For	m 5500-SF	Short Form Annual R	eturn/Report c Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be file	е	2013			
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Interna	058(a) of This Form is Op		s Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.	1115	pection
Part I		lentification Information					
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/201	3	and ending 1	2/31/	2013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report			_	
		an amended return/report	a short plan vear retur	n/report (less than 12 m	onths	)	
C Chook k	box if filing under:	Form 5558	automatic extension			, DFVC progra	m
		닠					
		special extension (enter description	,				
Part II		nation—enter all requested information	ation		41		
1a Name	•	CTICE, P.C. 401(K) PROFIT SHARI			10	Three-digit plan number	
SOUTHERN	TIER FEDIATRICS FRA	CTICE, P.C. 401(K) PROFIT SHARI				(PN)	001
					1c	Effective date of	f plan
						01/01/	•
	ponsor's name and addre	ess; include room or suite number (e ACTICE, P.C.	mployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 16-15	
1684 FOOT	E AVENUE EXTENSION	1			2c	Sponsor's telep 716-66	
	/N, NY 14701				2d	Business code ( 62111	,
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					30	Administrator's t	elephone number
		olan sponsor has changed since the l per from the last return/report.	ast return/report filed for	or this plan, enter the	4b	EIN	
	or's name				4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		19
<b>b</b> Total r	number of participants at	the end of the plan year			5b		18
		count balances as of the end of the p			5c		14
_							14 X Yes No
	•	luring the plan year invested in eligib ne annual examination and report of a	•	,			X Yes No
		See instructions on waiver eligibility					X Yes 🗌 No
		er line 6a or line 6b, the plan cann					
<b>c</b> If the p	olan is a defined benefit p	plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	ise is	established.	
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as we te.					
SIGN	Filed with authorized/va	lid electronic signature.	10/13/2014	TARIQ M. KHAN, M.D			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor
Preparer's		ne, if applicable) and address; includ	le room or suite numbe				number (optional)

7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
a Total plan assets			028		8085			68	
<b>b</b> Total plan liabilities	7b		0				0		
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	63302	8				808568		
B Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
a Contributions received or receivable from:		2220	4						
(1) Employers	8a(1)	33284							
(2) Participants	8a(2)	8339		_					
(3) Others (including rollovers)	8a(3)	7405	0						
<b>b</b> Other income (loss)	8b	7403	/	-			100722		
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			_			190732		
to provide benefits)	8d	5734	4						
e Certain deemed and/or corrective distributions (see instructions)	8e	(	)						
f Administrative service providers (salaries, fees, commissions)	8f	9458	3						
g Other expenses	8g	(	)						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						15192		
Net income (loss) (subtract line 8h from line 8c)	8i			_			175540		
<b>j</b> Transfers to (from) the plan (see instructions)	8j		0						
Part V Compliance Questions									
Part V         Compliance Questions           0         During the plan year:				Yes	No		Amount		
			10a	Yes	No X		Amount		
<ul><li>0 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	ciary Correc ? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes	-		Amount		
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> <li>Were there any nonexempt transactions with any party-in-interest?</li> </ul>	ciary Correc ? (Do not inc	tion Program) lude transactions reported		Yes	X			4000	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> <li>Were there any nonexempt transactions with any party-in-interest? on line 10a.).</li> </ul>	ciary Correc ? (Do not inc fidelity bond,	tion Program) lude transactions reported  that was caused by fraud	10b		X			4000	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> <li>Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d		× ×			4000	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	X	× ×				
