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).

2042

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.						
Part I	Annual Report	Identification Information									
For calenda	ar plan year 2012 or t	iscal plan year beginning 01/01/	2012	and ending 1	2/31/2012						
	turn/report is for: turn/report is:	<ul><li>a single-employer plan</li><li>the first return/report</li></ul>	a multiple-employer the final return/repor	plan (not multiemployer) t	а	one-particip	ant plan				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)						
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program						
• Oncor	box ii iiiiiig urider.	special extension (enter descr			Ш	1 13 11					
Part II	Basic Blan Infe	ormation—enter all requested infe									
		offiliation—enter all requested info	ormation		1h Thro	a diait					
1a Name		CENTER, P.S.C. 401(K) PLAN			1b Thre	number					
OKEEKOIDE	THINE TWEDTONE	5214121C, 1.0.0. 401(1C) 1.2114			(PN)		001				
					1c Effec	ctive date of	plan				
						01/01/2	2007				
2a Plan sp CREEKSIDE	ponsor's name and a FAMILY MEDICAL	ddress; include room or suite numbe CENTER PSC	er (employer, if for a single	e-employer plan)	2b Emp (EIN	04.055	ication Number 58943				
					2c Spo		none number				
P.O. BOX 52	29 ILLE, KY 40071-0529				0-1-5	502-477					
TATLOROV	ILLE, ICT 40071-0020	,			<b>∠a</b> Busi	ness code (8 62111	see instructions)				
3a Plan a	dministrator's name a	and address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	<b>3b</b> Adm	ninistrator's E					
					3c Adm	inistrator's te	elephone number				
					7		2.0p.:0::0				
4 If the r	name and/or EIN of th	ne plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN						
	•	umber from the last return/report.			4						
	or's name				4c PN						
		s at the beginning of the plan year			5a		13				
<b>b</b> Total i	number of participant	s at the end of the plan year			5b		12				
		account balances as of the end of t		•	5c		12				
	,						X Yes No				
_		ts during the plan year invested in election of the annual examination and report	-				M 163   140				
•	•	6? (See instructions on waiver eligible			,		X Yes No				
If you	answered "No" to	either line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form 5500	).					
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	d unless reasonable cau	ıse is estal	blished.					
Under pena	alties of perjury and c	ther penalties set forth in the instruc	tions, I declare that I have	e examined this return/rep	oort, includi	ng, if applica	able, a Schedule				
	edule MB completed a true, correct, and con	and signed by an enrolled actuary, a	s well as the electronic ve	ersion of this return/report	t, and to the	best of my	knowledge and				
beller, it is	rue, correct, and con	ipiete.									
SIGN	Filed with authorized	d/valid electronic signature.	09/12/2013	THOMAS C. CRAIN							
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing	as plan adm	inistrator				
SIGN											
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing	as employer	r or plan enoneor				
Preparer's		name, if applicable) and address; in					number (optional)				
	, 3	, , , , , , , , , , , , , , , , , , , ,		., ,		•					

Form 5500-SF 2012 Page **2** 

Do	rt III Financial Information									
_ Pa	•		()5					.,		
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year			
<u>a</u>	Total plan liabilities	7a	20350					25329	8 0	
	Total plan liabilities	7b 7c	20350	0						_
		76		10			(b) Tate	25329	0	_
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	<u>ll</u>		
	(1) Employers	8a(1)	949	0						
	(2) Participants	8a(2)	1441	9						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	2792	28						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						51837	7	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23	8						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	180	9						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						204	7	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						4979	0	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	S:		
Par	t V   Compliance Questions						1			
10	During the plan year:				Yes	No	Ar	nount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				250	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person	s by an insurance carrier,							
	instructions.)			10e	X				7	76
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Χ				115	32
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						<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X	No
112	Enter the amount from Schedule SB line 39					11a			<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding			or eo	ction		FRISA2	Yes	× N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI 3E	JUIT	JUZ UI	-ιλιοΛ:	. 03	^	
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th		letter ru	ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Бау	1	,ui		
	Enter the minimum required contribution for this plan year	•			T	12b				
u										

