## 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to **Public Inspection** 

Parti	Annual Repor				104 1004 4		
For calenda	ar pian year 2014 or	fiscal plan year beginning 01/01			/31/2014		
Α	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this of participating employer information in accordance with the form						
A This ret	turn/report is for:		dance with the for	m instructions)			
_		a one-participant plan	a foreign plan				
<b>B</b> This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report	ionths)				
C Chack I	box if filing under:	ex if filing under: Form 5558 automatic extension				rogram	
• Oncor	box ii iiiing under.	special extension (enter des	scription)				
Part II		ormation—enter all requested	information		T		
1a Name		2 404 (K) DLAN			1b Three-digit		
LEGACY CC	ONSULTING GROUF	7 401(K) PLAN			plan numb (PN) ▶	001	
					1c Effective d		
						01/01/2013	
		ddress; include room or suite nun	nber (employer, if for a single	-employer plan)	2b Employer I	dentification Number	
LEGACY CO	NSULTING GROUP	, LLC			(=)	26-4262405	
						telephone number	
	MILL ROAD, SUITE	101				59-219-1601	
LEXINGTON	, KT 40503					ode (see instructions)	
20 Dlan a						523900	
<b>Ja</b> Plan a	ummstrator's name a	and address XSame as Plan Spo	onsor.		<b>3b</b> Administration	IOI S EIIN	
					<b>3c</b> Administrati	tor's telephone number	
4 (6)	V 500 (4)				41		
		ne plan sponsor has changed sind	ce the last return/report filed f	or this plan, enter the	4b EIN		
name		ne plan sponsor has changed sind umber from the last return/report.	ce the last return/report filed f	or this plan, enter the	4b EIN 4c PN		
name a Spons	, EIN, and the plan no or's name			· 		10	
a Spons 5a Total	, EIN, and the plan noor's name number of participant	umber from the last return/report.	г		4c PN		
name a Spons 5a Total i b Total i	, EIN, and the plan noor's name number of participant number of participant	umber from the last return/report.	r		4c PN 5a 5b		
a Spons 5a Total i b Total i c Numb	, EIN, and the plan now's name  number of participant  number of participant  er of participants with	umber from the last return/report.  s at the beginning of the plan year	rof the plan year (defined ben	efit plans do not	4c PN 5a		
name a Spons 5a Total i b Total i c Numb	, EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan years at the end of the plan year	rof the plan year (defined ben	efit plans do not	4c PN 5a 5b	13	
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name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Tot e Numbe less th Under pens SB or Sche	, EIN, and the plan noor's name number of participant er of participants with ete this item)	s at the beginning of the plan years at the end of the plan years	of the plan year (defined benderal) plan year year e plan year with accrued benderal	efit plans do not  efits that were  unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a	1:  1:  1:  1:  1:  1:  1:  1:  1:  1:	
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name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Tot e Numbe less th Under pens SB or Sche	p. EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan years	of the plan year (defined benderal) plan year year e plan year with accrued benderal year will be assessed ructions, I declare that I have year, as well as the electronic verification.	efit plans do not  efits that were  unless reasonable cau examined this return/re rsion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the second point of the second point.	1:  10  11  11  12  13  14  15  16  17  17  18  18  19  19  19  19  19  19  19  19	
name a Spons 5a Total I b Total I c Numb comple d(1) Total d(2) Total e Numbe less th Caution: A Under pens SB or Sche belief, it is si SIGN HERE	EIN, and the plan noor's name number of participant er of participants with the et this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan years	of the plan year (defined benderal) plan year year e plan year with accrued benderal	efit plans do not  efits that were  unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the second point of the second point.	1:  10  11  11  12  13  14  15  16  17  17  18  18  19  19  19  19  19  19  19  19	
name a Spons 5a Total I b Total I c Numb comple d(1) Total d(2) Total e Numbe less th Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan year	of the plan year (defined ben- plan year  year e plan year with accrued ben- urn/report will be assessed ructions, I declare that I have v, as well as the electronic ve	efit plans do not  efits that were  unless reasonable cau examined this return/re rsion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	pplicable, a Schedule of my knowledge and n administrator	
name a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is i	p. EIN, and the plan noor's name number of participant or participant or participant or participant or of participants with the et this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan year	of the plan year (defined ben- plan year  plan year  e plan year with accrued ben- purn/report will be assessed ructions, I declare that I have y, as well as the electronic ver  Date  Date	efit plans do not  efits that were  unless reasonable car examined this return/re rsion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the least of the	d. applicable, a Schedule of my knowledge and administrator	
name a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is i	p. EIN, and the plan noor's name number of participant or participant or participant or participant or of participants with the et this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan year	of the plan year (defined ben- plan year  plan year  e plan year with accrued ben- purn/report will be assessed ructions, I declare that I have y, as well as the electronic ver  Date  Date	efit plans do not  efits that were  unless reasonable car examined this return/re rsion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the least of the	d. upplicable, a Schedule of my knowledge and	
name a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is i	p. EIN, and the plan noor's name number of participant or participant or participant or participant or of participants with the et this item)	s at the beginning of the plan years at the end of the plan years at the end of the plan year	of the plan year (defined ben- plan year  plan year  e plan year with accrued ben- purn/report will be assessed ructions, I declare that I have y, as well as the electronic ver  Date  Date	efit plans do not  efits that were  unless reasonable car examined this return/re rsion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the least of the	d. applicable, a Schedule of my knowledge and administrator	