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	×	× × ×			568	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)</li> <li>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 as h If this is an individual account plan, was there a blackout period? (See State Stat</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	X	× × ×			568	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)</li> <li>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 as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instructi e required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h	×	× × ×			568	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>Were there any nonexempt transactions with any party-in-interest? on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instructi e required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g	×	× × ×			568	
<ul> <li>0 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi e required n I-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Sched	X X X X				
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi le required n I-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Sched	X X X X			568	
<ul> <li>0 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> <li>art VI Pension Funding Compliance</li> <li>1 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)</li> </ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi e required n I-3 ents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X Sched	X X X X Iule SE	3 (Form		568 853 X N	
<ul> <li>0 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit a? s of year end See instruction required not l-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See  ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X X X Sched	X X X X Iule SE	3 (Form		568 853	
<ul> <li>0 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit as of year end See instruction e required not l-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0r se ctions,	X X X Sched	X X X X X Iule SE	B (Form B (Form ERISA?	Yes [	568 853 X N	
<ul> <li>0 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instructi e required n I-3 ents? (If "Yes om Schedule requirements as applicabl g amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0r se ctions,	X X X Sched	X X X X Iule SE	B (Form B (Form ERISA?	Yes provide the letter rulin	568 853 X N	

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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

Fo	orm 5500-SF		Benefit Plan	of Small Emplo	Xee		OMB Nos. 1210- 1210-	
	Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employ           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 600           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						2013	
Employee							is Open to Pub spection	
Pension I	Benefit Gueranty Corporation	<ul> <li>Complete all entries in accession</li> </ul>	cordance with the Instruc	tions to the Form 550	)0-SF.		n a standard a standard a st	
For calen		Identification Information iscal plan year beginning 01/01/	2013	and ending	12/31/2	013		
a la a la anti-	etum/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)		🗍 a one-partic	lipant plan	
<b>B</b> This n	etum/report is:	the first return/report	the final return/report				1 1월 23 11 (1월 1916년) 1 1월 21 12 13 13 14 13 16 17 18 18 18 18 18	
n griftenit. Distriction		an amended return/report	a short plan year return	n/report (less than 12 m	- 영문 위험 기관	DFVC prog		
C Check	c box if filing under:	X Form 5558	automatic extension		1066 1938 (1944)			
	Basic Plan Info	ormation-enter all requested info	14 construction of the second s					
		P.C. 401(k) Profit Sharing Plan	a ser an			Three-digit plan number		
Sonneurin			i and state and realized to Address to be stated to be		2 - 7 31 - 6	(PN) 🕨	001	
					10	Effective date 01/01	of plan /2000	
2a Plan	sponsor's name and a	ddress; include room or suite numbe P.C.	r (employer, if for a single-	employer plan)			lification Numbe	
好能 안사가 가려서 있다	steller in Markelie in	s a Chill de la subard 5	MERENE PERMIN	的复数加速调制		V	70481 phone number	
1684 Foote	Avenue Extension		$\begin{array}{c} \left  $			(716) 6	61-9730	
) (Postali MAL)		n Propio Circo - Alta Martin				Business code 62111	(see instruction	
and the second se	a farmer and the second se		connected Sintrelet a Automatic streets of the balance behalf to searce date		05	Administrator's	Pacarra	
38 Plan	administrator's name a	ind address 🛛 Same as Plan Spons	or Name 🛛 Same as Plan	1 Sponsor Address	»n	Administrators	74.777 (2015), A. BERESSING	
					<b>3</b> C	Administrator's	EIN	
4 If the name	name and/or EIN of the e. EIN, and the plan m.				3c	Administrator's	i telephone num	
