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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Co	mplete all entries in accor	dance witl	n the instructions to the Form 5500	O-SF.			
Pa	art I Annual Report Identific	cation Information						
For	calendar plan year 2011 or fiscal plan y	ear beginning 07/01/201	1	and ending 0	6/30/2	012		
Α	This return/report is for:	le-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	st return/report	the final r	eturn/report				
	🔀 an an	nended return/report	a short pla	n year return/report (less than 12 mo	onths)			
С	Check box if filing under:	5558	automatio	extension		DFVC progra	m	
	speci	al extension (enter description	on)					
Pa	art II Basic Plan Information	—enter all requested inform	ation					
1a	Name of plan	•			1b	Three-digit		
H & \	Y ELECTRICAL SUPPLY COMPANY PE	ROFIT SHARING PLAN				plan number		
						(PN) ▶	002	
					1c	Effective date of		
22	Plan sponsor's name and address; incl	udo room or suito number (e	mployer if	for a single employer plan)	2h	07/01/		
	Y ELECTRICAL SUPPLY COMPANY	due room or suite number (e	inployer, ii	Tot a strigte-employer plant		Employer Identif (EIN) 61-10		4
						Sponsor's telep	none number	
1714	GRIFFIN GATE ROAD					502-456		
	ISVILLE, KY 40205-2731				2d	Business code (see instruction	s)
						42360		
	Plan administrator's name and address Y ELECTRICAL SUPPLY COMPANY	(if same as plan sponsor, e			3b	Administrator's E 61-10	EIN 78725	
		LOUISVILLE			3c	Administrator's t		ber
						502-456		
4	If the name and/or EIN of the plan spor		last return/	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number from Sponsor's name	ine iast return/report.			4c	PN		
	Total number of participants at the beg	inning of the plan year			5a			
b	Total number of participants at the end	. ,			5b			
С	Number of participants with account ba				30			
	complete this item)				5c			
6a	Were all of the plan's assets during the	. ,		'			X Yes	No
b	3						X Yes	No
	under 29 CFR 2520.104-46? (See inst If you answered "No" to either 6a or	• •		•			<u> </u>	140
Pa	art III Financial Information	ob, the plan calmot use i	01111 3300-	or and must mistead use i orm so				
7	•			(a) Bandanda a (Man		/b) F I	- (V ::	
· .	Plan Assets and Liabilities		_	(a) Beginning of Year 638612		(b) End	592914	
a	Total plan assets			030012			002014	
b	Total plan liabilities			638612			592914	
<u>c</u>	Net plan assets (subtract line 7b from I Income, Expenses, and Transfers for the Income in the subtract line 7b from I Income in the subtract line 8b from I Income in the		. 7с			/b\ T		
8 a	Contributions received or receivable from			(a) Amount		(b) T	otai	
а	(1) Employers		. 8a(1)					
	(2) Participants		` '					
	(3) Others (including rollovers)			11092				
b	Other income (loss)			-22255				
C	Total income (add lines 8a(1), 8a(2), 8a						-11163	
d	Benefits paid (including direct rollovers		60					
u	to provide benefits)		. 8d	34535				
е	Certain deemed and/or corrective distr	ibutions (see instructions)	. 8e					
f	Administrative service providers (salari	es, fees, commissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e, 8f, a	nd 8g)	. 8h				34535	
i	Net income (loss) (subtract line 8h from	n line 8c)	. 8i				-45698	
_ j	Transfers to (from) the plan (see instru	ctions)	. 8j					

_		\sim –		ı
Form	5500	-SE	201	1

Page 2 -	1		
----------	---	--	--

Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	During the plan year:		Yes	No		Amount	
а	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)	10a		X		· · · · · · · · · · · · · · · · · · ·	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
2	Was the plan covered by a fidelity bond?	10c	Χ				100000
k	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
•	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
rt	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	s No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_
1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver						
f y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
