## 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).

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	O-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	.013	
A This ret	urn/report is for:	_		an (not multiemployer)		a one-partici	oant plan
<b>B</b> This ret	turn/report is:	the first return/report	he final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 mo	onths)	_	
C Check I	box if filing under:	Form 5558 a a special extension (enter description	automatic extension			DFVC progra	am
Dort II	Pacia Plan Infor	<u> </u>	,				
Part II		mation—enter all requested informat	ion		1 h	There is all all	
<b>1a</b> Name	of plan SSU CASA, INC. 401(K)	SAVINGS PLAN			10	Three-digit plan number	
07.07.120						(PN) <b>•</b>	001
					1c	Effective date o	
	ponsor's name and addi	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	
76 SHORE I	POAD				2c	Sponsor's telep	
76 SHORE F PATCHOGU	JE, NY 11772				2d		(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
		plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN	
name, <b>a</b> Sponse		ber from the last return/report.			4c	PN	
<b>5a</b> Total r	number of participants a	t the beginning of the plan year			5a		17
<b>b</b> Total r	number of participants a	t the end of the plan year			5b		15
		count balances as of the end of the pla	• •	•	5c		15
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes No
		he annual examination and report of ar (See instructions on waiver eligibility ar					X Yes No
If you	answered "No" to eith	ner line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.	
<b>C</b> If the p	olan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.	
Under pena SB or Sche	alties of perjury and other	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, in	cluding, if applic	
SIGN	Filed with authorized/va	alid electronic signature.	06/13/2014	GARY E. DIVIS			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN	,						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ıal sin	ning as employe	er or nlan snonsor
Preparer's		me, if applicable) and address; include					number (optional)
				•			

Form 5500-SF 2013 Page **2** 

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Voc	·r			(b) End o	f Voc	<u> </u>		
	Total plan assets	7a	(a) Beginning of Yea				(b) Elia c		6826		
b	Total plan liabilities	7a 7b	0			0					
	Net plan assets (subtract line 7b from line 7a)	7c	39825		376826						
	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	4630	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46	309		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6758	7							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	14	9							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						67	7736		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-21	1427		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	des in t	he instruction	ns:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amou	nt		_
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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	Χ				10	0000	20
d		fidelity bo	nd, that was caused by fraud	10d		X			10	0000	
	Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service, or other organization that provides some or all				Χ						
	instructions.)			10e		.,				152	27
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					2529	<del>)</del> 4
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 2520.101	•		10i							
Part											_
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•					•	П、	Yes		No
112	Enter the unpaid minimum required contribution for current year from					11a					_
12							EDIGVO		Yes	X	No
14	Is this a defined contribution plan subject to the minimum funding			or se	CUUN	JUZ OĪ	LRIOA!		ı cə	^ P	
a	(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 granting the waiver.	ng amortiz	ed in this plan year, see instruc		and (	_			er rulir	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u 1		Day		Year _			
	Enter the minimum required contribution for this plan year	•				12b					

Page	3	- [	1
гаус	J	- 1	

			1			
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?	X	es No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)			•		
14a	Name of trust	14b Trust's EIN				

## 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

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calenda	or plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/3	31/2013				
A This ret	urn/report is for: $X$ a single-employer plan $oxed{[}$	a multiple-employer pla	an (not multiemployer)	a one-participant plan					
<b>B</b> This ret	urn/report is:	the final return/report							
	an amended return/report	a short plan year return	report (less than 12 mo	·					
C Check b	pox if filing under: Form 5558	automatic extension		DF	FVC program				
special extension (enter description)									
Part II	Basic Plan Information—enter all requested information	mation							
1a Name				1b Three	e-digit number				
MI CASA	A ES SU CASA, INC. 401(K) SAVINGS P	LAN		(PN)	0.01				
					tive date of plan				
	ponsor's name and address; include room or suite number A ES SU CASA INC.	(employer, if for a single-	employer plan)	2b Emplo	oyer Identification Number				
				2c Spon	sor's telephone number				
/6 SHOL	RE ROAD				-925-8756 ness code (see instructions)				
PATCHO	GUE NY 11772			624	· ·				
	dministrator's name and address Same as Plan Sponsor	Name XSame as Plan	Sponsor Address	<b>3b</b> Admir	nistrator's EIN				
	78			3c Admir	nistrator's telephone number				
4 If the r	name and/or EIN of the plan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b EIN					
name	EIN, and the plan number from the last return/report.	•	,	_					
a Spons				4c PN	17				
	number of participants at the beginning of the plan year				17_				
	number of participants at the end of the plan yearer of participants with account balances as of the end of the			5b	15				
	er of participants with account balances as of the end of the etc			5c	15				
	all of the plan's assets during the plan year invested in elig				X Yes No				
<b>b</b> Are yo	ou claiming a waiver of the annual examination and report of	of an independent qualifie	d public accountant (IQ	PA)	X Yes No				
under If you	29 CFR 2520.104-467 (See instructions on waiver eligibilit answered "No" to either line 6a or line 6b, the plan car	nnot use Form 5500-SF	and must instead use	Form 5500.					
	plan is a defined benefit plan, is it covered under the PBGC								
Caution: A	a penalty for the late or incomplete filing of this return/r alties of perjury and other penalties set forth in the instruction	ons I declare that I have	uniess reasonable cat	ort includin	no if applicable a Schedule				
SB or Sche	andes of perjury and other perfaultes set for it in the instituction and it is a set for it in the instituction and it is a set for it in the instituction and it is a set for it in the instituction and it is a set for it in the instituction and it is a set for it in the instituction and it is a set for it in the instituction and it is a set for it in the instituction and it is a set for it in it is a set for it in it in the instituction and it is a set for it in it in the instituction and it is a set for it in it in the instituction and it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it is a set for it in it in it in it is a set for it in it in it is a set for it in	well as the electronic vers	sion of this return/report	, and to the	best of my knowledge and				
SIGN			Gary E. Divis						
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing a	as plan administrator				
SIGN			Gary E. Divis						
HERE	Signature of employer/plan sponsor	Date			as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address; incl	ude room or suite numbe			telephone number (optional)				

Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	7a	39	825	3		3'	76826
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	39	825	3		3	76826
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
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)	8b	4	1630	9			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46309
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6	5758	_			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		14	9			
g	Other expenses	8g			0			
_ h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						67736
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					-	21427
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E \ 2F \ 2G \ 2J \ 2K$	feature code	es from the List of Plan Chara	cteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	terist	ic Coc	les in t	he instructions:	
B	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Par	t V Compliance Questions							
10					3.6		1	
	During the plan year:	Al	.h. Ains		Yes	No	Amount	
a				10a	Yes	No X	Amount	
a	Was there a failure to transmit to the plan any participant contribu	ciary Correct (Condition)	ction Program)	10a 10b	Yes		Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct: (Po not inc	ction Program)		Yes	Х		00000
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct? (Do not inc	ction Program)	10b		Х		00000
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	fidelity bond	clion Program)	10b 10c 10d		X		00000
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	(Do not income fidelity bond ner persons to fit benefit	cliude transactions reported  l, that was caused by fraud  by an insurance carrier, its under the plan? (See	10b 10c 10d 10e	X	X X		
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan falled to provide any benefit when due under the plantage of the pla	fidelity bond for the benefin?	cliude transactions reported  l, that was caused by fraud  by an insurance carrier,  its under the plan? (See	10b 10c 10d	X	X	10	1527
a b c d d e e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	fidelity bond for the benefits  s of year end	clion Program)	10b 10c 10d 10e	X	X X	10	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	fidelity bond fidelity bond firer persons to fithe benefithing finer control of the benefithing for the be	clion Program)	10b 10c 10d 10e 10f	X	X X	10	1527
a b c d d e e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan falled to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	fidelity bond fidelity bond finer persons to fithe benefithing finer control of the benefithing finer control of the benefithing finer control of the benefithing finer persons to fine benefithing fine benefithi	clion Program)	10b 10c 10d 10e 10f 10g	X	x x x	10	1527
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond fidelity bond finer persons to fithe benefithing finer control of the benefithing finer control of the benefithing finer control of the benefithing finer persons to fine benefithing fine benefithi	clion Program)	10b 10c 10d 10e 10f 10g 10h	X	x x x	10	1527
a b c c d d e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond fidelity bond five persons I of the benefit s of year end (See instruct	clion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X X Aule SE	3 (Form	1527
e Fant	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer of the plan and party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	fidelity bond fidelity bond firer persons to fithe benefithing finer persons to fithing the benefithing	clion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X	X X X X Aule SE	3 (Form	1527
e Fant	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer of the plan any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	fidelity bond fidelity bond five persons to five benefit five instruct fidelity bond five persons to five benefit five persons to fi	clude transactions reported  I, that was caused by fraud by an insurance carrier, its under the plan? (See  Id.)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schece	X X X X Audule SE	3 (Form Yes	1527
a b c d d d d d d d d d d d d d d d d d d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidi. Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	fidelity bond fidelity bond firer persons to five benefit finer pe	clude transactions reported  I, that was caused by fraud  by an insurance carrier, its under the plan? (See  Id.)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schece	X X X X Audule SE	3 (Form Yes	1527 25294
6 d d d d d d d d d d d d d d d d d d d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	fidelity bond  fidelity bond  firer persons to fine benefit  s of year end (See instruct  fine required refused requirement, as applicabing amortized	clude transactions reported  I, that was caused by fraud  by an insurance carrier, lits under the plan? (See  Id.)	10b 10c 10d 10e 10f 10g 10h 10i plete or se	X X X Schection	X X X X A X Italia 302 of	3 (Form Yes ERISA? Yes	1527 25294
a   b   c   c   d   d   e   f   g   h   11   11a   12   a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidit Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond  fidelity bond  firer persons to fine benefit  s of year end (See instruct  fine required recomments? (If "Year of the benefit)  fine requirement, as applicabing amortized	clude transactions reported  I, that was caused by fraud  by an insurance carrier, lits under the plan? (See  Id.)	10b 10c 10d 10e 10f 10g 10h 10i plete or se	X X X Schection	X X X X X Aulie SE 11a 302 of	3 (Form Yes ERISA? Yes	1527 25294
a   b   c   c   d   d   e   e   f   g   h   i     Part   11   11a   12   a   if   f   f   f   f   f   f   f   f	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidit Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan falled to provide any benefit when due under the planed the	fidelity bond fidelity bond firer persons I of the benefit finer required r finer required r finer required r finer so f	clude transactions reported  I, that was caused by fraud  by an insurance carrier, its under the plan? (See  Id.)	10b 10c 10d 10e 10f 10g 10h 10i plete or see	X X X Schection	X X X X X Aulie SE 11a 302 of	3 (Form Yes ERISA? Yes	1527 25294

Form 5500-SF 2013	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 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?		Υe	s 🗌	No N/A
Part '	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es [	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence 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) twhich assets or liabilities were transferred. (See instructions.)	0			
1	3c(1) Name of plan(s):	lc(2) El	N(s)		13c(3) PN(s)
_					
Part	VIII Trust Information (optional)				
14a ı	lame of trust	<b>14b</b> Tr	ust's l	ΞIN	