4 If the nem a Spon	name and/or EIN of the plan nusor's name	e plan sponsor has changed since t inder from the last return/report.	he last return/report filed fc	or this plan, enter the	3c 4b 4c	Administrator's	i telephone num	
4 If the nam a Spon 5a Tota b Tota	name and/or EIN of the e. EIN, and the plan nu- isor's name	e plan sponsor has changed since t mber from the last return/report. s at the beginning of the plan year s at the end of the plan year	he last return/report filed fo	or this plan, enter the	3c 4b 4c 5a	Administrator's	i telephone num	
4 If the nam a Spon 5a Tota b Tota c Num	name and/or EIN of the e. EIN, and the plan nu ison's name 2011 I number of participants ber of participants with	e plan sponsor has changed since t mber from the last return/report. s at the beginning of the plan year at the end of the plan year account balances as of the end of t	he last return/report filed fo	or this plan, enter the	3c 4b 4c 5a 5b	Administrator's	itelephone num	
4 If the nam a Spon 5a Tota b Tota c Num com	name and/or EIN of the e, EIN, and the plan nu ison's name I number of participants i number of participants isoer of participants with plete this litem)	e plan sponsor has changed since t mber from the last return/report. s at the beginning of the plan years at the end of the plan year account balances as of the end of t	he last return/report filed fo	or this plan, enter the	3c 4b 4c 5a 5b 6c	Administrator's EIN PN	ielephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are	name and/or EIN of the e, EIN, and the plan nu isor's name I number of participants i number of participants ber of participants with plete this item)	e plan sponsor has changed since t mber from the last return/report. s at the beginning of the plan year account balances as of the end of t	he last return/report filed fo	or this plan, enter the of this plans do not fit plans do not flons.)	3c 4b 4c 5a 5b 6c	Administrator's EIN PN	i telephone num	
4 If the nam a Spon 5a Tota b Tota b Tota c Num com Sa Wer b Are unde if yo	name and/or EIN of the e, EIN, and the plan musor's name i number of participants i number of participants i number of participants with plate this item)	e plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t ts during the plan year invested in el of the annual examination and report ? (See instructions on waiver eligibl alther line 6a or line 6b, the plan c	he last retum/report filed fo he plan year (defined bene ligible assets? (See instruc tof an independent qualifie lify and conditions.)	or this plan, enter the off plans do not (lons.)	3c 4b 4c 5a 5b 6c	Administrator's	itelephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are unde If yo c If the	a name and/or EIN of the re, EIN, and the plan nu- isor's name I number of participants I number of participants ber of participants with plate this item)	e plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t ts during the plan year invested in el of the annual examination and report ?? (See instructions on waiver eligible alther time 6a or line 6b, the plan c offt plan, is it covered under the PBG	he last return/report filed for the plan year (defined bene ligible assets? (See instruc t of an independent qualifie lify and conditions.)	or this plan, enter the off plans do not flons.)	3c 4b 4c 5a 5b 6c (PA)	Administrator/s	itelephone num	
4 If the nem a Spon 5a Tota b Tota c Num com 6a Wer b Are unde if yo c If the Caution: Under pe	a name and/or EIN of the ise, EIN, and the plan nu- isor's name I number of participants in number of participants in the plan's asset you claiming a waiver of a plan is a defined bene A penalty for the late nalities of perjury and o	te plan sponsor has changed since t imber from the last return/report. Is at the beginning of the plan year account balances as of the end of t the annual examination and report of the annual exam	he last return/report filed for the last return/report filed for the plan year (defined bene ligible assets? (See instruc t of an independent qualifie lity and conditions.)	or this plan, enter the of this plan, enter the off plans do not. (Ions.)	3c 4b 4c 5a 5b 6c (PA) (PA) uso is e port, inc	Administrator's	i telephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are unde If yo C If the Caution: Under per SB of Sci	a name and/or EIN of the ise, EIN, and the plan nu- isor's name I number of participants in number of participants in the plan's asset you claiming a waiver of a plan is a defined bene A penalty for the late nalities of perjury and o	e plan sponsor has changed since t mber from the last return/report. s at the beginning of the plan year account balances as of the end of t during the plan year invested in el of the annual examination and report (See instructions on waiver eligible sither line 6a or line 6b, the plan co offit plan, is it covered under the PBG or incomplete filling of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a	he last return/report filed for the last return/report filed for the plan year (defined bene ligible assets? (See instruc t of an independent qualifie lity and conditions.)	or this plan, enter the of this plan, enter the off plans do not. (Ions.)	3c 4b 4c 5a 5b 6c (PA) (PA) uso is e port, inc	Administrator's	i telephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are unde If yo C If the Caution: Under per SB of Sci	a name and/or EIN of the re, EIN, and the plan nu- isor's name is a solution i number of participants iber of participants with plete this item) re all of the plan's asset you claiming a waiver of pr 29 CFR 2520, 104-46 of a plan is a defined bene a plan is a defined bene A penalty for the late natives of perjury and o nedule MB completed a	e plan sponsor has changed since t mber from the last return/report. s at the beginning of the plan year account balances as of the end of t during the plan year invested in el of the annual examination and report (See instructions on waiver eligible sither line 6a or line 6b, the plan co offit plan, is it covered under the PBG or incomplete filling of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a	he last retum/report filed for the plan year (defined bene ligible assets? (See instruc tof an independent qualifie lifty and conditions.)	or this plan, enter the off plans do not flons.)	3c 4b 4c 5a 5b 6c (PA) (PA) uso is e port, inc	Administrator's	i telephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are unde If yo C If the Caution: Under per SB of Sci	e name and/or EIN of the le, EIN, and the plan nu- isor's name I number of participants in number of participants ber of participants with plete this item)	te plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t is during the plan year invested in el of the annual examination and report ? (See instructions on waiver eligibil alther line 6a or line 6b, the plan c offit plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a plate.	he last return/report filed for the last return/report filed for the plan year (defined bene ligible assets? (See instruc t of an independent qualifie lity and conditions.)	or this plan, enter the off plans do not (fone.) d public accountant (IC and must instead use ERISA section 4021)? unless reasonable can examined this return/re sion of this return/repor	3C 3C 4b 4c 5a 5b 6C EPA) Form use is c port, int t, and is	Administrator's	i telephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are unde If yo C If the Caution: Under per SB of Sci	a name and/or EIN of the re, EIN, and the plan nu- isor's name is a solution i number of participants iber of participants with plete this item) re all of the plan's asset you claiming a waiver of pr 29 CFR 2520, 104-46 of a plan is a defined bene a plan is a defined bene A penalty for the late natives of perjury and o nedule MB completed a	te plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t is during the plan year invested in el of the annual examination and report ? (See instructions on waiver eligibil alther line 6a or line 6b, the plan c offit plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a plate.	he last retum/report filed for the plan year (defined bene ligible assets? (See instruc of an independent qualifie lify and conditions.)	or this plan, enter the off plans do not flons.)	3C 3C 4b 4c 5a 5b 6C EPA) Form use is c port, int t, and is	Administrator's	i telephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are Under If yo c If the Caution: Under per SB of Sch bellef, it ic	a name and/or EIN of the ise, EIN, and the plan nu- isor's name I number of participants in number of participants in the plan's asset you claiming a waiver of participants with plete this item)	e plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t account balances as of the end of t its during the plan year invested in el of the annual examination and report ? (See instructions on waiver eligibl althor line 6a or line 6b, the plan co fit plan, is it covered under the PBG or incomplete filling of this return ther penalties set forth in the instruc- an signed by an enrolled actuary, a plate.	