For	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210- 1210-	-0110 -0089
	tment of the Treasury nal Revenue Service	This form is required to be filed ur		1065 of the Employee Re	etirement	2014	
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ER		57(b) and 6058(a) of the		This Form is Open t	
Pension Be	nefit Guaranty Corporation	Complete all entries in acco	ordance with the instr	ructions to the Form 55	00-SF.	Public Inspection	
Part I	Annual Report Ic ar plan year 2014 or fisc	dentification Information al plan year beginning 01/01/2014		and ending 12/	31/2014		
	urn/report is for:	a single-employer plan			Filers chec	king this box must attach	a list
<b>B</b> This retu			a foreign plan the final return/report	n/report (less than 12 mo		,	
C Check b	box if filing under:	Form 5558	automatic extension		[] D	FVC program	
Part II	Basic Plan Infor	<b>mation</b> —enter all requested inform	ation				
1a Name	of plan	1(K) PROFIT SHARING PLAN			(PN)	number 001	
	oonsor's name and addr BALANCE LAB, P.C.	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b Emp (EIN	01/01/2003 loyer Identification Numbe ) 91-1825105	ər
15906 MILL ( MILL CREEK	CREEK BLVD, SUITE 10	02				nsor's telephone number 425-225-2626 ness code (see instruction	<u></u>
	,				Zu Busi	621510	15)
3a Plan a	dministrator's name and	address XSame as Plan Sponsor.			3b Adm	inistrator's EIN	
		plan sponsor has changed since the l	ast return/report filed fo	or this plan, enter the	3C Adm	inistrator's telephone num	iber
	EIN, and the plan numl or's name	per from the last return/report.			<b>4c</b> PN		
		t the beginning of the plan year			5a		7
		t the end of the plan year			5b		8
comple	ete this item)	count balances as of the end of the p			5c		7
		cipants at the beginning of the plan y			5d(1)		5
		cipants at the end of the plan year			5d(2)		6
		ninated employment during the plan			5e		0
Under pena SB or Sche	alties of perjury and othe dule MB completed and rue, correct, and comple		s, I declare that I have	examined this return/rep	ort, includi	ng, if applicable, a Schedu	
	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator	
SIGN HERE							
Preparer's	Signature of employed name (including firm name)	er/plan sponsor me, if applicable) and address (incluc	Date de room or suite numbe			as employer or plan spons s telephone number (optio	
		and OMP Control Numbers, see the inc				Form FEOD SE (	

	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	an indepe and condit	ndent qualified public accounta tions.)	nt (IC	(PA)		 Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	4732	288			534880
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	4732	288			534880
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	80(4)	114	104			
	(1) Employers	8a(1) 8a(2)	315	-			
	(2) Participants			0			
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	186	-			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					61650
	Benefits paid (including direct rollovers and insurance premiums	00					
	to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		58	_		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		58
	Net income (loss) (subtract line 8h from line 8c)	8i			_		61592
	Transfers to (from) the plan (see instructions)	8j					
b	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$ If the plan provides welfare benefits, enter the applicable welfare fer						
Part					Vaa	Ne	• •
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions with	n the time period described in		Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	X		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	×		954
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х	
i	If 10h was answered "Yes," check the box if you either provided th 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)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Scheo	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA? Yes X No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applic	able.)				

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	inder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

For	m 5500-SF	Short Form Annual F	Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	065 of the Employee Re		2014		
	partment of Labor enefits Security Administration	Income Security Act of 1974 (ERI		Internal	This Form is Open to	
Pension Be	nefit Guaranty Corporation	Complete all entries in according to the second	rdance with the instru	uctions to the Form 55	00-SF.	Public Inspection
Part	Annual Report	Identification Information				
		scal plan year beginning 01/01/2014		and ending 1	2/31/2014	
A This ret	urn/report is for: ırn/report is	a one-participant plan       the first return/report       an amended return/report	of participating employ a foreign plan he final return/report a short plan year return	an (not multiemployer) ( er information in accord /report (less than 12 mo	lance with th onths)	
	box if filing under:	special extension (enter description				VC program
Part II	Basic Plan Info	rmation—enter all requested informa	tion			
<b>1a</b> Name Hearing & B	of plan alance Lab, PC 401(k	) Profit Sharing Plan			(PN)	number 001
					2012 17-10/202	tive date of plan 1/2003
	ponsor's name and ad alance Lab, P.C.	dress; include room or suite number (er	nployer, if for a single-	employer plan)	ALCONDON (1999) SALASSI	oyer Identification Number 91-1825105
45000 MIL	See all Dhud Suite 102				2c Spon	sor's telephone number (425) 225-2626
	Creek Blvd, Suite 102				2d Busin 62151	ess code (see instructions) 0
Mill Creek, V 3a Plan a		nd address XSame as Plan Sponsor.				nistrator's EIN
		e plan sponsor has changed since the la mber from the last return/report.	ast return/report filed fo	r this plan, enter the	4b EIN	
	or's name				4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	7
<b>b</b> Total	number of participants	at the end of the plan year			5b	8
		account balances as of the end of the p			5c	7
d(1) Tot	al number of active pa	rticipants at the beginning of the plan ye	ear		5d(1)	5
<b>d(2)</b> ⊺ot	al number of active pa	rticipants at the end of the plan year			5d(2)	6
		erminated employment during the plan y			5e	0
Under pen SB or Sche	alties of periury and ot	or incomplete filing of this return/rep her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.	s, I declare that I have	examined this return/rep	oort, includir	ng, if applicable, a Schedule
SIGN	muchaet	infol		Michael S. Mallahan		
HERE	Signature of plan a	dministrator	Date 04/29/15	Enter name of individ	ual signing a	as plan administrator
SIGN HERE	Signature of emplo	worldan anaroar	Date	Enter name of individ	ual signing :	as employer or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address (includ				telephone number (optional)
		ce and OMB Control Numbers, see the inst		05		Form 5500-SF (2014)