C	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)			12d			
<u> </u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
ť	VII Plan Terminations and Transfers of Assets						
а	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
)	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	s X No
;	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			_	_
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN(s)
.4:	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	lo co:	ico ic	octobi	ichad		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/31/2013	CHESTER MASSIE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Annual Report Identification Information					· · · · · · · · · · · · · · · · · · ·			
For		07/01/	2011	and ending		06/30/2012			
A	This return/report is for: X a single-employer plan	a multiple	-employer pla	n (not multiemployer)		a one-participant plan			
В	This return/report is:	the final r	eturn/report						
•		a short pla	n year return/	report (less than 12 mo	nths)				
C	Check box if filing under: X Form 5558	_	extension	, ,		DFVC program			
•	special extension (enter description		- Interior		1				
7 () () ()	int II Basic Plan Information—enter all requested information								
	Name of plan	ation			1h	Three-digit			
	& Y ELECTRICAL SUPPLY COMPANY PROFIT SHA	RING P	LAN			plan number			
	· · · · · · · · · · · · · · · · · · ·					(PN) • 002			
						Effective date of plan			
_						07/01/1994			
	Plan sponsor's name and address; include room or suite number (e & Y ELECTRICAL SUPPLY COMPANY	mployer, it	for a single-e	mployer plan)		Employer Identification Number			
11	& 1 BBBCIRICAL BOFFHI COMPANI			-		(EIN) 61-1078725			
17	14 GRIFFIN GATE ROAD					Sponsor's telephone number 502-456-0990			
						Business code (see instructions)			
LO	UISVILLE KY 40205-2731					423600			
3a	Plan administrator's name and address (if same as plan sponsor, er & Y ELECTRICAL SUPPLY COMPANY	nter "Same	·")			Administrator's EIN			
H	& Y ELECTRICAL SUPPLY COMPANY					61-1078725			
	14 GRIFFIN GATE ROAD				3с	Administrator's telephone number 502-456-0990			
<u> 10</u>	UISVILLE KY 40205-2731 If the name and/or EIN of the plan sponsor has changed since the l	aet return/	report filed for	this plan enter the	4b				
7	name, EIN, and the plan number from the last return/report.	ast return	eport med for	uns plan, enter the	40	EIN			
а	Sponsor's name				4c	PN			
5a	Total number of participants at the beginning of the plan year		5a	7					
b	Total number of participants at the end of the plan year				5b	7			
C	Number of participants with account balances as of the end of the p				_	_			
	complete this item)				5c	5			
	Were all of the plan's assets during the plan year invested in eligible		•	•		X Yes No			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper and conditi	ident qualified ons)	public accountant (IQP	A)	X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Be	ginning of Year (b) End of Year					
а	Total plan assets	7a		63861:	2	778623			
b	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		63861	2	778623			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)			4				
	(3) Others (including rollovers)	8a(3)		19680					
b	Other income (loss)	8b		-2225!	5 @@@				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				174546			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3453!	5				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
ĥ	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			Š.	34535			
i	Net income (loss) (subtract line 8h from line 8c)	8i			di di	140011			
j	Transfers to (from) the plan (see instructions)	8j	1,1000	A Page (e					

***********	rom 5500-SF 2011	Page 2 -						
Pa	t IV Plan Characteristics	Fage 2 "						
	If the plan provides pension benefits, enter the applicable pension for 2E 3D							
b	ZE 3D	eature codes from the List of Plan Chai	racteri	stic Co	des in	the instru	ctions:	
U	If the plan provides welfare benefits, enter the applicable welfare fee	ature codes from the List of Plan Chara	cterisi	ic Cod	in t	he instalat	ione.	
