Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service Deficit r fail Department of Labor This form is required to be filed under sections 104 and 4065 of the Emplo Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60						2013					
Department of L Employee Benefits Security		(a) of	This Form is Open to Public								
Pension Benefit Guarant		Complete all entries in accordate	nce with the instruc	tions to the Form 5500	ne Form 5500-SF.						
		entification Information									
For calendar plan yea	ar 2013 or fisca			and ending 0	8/12/2	2014					
A This return/report	-			an (not multiemployer)		a one-participant plan					
B This return/report	is:		e final return/report			N					
	L. L.		snort plan year returr utomatic extension	n/report (less than 12 mo	ontns) │ DFVC program					
C Check box if filing	under:	special extension (enter description)									
Part II Basic	Plan Inform	nation—enter all requested information									
1a Name of plan					1h	Three-digit					
	DNING, INC. P	ROFIT SHARING 401K PLAN				plan number					
						(PN) ▶ 001					
					1c	Effective date of plan 01/01/1972					
2a Plan sponsor's n COLEY AIR CONDITIO		ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 63-1186502					
P. O. BOX 1028					2c	Sponsor's telephone number 251-368-4413					
ATMORE, AL 36504					2d	Business code (see instructions) 238220					
3a Plan administrate	or's name and a	address 🛛 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN					
					3с	Administrator's telephone number					
4 If the name and/	or EIN of the pl	lan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN					
name, EIN, and a Sponsor's name	the plan numb	er from the last return/report.			4c PN						
	participants at	the beginning of the plan year				7					
_		the end of the plan year			5a 5b	0					
		count balances as of the end of the pla			00						
complete this ite	m)	· · · · · · · · · · · · · · · · · · ·			5c	0					
		uring the plan year invested in eligible		,		X Yes No					
		e annual examination and report of an See instructions on waiver eligibility and				X Yes No					
		er line 6a or line 6b, the plan cannot									
C If the plan is a de	efined benefit p	lan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)? .		Yes No Not determined					
Caution: A penalty f	or the late or i	incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	se is	established.					
	ompleted and	penalties set forth in the instructions, signed by an enrolled actuary, as well te.									
	authorized/val	id electronic signature.	11/05/2014	05/2014 JUDD COLEY							
HERE Signatu	re of plan adm	ninistrator	Date	Enter name of individu	ual się	gning as plan administrator					
SIGN											
		r/plan sponsor	Date			gning as employer or plan sponsor					
Preparer's name (inc	luding firm nam	ne, if applicable) and address; include r	room or suite number	r (optional)	Prep	parer's telephone number (optional)					

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
а	Total plan assets	7a	27134	2					C)
b	Total plan liabilities	7b								
С	et plan assets (subtract line 7b from line 7a)			2					C)
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total		
а	Contributions received or receivable from:									
	1) Employers									
	(2) Participants	8a(2)	17	/						
	3) Others (including rollovers)									
	ther income (loss) 8b 1166									
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11842	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28107	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	210	7						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							283184	ļ.
i	Net income (loss) (subtract line 8h from line 8c)	8i						-)	271342	2
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteristic	: Code	es in	the instru	uctions	B:	
	2E 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristic	Codes	; in tl	ne instru	ctions:		
Par	t V Compliance Questions									
10	During the plan year:			V	es l	No		۸m	ount	
	Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in			••		AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a	2	X				
b				4.01		x				
	on line 10a.)			10b		X				
C	, , ,			10c		`				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d	1	X				
e	Were any fees or commissions paid to any brokers, agents, or oth			100						
•	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			x				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X				
h		•		4.01		x				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h						
•	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			•		Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr									<u></u>
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			0.0001		_ 01		· I		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortizo	ed in this plan year, see instruc			ter th Dav	e date o	f the le Yea		ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy		100		
· ·	Enter the minimum required contribution for this plan year				12	2b				

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?	. X Y	′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		X 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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