Form 5500-SF 2014

7	Plan Assets and Liabilities	(a) Beginning of Year (b) F	nd of Vear
Pa	art III Financial Information		
С	If the plan is a defined benefit plan, is it covered under the PBGC insi	urance program (see ERISA section 4021)? Yes No	Not determined
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form 5500-SF and must instead use Form 5500.	
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar		X Yes 🗌 No
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)	X Yes 🗌 No

7										
	Plan Assets and Liabilities	22.2	(a) Beginning of Yea	r	_		(b) End	of Ye	ar	
а	Total plan assets	7a	473288	3				53	34880	
b	Total plan liabilities	7b								_
с	Net plan assets (subtract line 7b from line 7a)	7c	473288	3				53	34880	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	11404	1						
	(2) Participants	8a(2)	3155	1	-23					
	(3) Others (including rollovers)	8a(3)		D	11T		Par la			
b	Other income (loss)	8b	1869	5						
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			10.0			e	1650	
1.000	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	(	)						
е	Certain deemed and/or corrective distributions (see instructions)	8e	(	כ						
f	Administrative service providers (salaries, fees, commissions)	8f	58	3						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								58	
i	Net income (loss) (subtract line 8h from line 8c)	8i							61592	
j	Transfers to (from) the plan (see instructions)	- 8j					1.5		5.003	R
Da	rt IV Plan Characteristics				- Lucase					
Par	t V Compliance Questions									
10				_						
3	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	tion Program)	10a	Yes	No X	- 16-5	Amo	unt	
	Was there a failure to transmit to the plan any participant contribu	uciary Correc t? (Do not inc	tion Program)	10a 10b	Yes			Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correc t? (Do not inc	tion Program) lude transactions reported		Yes	x		Amo		000
b	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	uciary Correc (Do not inc fidelity bond	tion Program) Iude transactions reported	10b		x		Amo		000
b c d	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</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</li> </ul>	uciary Correc t? (Do not inc fidelity bond her persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c		× ×		Amo	30	
b c d	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</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 or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d	x	× ×		Amo	30	
b c d	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</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 or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul>	uciary Correc ? (Do not inc fidelity bond her persons b of the benefi in?	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	x	x x x		Amo	30	
b c d e f	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)</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 or 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 instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> </ul>	in? (See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f	x	x x x x		Amo	30	
b c d e f	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</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 or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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 a If this is an individual account plan, was there a blackout period?</li> </ul>	in?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	x	× × × × ×		Amo	30	
b c d d e f f g g h i	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)</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 or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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 an If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul>	in?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	x	× × × × ×		Amo	30	
b cc d f f g h i i Par	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)</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 or 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 instructions.)</li> <li>Has 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.)</li> <li>If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	uciary Correc (? (Do not inc fidelity bond her persons b of the benefi an? (See instruct he required r 1-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	x	X X X X X X X X		Amo	30	95
b c d e f <u>g</u> h i i Par 11	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)</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 or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</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 a Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>t VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	uciary Correc (? (Do not inc fidelity bond ner persons b of the benefi an? (See instruct (See instruct he required r 1-3	tion Program) dude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X		Amo	30	95 N
b c d e f <u>g</u> h i i Par	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)</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 or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan have any participant loans? (If "Yes," enter amount a Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>t VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	uciary Correc (? (Do not inc fidelity bond her persons b of the benefi in? as of year end (See instruct he required r 1-3 hents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and corr e SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ulle SB			30	95 N
b c d e f i Par 11	<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide)</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 or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has 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.)</li> <li>If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>t VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	uciary Correc (? (Do not inc fidelity bond her persons b of the benefi as of year end (See instruct he required r 1-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ulle SB		Amo	30 Yes X	95 N

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line f	13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b			
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 I negative amount).	245-451 (0.907) - 24943	12d			
e 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 XN	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				Ye:	s X N
<b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	fy the plan(s)	to			
13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(	8) PN(s)
Part VIII Trust Information (optional)					
14a Name of trust		14b Tr	ust's EIN		