he last retum/report filed for he plan year (defined bene ligible assets? (See instruc t of an independent qualifie lify and conditions.) annot use Form 5500-SF C insurance program (see Vreport will be assessed in tions, I declare that I have s well as the electronic vers to see the electronic vers to bate Date	or this plan, enter the of this plan, enter the fit plans do not flons.)	3C 3C 4b 4c 5a 5b 6C 6C (PA) (PA) (PA) (PA) (PA) (PA) (PA) (PA)	Administrator's EIN PN S500. Yes [] No [ established: cluding, if appil o the best of m ning as plan ac ning as employ	Itelephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are unde If yo C If the Caution: Under pe SB or Sct bellet, it is SB or Sct bellet, it is	a name and/or EIN of the re, EIN, and the plan nu- isor's name isor's name of participants with plate this item)	e plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t account balances as of the end of t is during the plan year invested in el of the annual examination and report ?? (See instructions on waiver eligible sither line 6a or line 6b, the plan c offt plan, is it covered under the PBG or incomplete filing of this return ther penalities set forth in the instruc- and signed by an enrolled actuary, a splete.	he last retum/report filed for he plan year (defined bene ligible assets? (See instruc t of an independent qualifie lify and conditions.) annot use Form 5500-SF C insurance program (see Vreport will be assessed tions, I declare that I have s well as the electronic vers vell as the electronic vers bate Date Date clude room or suite numbe	or this plan, enter the of this plan, enter the of this plans do not flons.)	3C 3C 4b 4c 5a 5b 6C 6C (PA) (PA) (PA) (PA) (PA) (PA) (PA) (PA)	Administrator's EIN PN S500. Yes [] No [ established: cluding, if appil o the best of m ning as plan ac ning as employ	Itelephone num	
4 If the nem a Spon 5a Tota b Tota c Num com 6a Wer b Are unde If yo C If the Caution: Under per SB or Sct bellef, it is SB or Sct bellef, it is	a name and/or EIN of the isor's name I number of participants I number of participants I number of participants with plete this liem)	e plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t account balances as of the end of t the during the plan year invested in el of the annual examination and report ?? (See instructions on waiver eligible sither line 6a or line 6b, the plan c offit plan, is it covered under the PBG or incomplete filling of this return ther penalities set forth in the instruc- an signed by an enrolled actuary, a splete.	he last return/report filed for he plan year (defined bene ligible assets? (See instruc t of an independent qualifie lity and conditions.) annot use Form 5500-SF C insurance program (see litors. I declare that I have s well as the electronic vers s well as the electronic vers buors. I declare that I have s well as the electronic vers buors. I declare that I have s well as the electronic vers buors. I declare that I have s well as the electronic vers buors. I declare that I have s well as the electronic vers buors. I declare that I have s well as the electronic vers buors. I declare that I have s well as the electronic vers buors. I declare that I have s well as the electronic vers	or this plan, enter the of this plan, enter the off plans do not: flons.)	3C 3C 4b 4c 5a 5b 6C 6C (PA) (PA) (PA) (PA) (PA) (PA) (PA) (PA)	Administrator's EIN PN S500. Yes [] No [ established: cluding, if appil o the best of m ning as plan ac ning as employ	Itelephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are Under f yo c If the Caution: Under per SB of Sch bellef, it ic SB of Sch bellef, it ic	a name and/or EIN of the re, EIN, and the plan nu- isor's name I number of participants in number of participants ther of participants with plete this item) re all of the plan's asset you claiming a waiver of 22 CFR 2520.104-46 ou answered "No" to of a plan is a defined bene A penalty for the late natites of perjury and o nedule MB completed s is inue, correct, and corr Signature of plan Signature of plan	e plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t account balances as of the end of t its during the plan year invested in el- of the annual examination and report ? (See instructions on waiver eligibl althor line 6a or line 6b, the plan co fit plan, is it covered under the PBG or incomplete filling of this return ther penalties set forth in the instruc- an signed by an enrolled actuary, a plate	he last retum/report filed for he plan year (defined bene ligible assets? (See instruc t of an independent qualifie lity and conditions.) annot use Form 5500-SF C insurance program (see Vreport will be assessed in tions, I declare that I have s well as the electronic version LO ·	or this plan, enter the of this plan, enter the fit plans do not (ions.)	3C 3C 4b 4c 5a 5b 6C 6C (PA) (PA) (PA) (PA) (PA) (PA) (PA) (PA)	Administrator's EIN PN S500. Yes [] No [ established: cluding, if appil o the best of m ning as plan ac ning as employ	Itelephone num	
