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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

1 cholon B	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 5500	O-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	Identification Information					
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013							
A This re	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan
B This re	turn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	ırn/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension		Ĺ	DFVC progra	am
		special extension (enter descri	·				
Part II		rmation—enter all requested info	ormation				T
1a Name						Three-digit	
GENEVA A\	/IATION, INC. 401(K) P	PROFIT SHARING PLAN				plan number (PN) ▶	001
						Effective date of	
					10	01/01/	
	ponsor's name and add	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)		Employer Identit	fication Number
						Sponsor's telep	
19171 62NL KENT, WA 9	D AVENUE S STE E101 98032-1153				2d	Business code ((see instructions)
3a Plan a	 udministrator's name an	d address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b .	48100 Administrator's I	
				·	3c	Administrator's t	telephone number
4							
		plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
name		plan sponsor has changed since to plan sponsor has changed since to plan the last return/report.	the last return/report filed	for this plan, enter the	4b 4c		
name a Spons	e, EIN, and the plan num sor's name		·	·			16
a Spons 5a Total	e, EIN, and the plan numer sor's name number of participants a	nber from the last return/report.			4c		16 15
name	e, EIN, and the plan numbor's name number of participants and number of participants abort of participants and participants with a	nber from the last return/report.	the plan year (defined ber	nefit plans do not	4c 5a		
name a Spons 5a Total b Total c Numb comp	e, EIN, and the plan number of participants a number of participants a number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in elements.	the plan year (defined ber	nefit plans do not	4c 5a 5b 5c	PN	15
name a Spons 5a Total b Total c Numb comp 6a Were b Are ye	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in election and report	the plan year (defined ber ligible assets? (See instru t of an independent qualif	nefit plans do not uctions.)	4c 5a 5b 5c	PN	15 15 X Yes No
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name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in elementary the annual examination and report (See instructions on waiver eligibition in the plan cate of the plan	ligible assets? (See instrutt of an independent qualifility and conditions.)	nefit plans do not uctions.) ied public accountant (IQF	4c 5a 5b 5c 5c	PN	15 15 X Yes No X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in election the annual examination and report (See instructions on waiver eligibi	ligible assets? (See instrutt of an independent qualifility and conditions.)	nefit plans do not uctions.) ied public accountant (IQF	4c 5a 5b 5c 5c	PN	15 15 X Yes No
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name a Spons 5a Total b Total c Number comp 6a Were b Are younder if you c If the Under pen SB or Sche	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elether annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, as	the plan year (defined ber ligible assets? (See instru- t of an independent qualifility and conditions.) annot use Form 5500-SI C insurance program (se vireport will be assessed tions, I declare that I have	nefit plans do not uctions.) fied public accountant (IQF F and must instead use to the end of the end	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applica	15 X Yes No X Yes No Not determined able, a Schedule
name a Spons 5a Total b Total c Number comp 6a Were b Are younder if you c If the Under pen SB or Schebelief, it is	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elether annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, as	the plan year (defined ber ligible assets? (See instru- t of an independent qualifility and conditions.) annot use Form 5500-SI C insurance program (se vireport will be assessed tions, I declare that I have	nefit plans do not uctions.) fied public accountant (IQF F and must instead use to the end of the end	4c 5a 5b 5c	PN 5500. Yes No established. Cluding, if applica	15 X Yes No X Yes No Not determined able, a Schedule
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elether annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan cate the plan is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, as all the plan is it covered under the plan is it	the plan year (defined ber ligible assets? (See instru- t of an independent qualifility and conditions.) annot use Form 5500-SI C insurance program (se vireport will be assessed tions, I declare that I have	nefit plans do not uctions.) fied public accountant (IQF F and must instead use to the end of the end	4c 5a 5b 5c PA) Form 6 se is 6 port, inc, and to	PN 5500. Yes No established. Cluding, if application the best of my	15 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Number comp 6a Were b Are younder if you c If the Under pen SB or Schebelief, it is SIGN HERE SIGN	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elether annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan cate the plan is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, as all the plan is it covered under the plan is it	the plan year (defined ber ligible assets? (See instru- t of an independent qualif illity and conditions.)	nefit plans do not uctions.)	4c 5a 5b 5c PA) Form 6 se is 6 port, inc, and to	PN 5500. Yes No established. Cluding, if application the best of my	15 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under if you c If the Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elet the annual examination and report (See instructions on waiver eligibities ther line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filling of this returnment per penalties set forth in the instructed signed by an enrolled actuary, as allete.	the plan year (defined ber ligible assets? (See instru- t of an independent qualif illity and conditions.)	prefit plans do not puctions.)	4c 5a 5b 5c —————————————————————————————————	PN 5500. Yes No cuding, if applicate the best of my	15 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elet the annual examination and report (See instructions on waiver eligibities ther line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filling of this returnment per penalties set forth in the instructed signed by an enrolled actuary, as allete.	ligible assets? (See instrut of an independent qualifility and conditions.)	mefit plans do not uctions.)	4c 5a 5b 5c Form 9 se is 6 port, inc, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	15 X Yes No X Yes No Not determined able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you C If the Under pen SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the common terms of the plan year invested in election to during the plan year invested in election the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, as older. In a control of the plan year invested in election of the plan cate plan, is it covered under the plan cate plan in the instruction of the plan year invested in the plan year invested in the plan year.	ligible assets? (See instrut of an independent qualifility and conditions.)	mefit plans do not uctions.)	4c 5a 5b 5c Form 9 se is 6 port, inc, and to	PN 5500. Yes No established. Cluding, if applicate the best of my ning as plan admining as employe	15 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