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

Department of the Treasury Internal Revenue Service

## 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 Ironact Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2012

		al Revenue Code (the Cod		Inspec	tion
Ponsion Benefit Guaranty Corporation	► Complete all entries in accor	rdance with the instructi	ons to the Form 5500-S	F.	<u> </u>
Part I Annual Report Id	lentification Information	01/01/2012	and ending	12/31/2012	
For calendar plan year 2012 or fisc	ar plan Joan way			a one-participani	t plan
A This return/report is for:	x a single-employer plan	e multiple-employer plar	1 (not mulliemployer)	☐ a oue barrolles	
B This return/report is:	the first return/report	the final return/report	(loss than 12 mont	ihe)	
Į	an amended return/report	a short plan year retum/	report (less than 12 mon	DFVC program	
C Check box if filling under:	X Form 5558	automatic extension		☐ 21.14 bursum	
	special extension (enter descript				
	mation—enter all requested inforr	mation		1b Three-digit	
1a Name of plan				plan number	0.03
Creekside Family M	edical Center, P.S.C.		<u> </u>	(PN) ►	001
401(k) Plan	Ì	1c Effective date of pl 01/01/2007	ran		
	a vita numbar	/employer if for a single-e	mplover plan)	2b Employer Identifica	ation Number
2a Plan sponsor's name and add Creekside Family M	ress; Include room or suite number	(employer, ir for a single-c		(EIN) 81-05589	943
Cleekarde Lamith	edican conoci io		1	2c Sponsor's telepho	ne number
			<u> </u>	(502) 477-1	
Р.О. Вох 529				2d Business code (se 621,111	e manacadas
Taylorsville			40071-0529 Sponsor Address	3b Administrator's Elf	N
3a Plan administrator's name and	d address XSame as Plan Sponsor	r Name   Same as Plan	Oppinsor / war		
				3c Administrator's tel	ephone number
				<u></u>	
4 Jan Jan Jan Elbi of the	the state of the s				
4 If the name and/or EIN of the	, alan enangar has chanded since us	e last return/report filed fo	r this plan, enter the	4b EIN	
name. EIN, and the plan nur	nber from the last return/report.	ne last return/report filed fo	r this plan, enter the		
a Shancar's name	nber from the last return/report.			4c PN	1.5
a Sponsor's name  5a Total number of participants	at the beginning of the plan year		,,,	4c PN	13
Sponsor's name     Total number of participants     Total number of participants	at the beginning of the plan year at the end of the plan year		,,,,	4c PN	13
Sponsor's name     Total number of participants     Total number of participants	at the beginning of the plan year at the end of the plan year	ne plan year (defined bene	ifit plans do not	4c PN	
a Sponsor's name  5a Total number of participants  b Total number of participants  c Number of participants with	at the beginning of the plan year at the end of the plan year account balances as of the end of the	ne plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	1,2
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	ne plan year (defined bene gible assets? (See instruc	fit plans do not	4c PN 5a 5b 5c	1.2 1.2 X Yes   No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in epit if the annual examination and report	ne plan year (defined bene gible assets? (See instruc of an Independent qualifie	fit plans do not flons.)d public accountant (IQF	4c PN 5a 5b 5c	1.2 1.2 X Yes No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the sound the plan year invested in elifthe annual examination and report ? (See instructions on waiver eligibilither line 6a or line 6b, the plan care	ne plan year (defined bene gible assets? (See instruc of an Independent qualifie lity and conditions.)	fit plans do not tions.)d public accountant (IQF and must instead use I	4c PN 5a 5b 5c PA) Form 5500.	1.2 1.2 X Yes   No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with complete this item)	at the beginning of the plan year	ne plan year (defined bene gible assets? (See instruc of an Independent qualifie lity and conditions.) annot use Form \$500-SF freport will be assessed	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. se is established.	1.2  1.2  Yes No  Yes No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with complete this item)	at the beginning of the plan year	ne plan year (defined bene gible assets? (See instruc of an Independent qualifie lity and conditions.) annot use Form \$500-SF freport will be assessed	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. se is established.	1.2  1.2  Yes No  Yes No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with complete this item)	at the beginning of the plan year	ne plan year (defined bene gible assets? (See instruc of an Independent qualifie lity and conditions.) annot use Form \$500-SF freport will be assessed	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. se is established.	