4 If the nam a Spon 5a Tota b Tota c Num com 6a Wer b Are unde If yo c If the <u>Caution:</u> Under pel SB or Sci bellat, it le	a name and/or EIN of the e, EIN, and the plan nu- isor's name i number of participants i number of participants ther of participants with plete this item) re all of the plan's asset you claiming a waiver of r 29 CFR 2520.104.46 ou answered "No" to e a plan is a defined bene A penalty for the late nalities of perjury and o bedule MB completed a s true, correct, and corr Signature of plan s name (including firm	e plan sponsor has changed since t imber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of t ts during the plan year invested in el- of the annual examination and report if plan, is it covered under the PBG or incomplete filing of this return ther penalities set forth in the instruc- and signed by an enrolled actuary, a plate	he last retum/report filed for he plan year (defined bene ligible assets? (See instruc tof an independent qualifie lifty and conditions.) annot use Form 5500-SF C insurance program (see Vreport will be assessed in tions, I declare that I have s well as the electronic version NO ^ ^ ^ 44 Date Date clude room or suite numbe	or this plan, enter the of this plans do not: f(ons.)	3C 3C 4b 4c 5a 5b 6C 6C (PA) (PA) (PA) (PA) (PA) (PA) (PA) (PA)	Administrator's EIN PN S500. Yes [] No [ established: cluding, if appil o the best of m ning as plan ac ning as employ	Itelephone num	
4 If the nam a Spon 5a Tota b Tota C Num com 6a Wer b Are unde If yo C If the Caution: Under per SB of Sct bellef, it is Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Caution: Cautio: Caution: Caution:	a name and/or EIN of the e, EIN, and the plan nu- isor's name i number of participants i number of participants ther of participants with plete this item) re all of the plan's asset you claiming a waiver of r 29 CFR 2520.104.46 ou answered "No" to e a plan is a defined bene A penalty for the late nalities of perjury and o bedule MB completed a s true, correct, and corr Signature of plan s name (including firm	e plan sponsor has changed since t imber from the last return/report. s at the beginning of the plan year account balances as of the end of t account balances as of the end of t its during the plan year invested in el- of the annual examination and report ? (See instructions on waiver eligibl althor line 6a or line 6b, the plan co fit plan, is it covered under the PBG or incomplete filling of this return ther penalties set forth in the instruc- an signed by an enrolled actuary, a plate	he last retum/report filed for he plan year (defined bene ligible assets? (See instruc tof an independent qualifie lifty and conditions.) annot use Form 5500-SF C insurance program (see Vreport will be assessed in tions, I declare that I have s well as the electronic version NO ^ ^ ^ 44 Date Date clude room or suite numbe	or this plan, enter the of this plans do not: f(ons.)	3C 3C 4b 4c 5a 5b 6C 6C (PA) (PA) (PA) (PA) (PA) (PA) (PA) (PA)	Administrator's EIN PN S500. Yes [] No [ established: cluding, if appil o the best of m ning as plan ac ning as employ	Itelephone num	

Form 5500-SF 2013

	(a) Beginning of Ye	ar			(b) End o	f Year
78	63302	8	ð		12.141	808568
7b		<b>Q</b>		p. 1	<b>新教教</b> 部研究	•
7¢	63302	8				808568
	(a) Amount		19년년 19년년		(b) To	tal
	000					
A PROPERTY AND A PROPERTY						
and remain and presidently star the						
		<b>THE</b>				190732
8d	<u>11</u> 2	4				
89		0				
81	1.1.945	8				
89		Ö				
8h					$\sim 10^{\circ}$ (F)	15192
81				562 A)	- S. B. B.	175540
8]	- L <u>SHINI</u> KM	0				
. iz a . i				er te de la composition Biología de la composition de la composi Biología de la composition de la composit		
15. aritus		ie pl		Stight 2		이 이번 일이는 일이
Baillie Codés II	om the last of Plan Chara	ciensi	IC COC	ies in tr		
		Contraction of the second				مرد اللي وروي مسلم اللي مسلم. يرد اللي وروي مسلم اللي مسلم.