b Total plan liabilities	275909 0 275909					
a Total plan assets	275909 0 275909					
b Total plan liabilities	275909					
C Net plan assets (subtract line 7b from line 7a)						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 9059 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 2045 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0						
a Contributions received or receivable from: (1) Employers						
(2) Participants	9059					
(2) Tarticipantes (including rollovers)	9059					
b Other income (loss)	9059					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	9059					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0050					
to provide benefits)	3003					
f Administrative service providers (salaries, fees, commissions) 8f						
Administrative service providers (salaries, rees, commissions)						
C Other symposes						
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	2045					
i Net income (loss) (subtract line 8h from line 8c)	7014					
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions 2E 2F 2G 2J 2K 3D	S:					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions.	:					
Part V Compliance Questions						
10	ount					
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)						
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
Was the plan according 6 delite lend 10						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						
• Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See						
instructions.)						
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 of year end.)						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	Yes X No					
5500) and line 11a below)	1.00 // 140					
	Yes X No					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	162 V 140					
(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 learning the universe.						
granting the waiver						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						

Page	3 -		1
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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?	Y	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 coof the PBGC?	ontrol		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):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

F	Part I Annual Report Identification Information	ordance with the instr	uctions to the Form 550	00-SF.				
	r calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/20:	13			
Α	This return/report is for:		plan (not multiemployer)	П	participant plan			
В	This return/report is:	the final return/repor	t		and the arrest factors of			
	an amended return/report		urn/report (less than 12 n	months)				
С	Check box if filing under:	automatic extension			orogram			
	special extension (enter descrip			L	, , , , , , , , , , , , , , , , , , ,			
P	art II Basic Plan Information enter all requested in							
	Name of plan	HOITHAUOH		1b Three-digi	it I			
	GENEVA AVIATION, INC. 401(k) PROFIT SHARIN	IC PT.AN		plan numb				
		· · · · · · · · · · · · · · · · · · ·		(PN) ► 1c Effective of				
				01/01/1				
2a	Plan sponsor's name and address; include room or suite numbe GENEVA AVIATION, INC.	r (employer, if for a sing	e-employer plan)		Identification Number			
	19171 62nd AVENUE S STE E101			2c Sponsor's telephone number (423) 538-5006				
	AVAIL VALUE OF BALVE			2d Business	code (see instructions)			
	KENT WA 98032-1153		***************************************	481000				
3a	Plan administrator's name and address X Same as Plan Spor	nsor Name 🔲 Same as	Plan Sponsor Address	3b Administra	itor's EIN			
				3c Administra	ator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b EIN				
_	name, EIN, and the plan number from the last return/report.		•					
	Sponsor's name			4c PN				
oa b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year		***************************************	5a	16			
c	Number of participants with account balances as of the end of the	ne plan vear (defined ber	pafit nlans do not	5b	15			
	complete this item)	•••••		5c	15			
	Were all of the plan's assets during the plan year invested in elig				X Yes No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)		· ·	*				
