 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 le	ft of a	12d		
	e 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfer	rs of Assets				
13a Has a resolution to terminate the plan been adopted	l in any plan year?		<u> </u>	es X No)
If "Yes," enter the amount of any plan assets that	t reverted to the employer this year		13a		
b Were all the plan assets distributed to participant of the PBGC?			Yes X No		
C If during this plan year, any assets or liabilities w which assets or liabilities were transferred. (See	vere transferred from this plan to another plan(s), identify instructions.)	the plan(s)	to		
13c(1) Name of plan(s):		1	3c(2) Ell	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN		