Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in acc	cordance with the instr	actions to the Form 55	00-3F.	
	art I		Identification Information				
For	calenda	ar plan year 2012 or fis	scal plan year beginning 04/01/2	2012	and ending	03/31/2	2013
Α	This ret	urn/report is for:	a single-employer plan		plan (not multiemployer)	a one-participant plan
В	This ret	urn/report is:	the first return/report	the final return/repor	t		
			an amended return/report	a short plan year retu	ırn/report (less than 12 ı	months)	
С	Check b	oox if filing under:	X Form 5558	X automatic extension			DFVC program
		-	special extension (enter descri	ption)			_
P	art II	Basic Plan Info	rmation—enter all requested info	ormation			
	Name		ontor an requestion into	maton		1b	Three-digit
		•	PORATION PROFIT SHARING PL	AN			plan number
							(PN) ▶ 001
						1c	Effective date of plan
_							04/01/2000
		oonsor's name and add CONSTRUCTION COF	dress; include room or suite numbe RPORATION	r (employer, if for a singl	e-employer plan)	2b	Employer Identification Number (EIN) 16-1173676
						2c	Sponsor's telephone number
2150	ORISK	ANY STREET WEST					315-732-1231
UTIC	CA, NY 1	3502				2d	Business code (see instructions)
							236200
3a	Plan ad	dministrator's name an	d address XSame as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
						30	Administrator's telephone number
						30	Administrator's telephone number
4	If the n	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b	EIN
			nber from the last return/report.	·	, ,		
a	Sponso	or's name				4c	PN
5a	Total r	number of participants	at the beginning of the plan year			5 а	16
b	Total r	number of participants	at the end of the plan year			5b	16
С	Numbe	er of participants with a	account balances as of the end of the	ne plan year (defined ber	nefit plans do not	_	
	•	•				•	15
			during the plan year invested in el				X Yes No
b			the annual examination and report? (See instructions on waiver eligibil				X Yes No
			ther line 6a or line 6b, the plan ca				······
Cal			or incomplete filing of this return				
			ner penalties set forth in the instruct				
			nd signed by an enrolled actuary, as				
bel	ief, it is t	rue, correct, and comp	olete.				
SIG	:N	Filed with authorized/v	valid electronic signature.	12/26/2013	VALERI R. DEDICH	. ERPA.	QPA, QKA
HE					ning as plan administrator		
6:-		orginature or piatrat	ummati atoi	Date	Linter Harrie Of HIGHY	idual SIG	gring as plan auministrator
SIG							
		Signature of employ		Date			ning as employer or plan sponsor
Pre	parer's	name (including firm n	ame, if applicable) and address; inc	clude room or suite numb	er (optional)	Prep	parer's telephone number (optional)
I							

Form 5500-SF 2012 Page **2**

Do	rt III Financial Information										_
Pa											
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End				
<u>a</u>	Total plan assets	7a	24825						24510		
	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7c	24825	53	+				24510	8	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	otal			_
а	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)										
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1000						1000		_
		00							1888	<u>)</u>	
	to provide benefits)	8d	2203	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2203	0	_
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-314		
ī	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt IV Plan Characteristics	oj .		0							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	S:		
	2E 2G 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	c Cod	les in t	he instruct	ions:			
_											
Par	t V Compliance Questions						ı				
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
k	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					300	00
С						V					
	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 or instructions.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ					
						X					
<u>6</u>			<u> </u>	10g		^					
h	If this is an individual account plan, was there a blackout period?	loee msm	ICHOIDS AND 29 CFK								
	2520.101-3.)	•		10h		Χ					
	2520.101-3.)			10h		X					
i	,	ne required	d notice or one of the	10h 10i		X					
i Par	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the			X					
-	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ne required	d notice or one of the Yes," see instructions and com	10i		lule SE	•		Yes		10 —
Par 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If 10h was answered "Yes," check the box if you either provided the exceptions to provide the exception t	ne required	Yes," see instructions and com	10i	<u>.</u>	lule SE	•		Yes	×	10
11 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 It 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	ne required	d notice or one of the Yes," see instructions and com	10i		lule SE			Yes		No
Par 11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 It 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	ne required	Yes," see instructions and coments of section 412 of the Code	10i		lule SE			1		
11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ne required 1-3 lents? (If "' requirement, as applications	Yes," see instructions and coments of section 412 of the Code able.)	10i	ction (Hule SE 11a 302 of	ERISA?	the le	Yes	X 1	
11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is the amount from Schedule SB line 39	ne required 1-3 lents? (If "' requirement, as applicating amortize	Yes," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instru	10i	ction (Hule SE 11a 302 of	ERISA?	the le	Yes	X 1	
11a 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements as applications as applications amount as applications are made as a possible as a poss	Yes," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instructions and coments of section 412 of the Code able.) Month of the Code able in this plan year, see instructions are instructions.	nplete or sections, ath	ction 3	dule SE 11a 302 of enter th	ERISA?		Yes	X 1	

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benchs Security Administration

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).