1.2  1.2  Yes No  Yes No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with complete this item)	at the beginning of the plan year	ne plan year (defined bene gible assets? (See instruc- of an Independent qualified ity and conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. ort, including, if applica and to the best of my h	1.2  1.2  Yes No  Yes No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elif the annual examination and report? (See instructions on walver eligibilither line 6a or line 6b, the plan caper incomplete filling of this return the penalties set forth in the instruction signed by an enrolled actuary, as peters.	ne plan year (defined bene gible assets? (See instruc- of an Independent qualifie lity and conditions.)	efit plans do not  efions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. ort, including, if applica and to the best of my h	1.2  1.2  Yes No  Yes No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)  6a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520,104-46. If you answered "No" to e  Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and participants.  SIGN HERE Signature of plan a	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elif the annual examination and report? (See instructions on walver eligibilither line 6a or line 6b, the plan caper incomplete filling of this return the penalties set forth in the instruction signed by an enrolled actuary, as peters.	ne plan year (defined bene gible assets? (See instruc- of an Independent qualified ity and conditions.)	efit plans do not  efions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. ort, including, if applica and to the best of my h	1.2  1.2  Yes No  Yes No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the during the plan year invested in elif the annual examination and report? (See instructions on waiver eligibil lither line 6a or line 6b, the plan caterials or incomplete filing of this returnation signed by an enrolled actuary, as plete.	ne plan year (defined bene igible assets? (See instruc- of an Independent qualifie lity and conditions.)	efit plans do not  efions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. Fort, including, if applica and to the best of my	1.2  1.2  Yes No  Yes No  Street No  Street No  No  No  No  No  No  No  No  No  No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the during the plan year invested in elif the annual examination and report? (See instructions on waiver eligibil lither line 6a or line 6b, the plan caterials or incomplete filing of this returnation signed by an enrolled actuary, as plete.	ne plan year (defined bene igible assets? (See instruc- of an Independent qualifie lity and conditions.)	efit plans do not  efions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. ort, including, if applica and to the best of my h	1.2  1.2  Yes No  Yes No  Street No  Street No  No  No  No  No  No  No  No  No  No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year	ne plan year (defined bene igible assets? (See instruc- of an Independent qualifie lity and conditions.)	efit plans do not  efions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. Fort, including, if applica and to the best of my	1.2  1.2  Yes No  Yes No  Street No  Street No  No  No  No  No  No  No  No  No  No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the during the plan year invested in elif the annual examination and report? (See instructions on waiver eligibil lither line 6a or line 6b, the plan caterials or incomplete filing of this returnation signed by an enrolled actuary, as plete.	ne plan year (defined bene igible assets? (See instruc- of an Independent qualifie lity and conditions.)	efit plans do not  efions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. Fort, including, if applica and to the best of my	1.2  1.2  Yes No  Yes No  Street No  Street No  No  No  No  No  No  No  No  No  No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the during the plan year invested in elif the annual examination and report? (See instructions on waiver eligibil lither line 6a or line 6b, the plan caterials or incomplete filing of this returnation signed by an enrolled actuary, as plete.	ne plan year (defined bene igible assets? (See instruc- of an Independent qualifie lity and conditions.)	efit plans do not  efions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. Fort, including, if applica and to the best of my	1.2  1.2  Yes No  Yes No  Street No  Street No  No  No  No  No  No  No  No  No  No
a Sponsor's name  5a Total number of participants b Total number of participants c Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the during the plan year invested in elif the annual examination and report? (See instructions on waiver eligibil lither line 6a or line 6b, the plan caterials or incomplete filing of this returnation signed by an enrolled actuary, as plete.	ne plan year (defined bene igible assets? (See instruc- of an Independent qualifie lity and conditions.)	efit plans do not  efions.)	4c PN 5a 5b 5c PA) Form 5500. se is established. Fort, including, if applica and to the best of my	1.2  1.2  Yes No  Yes No  Street No  Street No  No  No  No  No  No  No  No  No  No

