Form 5500-SF Short Form Annual Return/Report of Small Employee							OMB Nos. 1210-0110 1210-0089	
	ment of the Treasury al Revenue Service		nefit Plan		_	2	2013	
De	partment of Labor nefits Security Administration	This form is required to be filed un Retirement Income Security Act of 19 the Internal Re		tions 6057(b) and 6058			s Open to Public	
Pension Be	nefit Guaranty Corporation	Complete all entries in accordant			0-SF.	Ins	spection	
Part I		entification Information				1		
For calenda	r plan year 2013 or fisca				2/31/2			
	urn/report is for:			an (not multiemployer)		a one-partici	pant plan	
B This ret	urn/report is:		e final return/report					
-	Ļ			n/report (less than 12 mo	onths	-		
C Check b	ox if filing under:		tomatic extension			DFVC progra	im	
Deut II	Desis Plan Inform	special extension (enter description)						
Part II 1a Name		nation—enter all requested informatio	n		1h	Three-digit		
	IOPPE PROFIT SHARIN	NG PLAN				plan number (PN) ▶	002	
					1c	Effective date o		
						01/01	•	
	onsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 59-15	fication Number 17968	
515-517 EAS	T OCEAN AVE.				2c	Sponsor's telep 561-73		
BOYNTON E	EACH, FL 33435				2d	Business code (see instructions) 448120		
3a Plan ad	Iministrator's name and	address 🛛 Same as Plan Sponsor Nam	ie Same as Plan	Sponsor Address	3b	Administrator's	EIN	
		lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the	4b	EIN		
a Sponso	or's name				4c	PN		
		the beginning of the plan year			5a		8	
		the end of the plan year			5b		9	
comple	ete this item)	count balances as of the end of the plan			5c		9	
	•	uring the plan year invested in eligible a	•	,			X Yes No	
		e annual examination and report of an i See instructions on waiver eligibility and					X Yes No	
	,	er line 6a or line 6b, the plan cannot (,					
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insur	rance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	ise is	established.		
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.						
SIGN HERE	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator	
SIGN HERE								
	Signature of employe		Date	Enter name of individu				
Preparer S	iame (including firm han	ne, if applicable) and address; include ro	oon of suite number	(οριιοπαι)	Fiel	arer s teleprione	number (optional)	

10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			(a) Paginning of Var				(b) End of	Voor
D Total plan isabilities		70			+			
C Net plan assets (adubtract line 7b from line 7a) 7c 1150039 1125003 B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total C Contributions received or received in from: 8a(1) 16736 (1) Employers 8a(2) 0 0 (2) Participants 8a(2) 0 0 (3) Others (including rollovers) 6a(2) 0 0 D Other income (rests) 8b 101086 0 C Total income (redd lines 8a(1), 8a(2), 8a(3), and 8b) 6c 119834 D Define income (rests) 8d 10355 119834 C retain deemed and/or corrective distributions (see instructions) 8e 0 0 f Administrative service provides provi	· · · · · · · · · · · · · · · · · · ·			-	_			
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 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X N (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 	 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 	s fidelity bond, ther persons b Il of the benefit an? as of year end ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e 10f 10g 10h 10i	x	x x x x		
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a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plate g 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.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	s fidelity bond, ther persons b Il of the benefit an? as of year end ? (See instruction the required no 01-3 ments? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See .)	10c 10d 10e 10f 10g 10h 10i	X	X X X X	3 (Form	3334
granting the waiver	 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	s fidelity bond, ther persons b Il of the benefit an? as of year end ? (See instruction the required no 01-3 ments? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	X	X X X dule SE		3334] Yes 🛛 N
	 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year for the subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 	s fidelity bond, ther persons b Il of the benefit an? as of year end ? (See instruction the required no 01-3 ments? (If "Yes from Schedule g requirements v, as applicable	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i aplete	X Schecc	X X X X Jule SE 11a 302 of	ERISA?	3334] Yes 🕅 N] Yes 🕅 N
	 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plate plate the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a first the single and the plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fils this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be granting the waiver. 	s fidelity bond, ther persons b Il of the benefit an? as of year end (See instruction the required no 01-3 ments? (If "Yes from Schedule g requirements v, as applicable ing amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i e or se	X Schecc	X X X X Jule SE 11a 302 of enter th	ERISA? ERISA?	3334 Yes X N Yes X N letter ruling