Form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan							
Department of the Treasury Internal Revenue Service	This form is required to be		2013					
Department of Labor Employee Benefits Security Administration	Benefits Security Administration the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
	dentification Information				00/10/001/			
For calendar plan year 2013 or fise	(man)	10/01/2013	and ending	г	08/12/2014			
A This return/report is for:	X a single-employer plan		olan (not multiemployer)	L	a one-participant plan			
B This return/report is:	the first return/report	the final return/report						
	an amended return/report	X a short plan year retu	m/report (less than 12 m	onths)	7			
C Check box if filing under:	Form 5558	automatic extension		L	DFVC program			
	special extension (enter descri							
	mation—enter all requested info	rmation	P					
1a Name of plan					Three-digit plan number			
Coley Air Conditio 401K Plan	oning, Inc. Profit Sh	aring			(PN) ▶ 001			
AOTK LITAN					Effective date of plan 01/01/1972			
2a Plan sponsor's name and add Coley Air Conditio	dress; include room or suite number on ing, Inc.	r (employer, if for a single	⊱employer plan)		Employer Identification Number (EIN) 63-1186502			
				2c	Sponsor's telephone number (251) 368-4413			
P. O. Box 1028					Business code (see instructions)			
Atmore		AI	36504		238220			
3a Plan administrator's name and	d address Same as Plan Sponso	or Name Same as Pla	in Sponsor Address	3b	Administrator's EIN			
				20				
				36	Administrator's telephone number			
	¢							
		<i></i>		41				
	plan sponsor has changed since the ober from the last return/report.	he last return/report filed	for this plan, enter the	4b	EIN			
a Sponsor's name				4c PN				
5a Total number of participants a	at the beginning of the plan year			5a	7			
b Total number of participants a	at the end of the plan year			5b	0			
	ccount balances as of the end of th		• • • • • • • • • • • • • • • • • • •	5c	0			
6a Were all of the plan's assets	during the plan year invested in eli	gible assets? (See instru	ctions.)		X Yes 🗌 No			
	the annual examination and report				X Yes No			
	(See instructions on waiver eligibil ther line 6a or line 6b, the plan ca							
	t plan, is it covered under the PBG			and the second	Yes No Not determined			
· · · · · · · · · · · · · · · · · · ·								
	or incomplete filing of this return/ er penalties set forth in the instruct							
	d signed by an enrolled actuary, as							
SIGN .	Ca		Judd Coley					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator								
SIGN	4		Judd Coley					
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual sigr	ning as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephon								
			я		Ŧ			
			<i>.</i>					
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500	-SF.		Form 5500-SF (2013) v. 130118			