Page 2

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		_		(b) End	of Ye	ar 0.5.0	0.00
а	Total plan assets	7a	203	,50	8		<del></del>		253,	298
b	Total plan liabilities	7b			<u> </u>				0.5 3	0.00
С	Net plan assets (subtract line 7b from line 7a)	7c	203	,50	8				253,	298
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		,49	_				. <u> </u>	
	(2) Participants	8a(2)	14	, 41	9	<u> 11</u>	4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	. 8b	27	,92	8				··· <u>·</u>	0.0.7
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							51,	837
d	Benefits paid (including direct rollovers and insurance premiums	,		23	8					
	to provide benefits)	8d			0		<u> </u>			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e	1	.,80	9			<u> </u>		
f	Administrative service providers (salaries, fees, commissions)	8f		.,	0	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
g	Other expenses	8g			<u> </u>		9	<u> </u>	2	,017
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			╫		•••			,790
	Net income (loss) (subtract line 8h from line 8c)	. 81			1					, , , ,
_ <u>i</u>	Transfers to (from) the plan (see instructions)	8j			0	<u>-::</u>	· :			
Pa	rt IV Plan Characteristics									
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 fi	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in ti	ne instruc	itlons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
_	Was there a fallure to transmit to the plan any participant contribution of CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fid.	uciary Cor	rection Program)	10a		Х				
ŀ	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		х				
	Was the plan covered by a fidelity bond?			10c	Х				25	,000
_		a fidelity bo	and, that was caused by fraud	10d		Х				
	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all	her persor	ns by an insurance carrier.							776
	instructions.)			10e	Х					110
1		en?		10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	Х				11	.,532
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Instr	uctions and 29 CFR	10h		х				<u> </u>
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i		<u></u>				
Pai	t VI Pension Funding Compliance		10.000							
11		nents? (if	"Yes," see instructions and con	plete	Sche	dule Si	3 (Form		Yes	X No
11	a Enter the amount from Schedule SB line 39					11a	<u> </u>	1		
12		g requiren	nents of section 412 of the Code	еогв	ection	302 of	ERISA?	[	Yes	X No
	//f "Vac " complete line 12s or lines 12h, 12c, 12d, and 12e below	v. as appli	çable.)							
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amorti	zed in this plan year, see instru Mor	IUI	s, and	enter t Day	ne date o	of the le	itter rulii ir	ng 
	If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Fo	orm 5500), and skip to line 13				· ·			
	b Enter the minimum required contribution for this plan year					12b				
***										

	Form 5500-SF 2012 Page 3 -	_			
	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 or a	12d		17	Пъна
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	∐ No	N/A
Part					
	Has a resolution to terminate the plan been adopted in any plan year?	<u>                                 </u>	Yes 🛚 🗓	No.	
	If "Yes." enter the amount of any plan assets that reverted to the employer this year	13a	<u></u>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under	the control	<u> </u>	Y	es 🗵 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See Instructions.)	n(\$) to			401 BN/-1
,	13c(1) Name of plan(s):	13c(2) E	iN(s)	130	:(3) PN(s)
			<u> </u>	_	
	Name of trust	14b 1	rust's Eli	N	