	If you answered "No" to either line 6a or line 6b, the plan car		and must instead use	FEOO	X Yes No			
С	If the plan is a defined benefit plan, is it covered under the PBGC	inot use Form 5500-5. Cinsurance program (se	e FRISA section 4021)?	Form 5500.	☐ No ☐ Not determined			
Сa								
	ution: A penalty for the late or incomplete filing of this return							
28	der penalties of perjury and other penalties set forth in the instruct or Schedule MB completed and signed by an enrolled actuary, as ief, it is true, correct, and complete.	s well as the electronic v	e examined this return/report	eport, including, if ort, and to the best	applicable, a Schedule of my knowledge and			
SI	GN Michael O'Reilly Isam	10/14/14	MICHAEL O'REILL	. v	VALUE OF THE PROPERTY OF THE P			
	ERE Signature of plan administrator	Date	Enter name of individua		administrator			
٩ı	GN Michael O'Reilly ikm	10/14/14	MICHAEL O'REILL		aummstrator			
	Signature of employer/plan sponsor	Date	Enter name of individua		avar av alan ananav			
Pre	parer's name (including firm name, if applicable) and address; inc		per (optional)		hone number (optional)			
			or (opnorizing	Troparor o totop.	ione number (optional)			
			· · · · · · · · · · · · · · · · · · ·					

P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
<u>a</u>	Total plan assets	. 7a	268,8			(b) End of Year 275, 909		
b	Total plan liabilities	-		0	-	***************************************	273,909	
С	Net plan assets (subtract line 7b from line 7a)	7c	268,8			075.000		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			275, 90 (b) Total		
a 	Contributions received or receivable from: (1) Employers	8a(1)		0			(2)	
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	9,0	59				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Name of the last o	0.050	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,0	45			9,059	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2,045	
	Net income (loss) (subtract line 8h from line 8c)	8i					7,014	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			7,014	
Pa	rt IV Plan Characteristics							
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea rt V Compliance Questions	w						
10	During the plan year:							
a					Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correc	tion Program)	10a		х		
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		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond	that was caused by fraud	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)	er persons	by an insurance carrier, fits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х		
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.)	See instruc	tions and 29 CFR	10g		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-	e required i	notice or one of the	10h		X		
Pari			***************************************	10i				
11	Is this a defined benefit plan subject to minimum funding requireme	ents? (If "Ye	es," see instructions and comp	olete S	Schedu	ıle Si	3 (Form	
11a	Enter the unpaid minimum required contribution for current year from	• • • • • • • • • • • • • • • • • • • •	***************************************	•••••			Yes X No	
12	Is this a defined contribution plan subject to the minimum funding re	equirement	s of section 412 of the Code of	reent	ion 20	1a	EDISA2 Ty	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			n sect		∠ UT I	ERISA? Yes X No	
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortizeo	I in this plan year, soo instruct	ions, a	and en	ter th		
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	5500), and skin to line 13			<i></i>	, IGAI	
b	Enter the minimum required contribution for this plan year		- 17 Unit to into 10.		1	2b		
				•••••	1	ÆIJ		

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<u>C</u>	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				
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	☐ Y	es X 1	Vo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0	1	
1	3c(1) Name of plan(s): 136	c(2) EIN((s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a N	lame of trust	14b T	rust's EIN	J