A DESCRIPTION OF THE OWNER OF THE			Yes	No		mount
iciary Correctio	time period described in n Program)	10a	Yes	No	this is a	mount
iciary Correctio ? (Do not Inclu	n Program) de transactions reported	10a 10b				n 151. de tradución de la
iciary Correctio ? (Do not Inclu	n Program) de transactions reported		Yes	×		
iclery Correctic ? (Do not Inclu fidelity bond, 1	n Program) de transactions reported nat was caused by fraud	10b		×		- (9) - 1 ( - (2) - 1 ( - (40
iclary Correctic ? (Do not Inclu fidelity bond, the ref persons by of the benefits	in Program)	10b 10c 10d		× ×		4 2010 00 10 4 2020 00 4 3020 00 40 40 40
Iclary Correctic ? (Do not Inclu fidelity bond, the let persons by of the benefits	on Program)	10b 10c 10d	<b>X</b>	× × ×		4 2010 4 ( 4 26:014) 4 36:014) 4 440 4 441 ( 12
Iclary Correctic ? (Do not Inclu fidelity bond, the rer persons by of the benefits	in Program)	10b 10c 10d 10e 10f	×	× ×		4201011 42000 4000 4000 4000 4000 4000 4
Iclary Correctic ? (Do not Inclu fidelity bond, I wer persons by of the benefits n? s of year end.). (See Instructior	on Program)	10b 10c 10d 10e 10f	<b>X</b>	× × ×		4201011 42000 4000 4000 4000 4000 4000 4
Iclary Correctic ? (Do not Inclu fidelity bond, the er persons by of the benefits n? s of year end.). (See Instruction te required not	on Program)	10b 10c 10d 10e 10f	×	× × × ×		4201011 42000 4000 4000 4000 4000 4000 4
Iclary Correctic ? (Do not Inclu fidelity bond, the er persons by of the benefits n? s of year end.). (See Instruction te required not	on Program)	10b 10c 10d 10e 10f 10g 10h	×	× × × ×		4201011 42000 4000 4000 4000 4000 4000 4
Iclary Correctic ? (Do not Inclu fidelity bond, fi er persons by of the benefits n? s of year end.). See Instruction te required noti 1-3	on Program)	10b 10c 10d 10d 10f 10g 10h 10h	× × ×	X X X X X		470100000 478000000 478000000 4780000000 4780000000000
Ideary Correction ? (Do not inclue fidelity bond, it wer persons by of the benefits n? s of year end.). (See Instruction the required notifies in a required notifies ents? (If "Yes."	in Program)	10b 10c 10d 10d 10f 10g 10h 10h	×	X X X X X		<pre></pre>
Iclary Correctic ? (Do not Inclu fidelity bond, the persons by of the benefits n? \$ of year end .). (See Instruction the required not 1-3	an Program)	10b 10c 10d 10d 10f 10g 10h 10l	X	X X X X X ule SB		3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Ideary Correction (Do not Inclue (Ideality bond, It ier persons by of the benefits n? s of year end.). (See Instruction ie required not 1-3 ents? (If "Yes." om Schedule S requirements of as applicable.	in Program)	10b 10c 10d 10d 10f 10g 10h 10h 10h	X X Sched	X X X X x ule SB 11a 302 of E	(Form (Form (RISA?)	<ul> <li>(0) (1) (1)</li> <li>(40)</li> <li>(40)</li> <li>(41)</li> <li>(41)</li></ul>
Ideary Correctic ? (Do not Inclu fidelity bond, It wer persons by of the benefits n? s of year end.). (See Instruction the required not 1-3 ents? (If "Yes." om Schedule S requirements ( as applicable, ig amortized in	in Program)	10b 10c 10d 10d 10f 10g 10h 10h 10h	X X Sched	X X X X x ule SB 11a 302 of E	(Form	<ul> <li>40</li> <li>40</li> <li>40</li> <li>40</li> <li>41</li> <li>41</li> <li>40</li> <li>4</li></ul>
	7b           7c           7c           Ba(1)           Ba(2)           Ba(3)           Bb           Bc           Bd           Bd           Bd           Bd           Bd           Bd           Bd           Bd           Bf           Bf           Bf           Bj           Bj           Feature codes	7a         63302           7b         63302           7c         63302           7c         63302           7c         63302           7c         63302           8a(1)         3328           8a(2)         63302           8a(2)         63302           8a(2)         63302           8a(3)         63302           8b         7405           8c         7405           8d         1945           8f         1945 <t< td=""><td>7a         633028           7b         0           7c         633028           7c         633028           633028         633028           7c         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           86         74057           86         6734           86         6734           87         10458           88         0           81         633028           81         633028           81         633028           81         633028           82         <t< td=""><td>Ta         633028           7b         0           7c         633028           833028         633028           833028         633028           8a(1)         33284           8a(2)         83391           8a(2)         83391           8a(3)         0'           8b         74057           8c         9           8d         9           8d         9           8d         9           8d         9           8d         9           8g         0           8g         0           8g         0           8g         0           8g         0           9g         0</td><td>Ta         633028           7b         1         0           7c         633028         0           7c         633028         0           8a(1)         33284         0           8a(2)         3391         0           8b         74057         0           8c         10         0           8d         5734         0           8d         19458         0           8f         19458         0           8g         