This Form is Open to Public

2012

OMB Nos. 1210-0110 1210-0089

Pension E	Benefit Guaranty Corporation	► Complete all entries in accorda	nce with the instru	ctions to the Form 550	10_SE	ins	pection	
Part I	Annual Report Ic	lentification information	mid bio mad	cuons to the Ponn 330	10-3F.			
For calend	far plan year 2012 or fisc		/01/2012	and ending		03/31/201	3	
_	elum/report is for: elum/report is:	the first return/report	he final retum/report			a one-particip	ent plan	-
		Form 5558 X c	automatic extension	m/report (less than 12 i	nonins	i) DFVC progra	m	
Part II		nation—enter all requested informat	on					
	ofplan BUHR CONSTRUCTI IT SHARING PLAN					Three-digit plan number (PN)	0()1
					10	Effective date of 04/01/2000		
	ponsor's name and addn BUHR CONSTRUCTI	ess; include room or suite number (em ON CORPORATION	ployer, if for a single	employer plan)		Employer Identifi (EIN) 16-1173	cation Nu 3676	
2150	ORISKANY STREE	en weer				Sponsor's teleph (315) 732-	1231	
UTIC	:A		NY	13502	2d	Business code (s 236200	ee instrud	tions)
3a Plan a	idministrator's name and	address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's E	IN	
4 If the name	name and/or EIN of the p	lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	or this plan, enter the	4b	EIN		
	or's name	er nom die last retuitøreport.			4c	PN		
5a Total	number of participants at	the beginning of the plan year			5a	i i		16
b Total	number of participants at	the end of the plan year		••••••••	5b			16
comp	lete this item)	count balances as of the end of the pla			5c			15
b Are yo	ou claiming a waiver of th	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an	independent qualifie	d public accountant (IO	PA)		⊠ Yes	∏No ∏No
lf you	answered "No" to eithe	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.	Eg 103	<u>п.че</u>
		incomplete filing of this return/repor						
Under pena SB or Sche	alties of perjury and other	penalties set forth in the instructions, signed by an enrolled actuary, as well	declare that I have	examined this return/ren	ort in	cluding if applicat	ole, a Sch nowledge	edule and
SIGN HERE	willim	mpler	12/16/13	WILLIAM NEIBUH	R			
	Signature of plan adm	linistrator	Date	Enter name of individu	ıal sigi	ning as plan admi	nistrator	
SIGN HERE			/ /	WILLIAM NEIBUH				
	Signature of employer name (including firm nam	7ptan sponsor e, if applicable) and address; include r	Date oom or suite number	Enter name of individue (optional)	ıaı sigi Prepi	ning as employer arer's telephone n	or plan sp umber (or	onsor otional)
·	•	, , , , , , , , , , , , , , , , , , , ,		(and discounting the		