Pari	V Compliance Questions					He HISHUCK	JONS;	
10	During the plan year:							
а	Was there a fallure to transmit to the plan and a second			Yes	No		Amount	
h	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduc Were there any nonexampt transactions with	iary Correction Program)	10a		X			
	on line 10a.)	(Do not include transactions reported	10b	 	х			
C	And the high covered by a lidelity bond?		10c	х		 		
d	or dishonesty?	delity bond, that was caused by fraud			х			100000
	insurance service or other organization that provides some or all of instructions.)	persons by an insurance carrier, the benefits under the plan? (See	10d		х			
f	Has the plan falled to provide any benefit when due under the plan?		10e					
y	Old the plan have any participant loans? (If "Yes." enter amount see	of spor and s	10f		Х			
•••	PI PI DE CONTROL DE LA CONTROL DE LA CONTROL DE CONTROL		10g		Х			
i	If 10h was answered "Yes," check the box if you although	***************************************	10h		×			
Part \	3 11 11 10 10 10 10 10 10 10 10 10 10 10		101	- 1	ı			
LL air	/ Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requiremen 5500)]	ts? (If "Yes," see instructions and com	plete S	Schedu	ile SB	(Form		
12	Is this a defined contribution plan subject to the minimum funding re-	Ottigomonia of postion 440, 54	****				Yes	
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)	or sec	tion 3()2 of E	RISA?	Yes	X No
	t o waiver or the minimum funding etendant for a new contract to		tions. :	and en	ler the	date of th	In latter s.t.	·
n ye	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	ID (Enem Eton)	''		Day_		Year	ng
b i	Enter the minimum required contribution for this plan year.	to the 13.						
				· [-	2b 2c			
Q 8	Subtract the amount in line 12c from the amount in line 12b. Enter the segetive amount)	result (enter a minus sign to the left o		·				
				. Ľ	2d			
Part V	Vill the minimum funding amount reported on line 12d be met by the II Plan Terminations and Transfers of Assets	runding deadline?				Yes	No	N/A
13a +	las a resolution to terminate the plan been adopted in any plan year?							
11	"Yes," enter the amount of any plan assets that reverted to the emp	forme that			Ye	s X No		
C If	f the PBGC?during this plan year, any assets or liabilities were transferred from		ider th	e con	trol		Yes	
W	during this plan year, any assets or liabilities were transferred from high assets or liabilities were transferred. (See instructions.) (1) Name of plan(s):	this plan to another plan(s), identify the	plan(s) to	•••		[] 'es [<u>M</u> NO
	<u> </u>			13c(2) EIN	(s)	13c(3) I	PN(s)
						**		
Caution	: A penalty for the late or incomplete filling of this return/report			<u> </u>		·		
Under p	enalties of perjury and other penalties set forth in the instructions, I c shedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete	will be assessed unless reasonable	cause	9 is es	tablis	ned.		
beilef, it	chedule MB completed and signed by an enrolled actuary, as well as its true, correct, and complete.	s the electronic varsion of this return/re	Vrepo port, a	rt, inclu ind to I	uding, the be	if applicabl st of my kn	le, a Sched owiedge a	Jule nd
SIGN	Chester 1 Wassin -	CHESTER MASS						
HERE	Signature of the state of the	2.40.02.44						
SIGN	Messen 1 Massi.	Date 3/2///3 Enter name of Indi CHESTER MASS	VIOUAL	signin	g as p	ian admini:	strator	
HERE	Qiamatura et	2/0-/-						
		Date \$ 27//3 Enter name of Indi	vidual	signin	g as e	mployer or	plan spon	SOr_

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pa	ırt I 📄 Annual Repor	t Identification Information							
For	calendar plan year 2012 or :	fiscal plan year beginning	07/01/2012	and ending	06/30/20	13			
A 1	This return/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	a one-par	ticipant plan			
В	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C	Check box if filing under:	Form 5558	automatic extension		DFVC pro	gram			
		special extension (enter descr	ription)						
Pa	rt II Basic Plan Inf	ormation—enter all requested inf	ormation	·		·			
1a	Name of plan	·			1b Three-digit				
H	& Y ELECTRICAL ST	UPPLY COMPANY PROFIT S	SHARING PLAN		plan number	002			
					(PN) •				
					1c Effective dat 07/01/19				
	Plan sponsor's name and a & Y ELECTRICAL SU	ddress; include room or suite numbe JPPLY COMPANY	er (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 61-1	entification Number 078725			
					2c Sponsor's te	lephone number			
17	14 GRIFFIN GATE F	ROAD			502 - 456-	-0990			
т О	UISVILLE	KY 40205-273	1			de (see instructions)			