0         0           8h         0         0           8g         0         0           9g         0         0           9g         0         0           9g         0         0           9g         0         0</td><td>Ta         633028           7b         0           7c         633028           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           8a(1)         33284           8a(2)         83391           8a(3)         0           8b         74057           8c         1           8d         5734           8e         0           8f         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           9g         0           9g         0           9g         0           9g         0           9g</td></t<></td></t<>	7a         633028           7b         0           7c         633028           7c         633028           633028         633028           7c         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           633028         633028           86         74057           86         6734           86         6734           87         10458           88         0           81         633028           81         633028           81         633028           81         633028           82 <t< td=""><td>Ta         633028           7b         0           7c         633028           833028         633028           833028         633028           8a(1)         33284           8a(2)         83391           8a(2)         83391           8a(3)         0'           8b         74057           8c         9           8d         9           8d         9           8d         9           8d         9           8d         9           8g         0           8g         0           8g         0           8g         0           8g         0           9g         0</td><td>Ta         633028           7b         1         0           7c         633028         0           7c         633028         0           8a(1)         33284         0           8a(2)         3391         0           8b         74057         0           8c         10         0           8d         5734         0           8d         19458         0           8f         19458         0           8g         0         0           8h         0         0           8g         0         0           9g         0         0           9g         0         0           9g         0         0           9g         0         0</td><td>Ta         633028           7b         0           7c         633028           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           8a(1)         33284           8a(2)         83391           8a(3)         0           8b         74057           8c         1           8d         5734           8e         0           8f         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           9g         0           9g         0           9g         0           9g         0           9g</td></t<>	Ta         633028           7b         0           7c         633028           833028         633028           833028         633028           8a(1)         33284           8a(2)         83391           8a(2)         83391           8a(3)         0'           8b         74057           8c         9           8d         9           8d         9           8d         9           8d         9           8d         9           8g         0           8g         0           8g         0           8g         0           8g         0           9g         0	Ta         633028           7b         1         0           7c         633028         0           7c         633028         0           8a(1)         33284         0           8a(2)         3391         0           8b         74057         0           8c         10         0           8d         5734         0           8d         19458         0           8f         19458         0           8g         0         0           8h         0         0           8g         0         0           9g         0         0           9g         0         0           9g         0         0           9g         0         0	Ta         633028           7b         0           7c         633028           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           633028         1           8a(1)         33284           8a(2)         83391           8a(3)         0           8b         74057           8c         1           8d         5734           8e         0           8f         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           8h         1.9458           8g         0           9g         0           9g         0           9g         0           9g         0           9g

Form 5500-SF 2013

C Enter the amount contributed by the employer to the plan for this plan year	120	
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	$\int dt = \int dt = $
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		s No N/A
Pan VIII Plan Terminations and Transfers of Assets	- 1:12 - 14	
13a. Has a resolution to terminate the plan been adopted in any plan year?	🗹 Yes 🛛	XNO
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?	e control	Yes 🕅 No
C 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.)	ı) to	
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
Rade VIII Trust Information (optional)		
14a Name of frust	14b Trust's I	<b>IN</b>