7										
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
	Total plan assets	7a	24	8,2	53				24	5 <u>,</u> 108
<u> </u>	Total plan liabilities	7b	*, * · i =		0					0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	24	8,2	53				24	5,108
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					San or see also a
	(3) Others (including rollovers)	8a(3)			0			*		
b	Other income (loss)	8b	18	8,8	35		•			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	8,885
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2:	2,0	30					
e	Certain deemed and/or corrective distributions (see instructions)	8e		•	0			-		
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1				2	2,030
	Net income (loss) (subtract line 8h from line 8c)				+					,145)
一	Transfers to (from) the plan (see instructions)	 			┰				- (2	71437
	t IV Plan Characteristics	8j			0					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 3D If the plan provides welfare benefits, enter the applicable welfare for									
Par							1			
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a		х				<u>.</u>
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?									
	vias tito pian covered by a liberty bolid!		*******	10c	х	<u> </u>			7	30.000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, that was caused by fraud	10c	х	X			3	30,000
		fidelity bond ner persons t of the benefit	, that was caused by fraud by an insurance carrier, s under the plan? (See	10c 10d	x					30,000
	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 other insurance service or other organization that provides some or all dinstructions.)	fidelity bond her persons to of the benefit	, that was caused by fraud by an insurance carrier, s under the plan? (See	10d	x	x x				30,000
e	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 other insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plantage.	fidelity bond ner persons t of the benefit	y an insurance carrier, s under the plan? (See	10d 10e 10f	X	x x x			3	30,000
	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 other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant toans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bond ner persons to f the benefit n? s of year end (See instruct	y an insurance carrier, s under the plan? (See	10d 10e 10f 10g	x	x x x				30,000
	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 other 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 toans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity bond ner persons to fithe benefit n?	y an insurance carrier, s under the plan? (See	10d 10e 10f 10g	x	x x x				30,000
e f g h	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 other 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	fidelity bond ner persons to fithe benefit n?	y an insurance carrier, s under the plan? (See	10d 10e 10f 10g	x	x x x				30,000
	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 other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant toans? (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 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bond ner persons to of the benefit n? s of year end (See instruct ne required in 1-3 ents? (If "Ye	that was caused by fraud by an insurance carrier, s under the plan? (See 1.) ions and 29 CFR botice or one of the	10d 10e 10f 10g 10h 10i	Sched	X X X X				
f g h	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 other insurance service or other organization that provides some or all of 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 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 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and tine 11a below)	fidelity bond ner persons to fithe benefit n?	that was caused by fraud by an insurance carrier, s under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and com	10d 10e 10f 10g 10h 10i	Scheo	X X X X				⊠No
e	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 other 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 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 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and tine 11a below) Enter the amount from Schedule SB line 39	fidelity bond her persons to fithe benefit n? s of year enc (See instruct he required in 1-3	that was caused by fraud by an insurance carrier, s under the plan? (See	10d 10f 10g 10h 10i	Sched	X X X X tule SE		1 - 2	Yes	[X] No
f g h	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 other 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 toans? (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 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and tine 11a below) Enter the amount from Schedule SB line 39	fidelity bond ner persons to of the benefit n? s of year end (See instruct ne required in 1-3	that was caused by fraud by an insurance carrier, s under the plan? (See i.) ions and 29 CFR solice or one of the s," see instructions and com	10d 10f 10g 10h 10i	Sched	X X X X tule SE		1 - 2		
e f g h i Part 11 11a 12	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 other 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 toans? (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 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and time 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, If a waiver of the minimum funding standard for a prior year is being	fidelity bond her persons to the benefit here. s of year end (See instruct he required in 1-3	that was caused by fraud by an insurance carrier, s under the plan? (See i.) ions and 29 CFR s," see instructions and com s of section 412 of the Code le.) in this plan year, see instructions	10d 10e 10f 10g 10h 10i or se	Schec	X X X X Autule SE 11a 302 of	ERISA?	the le	Yes Yes	X No
e f g h i Part 11 11a 12 a	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 other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plat 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 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and tine 11a below) Enter the amount from Schedule SB line 39	fidelity bond ner persons to the benefit n? s of year end (See instruct ne required in 1-3	that was caused by fraud by an insurance carrier, s under the plan? (See i.) ions and 29 CFR solice or one of the s,* see instructions and com s of section 412 of the Code le.) in this plan year, see instructions and	10d 10e 10f 10g 10h 10i or se	Schec	X X X X 111a 302 of	ERISA?	.[0	Yes Yes	X No

	F	form 5500-SF 2012		Page 3 -							
	Ente	r the amount contributed by the employer to the	plan for this plan year	r			120	:			
d	Subl	ract the amount in line 12c from the amount in t	ne 12b. Enter the resu	ult (enter a minu:	s sign to the left of a		120	•		·	
<u>e</u>		he minimum funding amount reported on line 1						$\overline{\Pi}$	Yes	No	∏ N/A
Part		Plan Terminations and Transfers									
13a	Has	a resolution to terminate the plan been adopted in a	ny plan year?		*********************			Yes	X	No	
	If "Ye	es," enter the amount of any plan assets that re	verted to the employer	this year			13a	T			
b	Were of the	e all the plan assets distributed to participants o e PBGC?	beneficiaries, transfe	med to another p	olan, or brought und	er the c	onino:			Пү	es 🛛 No
С	lf du	ring this plan year, any assets or liabilities were h assets or liabilities were transferred. (See inst	transferred from this p	clan to another p	lan(s), identify the p	lan(s) t	O				——————————————————————————————————————
1	3c(1)	Name of plan(s):				13	Jc(2)	EIN(s	;)	130	(3) PN(s)
Part	VIII	Trust Information (optional)								!	
		of trust				1.	14b	Trust	's EIN		