		KY 40205-273 and address Same as Plan Spons		Sponsor Address	423600 3b Administrato	re FIN			
	& Y ELECTRICAL SU	□	Sol Name Dame as Flan	oponsoi Address	61-1078				
11	k i bbscikich be	TIBL CONTANT			3c Administrator's telephone number				
17	14 GRIFFIN GATE F	ROAD	•		502-456-	0990			
LO	UISVILLE	KY 40205-2731		ļ					
4		he plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN				
•		umber from the last return/report.			4c PN				
	Sponsor's name Total number of participant	s at the beginning of the plan year			1				
		s at the end of the plan year				7			
		account balances as of the end of			5b	7			
C		account balances as of the end of the			5c	, 5			
6a	Were all of the plan's asse	ets during the plan year invested in e	ligible assets? (See instruc	tions.)		. X Yes No			
b		of the annual examination and repor				— — — — — — — — — — — — — — — — — — —			
		6? (See instructions on waiver eligib either line 6a or line 6b, the plan o				. X Yes No			
Cau		or incomplete filing of this return							
		other penalties set forth in the instruc							
\$B (or Schedule MB completed a	and signed by an enrolled actuary, a							
belie	ef, it is true, correct, and con	nplete.							
SIG	N Shet	1 Masay		CHESTER MASSIE	E .				
HEF	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan	administrator			
SIG	N O Lub	- 1 main		CHESTER MASSIE		•			
HEF	F	over/plan sponsor	Date	Enter name of individu	ual signing as empl	over or plan sponsor			
Prep		name, if applicable) and address; in				one number (optional)			
		+							
				1	PROPERCEMENTS ACTOR SERVICES FOR SERVICES				

Pa	t III Financial Information						•••		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
a	Total plan assets	7a	5.	9291	.4			į	595248
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	59	9291	.4				595248
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	(2) Participants	8a(2)			1135			7 / 44/1 1 4 1 1	
	(3) Others (including rollovers)	8a(3)			10000				
b	Other income (loss)	8b		3646	50				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							36460
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	-	3412	26				
е	Certain deemed and/or corrective distributions (see instructions)	8e			11.00				
f	Administrative service providers (salaries, fees, commissions)	8f			33.00				
g	Other expenses	8g			1,120				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							34126
i	Net income (loss) (subtract line 8h from line 8c)	8i	The state of the s						2334
j	Transfers to (from) the plan (see instructions)	81	-		nan)				
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instruct	ions:	
	NAMES OF THE PROPERTY OF THE P								
Par			.				1		
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Con	rection Program)	10a		Х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	X			:	100000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	of the bend	efits under the plan? (See	10e		Х	<u>-</u>		
f	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		Х			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		/ 1 / 2 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3	
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
Par	t VI Pension Funding Compliance					,			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No No
112	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Yes	X No
	(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 ranting the waiver.	ng amortiz	ed in this plan year, see instructionMon	ith	, and e	enter tl Day		the letter ru Year	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	rm 5500), and skip to line 13.						
t	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012	Page 3 -						
С	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 lin negative amount)		of a	12d				
е	Will the minimum funding amount reported on line 12d	d be met by the funding deadline?				∕es [No [N/A
Part	VII Plan Terminations and Transfers of	f Assets						
13a	Has a resolution to terminate the plan been adopted in ar	ny plan year?			Yes	X No		
	If "Yes," enter the amount of any plan assets that reve	erted to the employer this year		13a				
b	Were all the plan assets distributed to participants or of the PBGC?		under the c	ontro			Yes	X No
С	If during this plan year, any assets or liabilities were t which assets or liabilities were transferred. (See instru		ne plan(s) t	0				
1	i3c(1) Name of plan(s):		13	3c(2) [EIN(s)		13c(3) PN(s)
							1	
			<u> </u>				<u> </u>	
	Contract .	· · · · · · · · · · · · · · · · · · ·					 	
Part	VIII Trust Information (optional)							
14a	Name of trust			14b	Trust's	EIN		*
			1					