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 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?	Ye	es 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 🗙 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	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Form 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be filed				2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Internal	1974 (ERISA), and s Revenue Code (the		(a) of This Fo	orm is Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instru	ctions to the Form 550	0-SF.	mapeetion
For calendar plan year 2013 or fisca	dentification Information	01/01/2013	and ending	12/31/201	2
-			plan (not multiemployer)		
A This return/report is for: B This return/report is:			nan (not muttemployer)	📋 a one-pa	rticipant plan
		he final return/report			
			rn/report (less than 12 m	_	
C Check box if filing under:		utomatic extension		DFVC pr	ogram
	special extension (enter description)				
Part II Basic Plan Inform	mation enter all requested inform	nation		46 7	
a Name of plan				1b Three-digit plan numbe	r
Fashion Shoppe Profi	t Sharing Plan			(PN) ►	002
				1c Effective da 01/01/19	
	ress; include room or suite number (em	ployer, if for a single	-employer plan)	2b Employer lo	dentification Number
Fashion Shoppe Bouti	que, Inc.			(EIN) 59-	-1517968
				2c Sponsor's to (561) 73	elephone number
515-517 East Ocean A	ve.				ode (see instructions)
US Boynton Beach	FL 33435			448120	
3a Plan administrator's name and	address X Same as Plan Sponsor	Name 🗌 Same as	Plan Sponsor Address	3b Administrat	or's EIN
				20 Administrat	e de teles hans anna han
				3C Administrat	or's telephone number
				A contra de contra de	
	blan sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b EIN	
name, EIN, and the plan numb a Sponsor's name	er from the last return/report.			4c PN	
	the beginning of the plan year			5a	8
	the end of the plan year			5b	9
	count balances as of the end of the pla				
				5c	9
	uring the plan year invested in eligible	and a second second second second second			. XYes No
	ne annual examination and report of an See instructions on waiver eligibility an	d conditions)			X Yes No
	er line 6a or line 6b, the plan cannot		and must instead use F		
and the second sec	plan, is it covered under the PBGC inst				No Not determined
Caution: A panalty for the late of	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	iso is ostablished	
	er penalties set forth in the instructions	the second and second	10/2/2010 2000	presses per state association	
SB or Schedule MB completed and	signed by an enrolled actuary, as wel				
belief, it is true, correct, and compl	ete.				
SIGN SIGN	non 5 W	03/10/14	John Marquez		
HERE Signature of plan admir	histrator l V	Date	Enter name of individua	al signing as plan a	dministrator
SIGN	anguer	03/10/14	John Marquez		
HERE Signature of employer/p	plan sponsor	Date	Enter name of individua	al signing as emplo	yer or plan sponsor
Preparer's name (including firm na	me, if applicable) and address; include	room or suite number	er (optional)	Preparer's teleph	one number (optional)
				1	
1					