Page 2

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End o	of Year	
a	Total plan assets	7a	271	,342			· · · · · ·	
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	271	,342	342			
Contract of the second second second	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		177				
	(2) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	11	,665				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11,84	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	281	. , 077				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	2	107			F.	
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					283,18	
i	Net income (loss) (subtract line 8h from line 8c)	8i					(271,342	
j	Transfers to (from) the plan (see instructions)	8j						
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions							
Lines								
10	During the plan year:			Ye	s No		Amount	
<u>10</u> a				Ye:	s No X		Amount	
a	Was there a failure to transmit to the plan any participant contribut	iciary Correct ? (Do not inc	ction Program) clude transactions reported				Amount	
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 Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not inc	ction Program) clude transactions reported	10a	х		Amount	
a b	Was there a failure to transmit to the plan any participant contribut 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?	iciary Correct ? (Do not ind fidelity bonc	ction Program) clude transactions reported 	10a 10b	X X		Amount	
a b c d	Was there a failure to transmit to the plan any participant contribut 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	iciary Correct ? (Do not ind fidelity bonc her persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c	X X X		Amount	
a b c d	Was there a failure to transmit to the plan any participant contribut 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 o instructions.)	iciary Correct ? (Do not ind fidelity bonc ner persons lof the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	X X X X X		Amount	
a b c d	Was there a failure to transmit to the plan any participant contribut 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 o instructions.)	iciary Correct ? (Do not ind fidelity bonc her persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e	X X X X X		Amount	
a b c d e	Was there a failure to transmit to the plan any participant contribut 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	iciary Correct ? (Do not ind fidelity bond fidelity bond for persons b of the benefit n? s of year en (See instruct	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.)	10a 10b 10c 10d 10e 10f	X X X X X X X		Amount	
a b c d e f	Was there a failure to transmit to the plan any participant contribut 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (If	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fithe benefit n? s of year en (See instruct fier required r	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the	10a 10b 10c 10d 10d 10e 10f 10g	X X X X X X X X X X		Amount	
a b c d e f	 Was there a failure to transmit to the plan any participant contribut 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 of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fithe benefit n? s of year en (See instruct fier required r	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the	10a 10b 10c 10d 10d 10e 10f 10g 10h	X X X X X X X X X X		Amount	
a b c d f g h	 Was there a failure to transmit to the plan any participant contribut 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 of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101-10 	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fithe benefit n? s of year en (See instruct See instruct fier required r 1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR notice or one of the	10a 10b 10c 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X	(Form	Amount	
a b c d e f g h i Part	 Was there a failure to transmit to the plan any participant contribut 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 c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fithe benefit n? s of year en (See instruct ne required r 1-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X X Edule SB	(Form	Yes X No	
a b c d e f g h i Part	 Was there a failure to transmit to the plan any participant contribut 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?	iciary Correct ? (Do not ind fidelity bonc of the benefit n? s of year en (See instruct) ne required r 1-3 ents? (If "Year rom Schedu	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10c 10d 10c 10g 10f 10g 10h 10i 000	X X X X X X X X X X X X X T X T 11a	3 (Form		
a b c d f g h i Part 11 11a 12	 Was there a failure to transmit to the plan any participant contribut 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?	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fithe benefit of the benefit n? s of year en (See instruct ne required r 1-3 ents? (If "Ye rom Schedu requiremen as applicab	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) d.) tions and 29 CFR motice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code ple.)	10a 10b 10c 10c 10d 10d 10d 10f 10g 10h 10i 00lete Sch	X X X X X X X X X X X 11a n 302 of	3 (Form B (Form	Yes X N Yes X N Yes X N	
a b c d e f g h i l 11a 12 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. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fithe benefit of the benefit n? s of year en (See instruct See instruct ne required r 1-3 ents? (If "Ye rom Schedu requiremen as application g amortized	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) d.) d.) d.) tions and 29 CFR motice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code ole.) I in this plan year, see instructions Mont	10a 10b 10c 10d 10d 10d 10d 10d 10f 10g 10h 10c 0 10s 0	X X X X X X X X X X X 11a n 302 of	3 (Form BERISA?	Yes X N Yes X N Yes X N	
a b c d e f 9 h i 11 11a 12 a lf	 Was there a failure to transmit to the plan any participant contribut 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?	iciary Correct ? (Do not ind fidelity bonc of the benefit n? s of year en (See instruct) ne required r 1-3 ents? (If "Year room Schedu requiremen as applicat ng amortized e MB (Form	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code ole.) I in this plan year, see instructions ts 5500), and skip to line 13.	10a 10b 10c 10c 10d 10d 10e 10f 10g 10h 10c 10f 10g 10h 10i or section tions, and h	X X X X X X X X X X X X A A A A A A A A	3 (Form BERISA?	Yes X No Yes X No Yes X No e letter ruling	

Form 5500-SF 2013 130118

Page 3 -

С	Enter the amount contributed by the employer to the plan for this plan year	12c			1
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. Б
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	Yes 🗌 N	0	
	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?			X Ye	s 🗌 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.)				-
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust

. ĵ

14b Trust's EIN