Part III Financial Information

	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of	Year
a	Total plan assets	7a	1,162,7		1			1,259,803
	Total plan liabilities	7b	4,0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,158,6	-7+-10				1,259,803
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	
	Contributions received or receivable from: (1) Employers	8a(1)	18,7	36				
	(2) Participants	8a(2)		0				
((3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	101,0	98				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			1			119,834
	to provide benefits)	8d	16,3	1223				and the second
-	Certain deemed and/or corrective distributions (see instructions)	8e		0		in the		
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g	2,2	75		1 FAINT	C. C	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						18,670
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i						101,164
and the second second	Transfers to (from) the plan (see instructions)	8j		0				
Pa	rt IV Plan Characteristics							
9a 1	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2J	ature codes f	from the List of Plan Characte	eristic	Code	s in the in	structions	5:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes fro	om the List of Plan Character	ristic (Codes	in the ins	tructions:	į.
Pa	rt V Compliance Questions			10			100	1999
10	During the plan year:				Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x	,	i cuint
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inclu	ude transactions reported	10b		x		
С	Was the plan covered by a fidelity bond?			10c	х			150,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bond						
	or dishonesty?			10d		x		
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.)	er persons by If the benefits	an insurance carrier, s under the plan? (See			x x		
e f	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.)	er persons by If the benefits	an insurance carrier, s under the plan? (See					
f	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan	er persons by f the benefits ?	an insurance carrier, s under the plan? (See	10e 10f		x		22.244
e f g h	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 as If this is an individual account plan, was there a blackout period? (S	of year end.	an insurance carrier, s under the plan? (See) ons and 29 CFR	10e 10f 10g	x	x x		33,344
f g	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 as 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	er persons by f the benefits ? of year end. See instructio e required no	an insurance carrier, s under the plan? (See) ons and 29 CFR tice or one of the	10e 10f 10g 10h	x	x		33,344
f g h i	 Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 as 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 2520.101 	er persons by f the benefits ? of year end. See instructio e required no	an insurance carrier, s under the plan? (See) ons and 29 CFR tice or one of the	10e 10f 10g	x	x x		33,344
f g h	 Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 	of year end. See instruction e required no -3	an insurance carrier, s under the plan? (See) ons and 29 CFR tice or one of the ," see instructions and comp	10e 10f 10g 10h 10i	chedu	x x x		
f g h i Par 11	 Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	er persons by if the benefits ? of year end. See instructio e required no -3 ents? (If "Yes	an insurance carrier, bunder the plan? (See)) ons and 29 CFR tice or one of the ," see instructions and comp	10e 10f 10g 10h 10i	chedu	x x x		
f g h i Par 11	 Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	er persons by if the benefits ?	an insurance carrier, s under the plan? (See) ons and 29 CFR tice or one of the ," see instructions and comp SB (Form 5500) line 39	10e 10f 10g 10h 10i	chedu	x x x le SB (Fo		Yes X No
f h i Par 11	 Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c 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 as 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 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding requirements and the second statement of the second statement o	er persons by f the benefits ? of year end. See instructio e required no -3 ents? (If "Yes om Schedule equirements	an insurance carrier, bunder the plan? (See)) ons and 29 CFR tice or one of the ," see instructions and comp SB (Form 5500) line 39 of section 412 of the Code o	10e 10f 10g 10h 10i	chedu	x x x le SB (Fo		Yes X No
f g h i Par 11	 Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	er persons by if the benefits ? of year end. See instructio e required no -3 ents? (If "Yes om Schedule equirements as applicable g amortized i	an insurance carrier, bunder the plan? (See)) ons and 29 CFR tice or one of the ," see instructions and comp SB (Form 5500) line 39 of section 412 of the Code o b) n this plan year, see instruction	10e 10f 10g 10h 10i lete S	chedu I ion 30	x x x le SB (Fo 11a 2 of ERIS ter the da	A?	Yes X No
f g h i 11 11a 12 a	 Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year from the second state of the minimum funding requirements and the second state of the minimum funding requirements and the second state of the minimum funding requirements and the second state of the minimum funding requirements and the second state of the minimum funding requirements and the second state of the minimum funding requirements and the second state of the minimum funding standard for a prior year is bein 	er persons by if the benefits ? of year end. See instructio e required no -3 ents? (If "Yes em Schedule equirements as applicable g amortized i	an insurance carrier, s under the plan? (See) ons and 29 CFR tice or one of the ," see instructions and comp SB (Form 5500) line 39 of section 412 of the Code o e.) n this plan year, see instruction Mor	10e 10f 10g 10h 10i lete S	chedu I ion 30	x x x le SB (Fo 11a 2 of ERIS ter the da	A?	

Form 5500-SF 2013

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 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?	T Ye	es X N	lo	
	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 cor of the PBGC?			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) to which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s): 13c((2) EIN(s)	13c(3) P	N(s)
ALC: NO.					

Part VIII Trust Information (optional)

14a Name of trust

14b Trust's EIN