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_	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indepe	endent qualified public accounta	ınt (IQ	PA)			X	<u></u>	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance ¡	program (see ERISA section 40	21)?		Yes	No	No	t detern	nined
Pai	t III Financial Information	_								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	d of Y	ear	
а	Total plan assets	. 7a	2297	790					31819	<del>9</del> 5
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7с	2297	790					31819	<del>}</del> 5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:	. 8a(1)	158	356						
	(1) Employers	. 8a(2)	555							
	(3) Others (including rollovers)									
	Other income (loss)	. 8b	169	959						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							8840	 05
	Benefits paid (including direct rollovers and insurance premiums	. 00								
	to provide benefits)	. 8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							8840	)5
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the list of Plan Charac	cterist	ic Coc	ies in t	ne instru	ctions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribu	utions with	in the time period described in					7	<u>June</u>	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X				
b	Were there any nonexempt transactions with any party-in-interes		-	401		X				
	on line 10a.)			10b		^				
c				10c	X					50000
d				10d		X				
е	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other			100						
·	insurance service, or other organization that provides some or all									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		X				
h	· · · · · · · · · · · · · · · · · · ·					Χ				
	2520.101-3.)			10h		^				
I	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If '	"Yes." see instructions and com	nlete	Scher	lule SF	3 (Form			
	5500) and line 11a below)	•					•		Yes	X No
<u>1</u> 1a	Enter the unpaid minimum required contribution for current year f	rom Sche	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
а	If a waiver of the minimum funding standard for a prior year is bei	ng amorti	zed in this plan year, see instru	ctions	and a	enter th	ne date c	f the le	etter rul	ina

. Month

Day

Year

granting the waiver. .....

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or	<b>rt Identification Informatio</b> f fiscal plan year beginning	01/01/2014	and ending	12/31/201	4		
to talendal planty out 2017 or t	x a single-employer plan		plan (not multiemployer) (		ř		
A This return/report is for:	<u> </u>		oyer information in accord				
<b>n</b>	a one-participant plan	a foreign plan					
B This return/report is:	the first return/report	the final return/report					
	an amended return/report	a short plan year ret	um/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC program			
special extension (enter description)							
Part II Basic Plan In	formation enter all requested	information					
1a Name of plan				1b Three-digit plan numbe			
Legacy Consulting	Group 401(k) Plan			(PN) ►	001		
				1c Effective da 01/01/2			
2a Plan sponsor's name and a Legacy Consulting	address; include room or suite numl Group, LLC	ber (employer, if for a singl	e-employer plan)		dentification Number -4262405		
					elephone number		
3306 Clays Mill Road,	Suite 101			(859) 2 2d Business c	ode (see instructions)		
US Lexington KY 40503				523900	ode (see msu dedons)		
	and address X Same as Plan Sp	oonsor Name		3b Administra	or's EIN		
				3c Administra	or's telephone number		
					•		
	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN			
a Sponsor's name	umber from the last return/report.			4c PN			
_	ts at the beginning of the plan year			5a	10		
	ts at the end of the plan year			5b	13		
C Number of participants with	h account balances as of the end of	the plan year (defined ber	nefit plans do not	5c	8		
	animinante et the heginning of the n		······································	5d(1)	10		
• •	articipants at the beginning of the p	-		<del>-                                    </del>	···		
	articipants at the end of the plan year terminated employment during the			5d(2)	13		
	terminated employment during me			5e .	0		
Caution: A penalty for the lat	te or incomplete filing of this retu	rn/report will be assesse	d unless reasonable cau	ise is establishe			
	other penalties set forth in the instr						
	I and signed by an enrolled actuary,						
SIGN Dave U.S	42	7-17-15	DAVID W. HU	1000			
HERE Signature of plan ac	iministrator	Date	Enter name of individua	al signing as plan	administrator		
SIGN Del .	John Land	7-17-15	David W.	الماسة وص	<b>§</b>		
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individua	al signing as empl	oyer or plan sponsor		
	n name, if applicable) and address;	include room or suite num			none number (optional)		
				, 11 to a			

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6a \	Nere all of the plan's assets during the plan year invested in eligible	assets? (S	ee instructions.)	100000				XYes No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
t	inder 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd condition	ns.)				*******	XYes ☐No
1	f you answered "No" to either line 6a or line 6b, the plan cannot	t use Form	i 5500-SF and must Instead u				<b>—.</b> .	
C	f the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	gram (see ERISA section 4021	)? .	******	Yes	∐ No	Not determined
Par	t III Financial Information	······································		_				
<u>7</u> F	Plan Assets and Liabilities		(a) Beginning of Year		-		(b) End c	
	Fotal plan assets	7a	229,79	90	+			318,195
	Total plan liabilities	7b			$\vdash$			210 105
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	229 , 79 (a) Amount	<i>3</i> U	$\vdash$		(b) To	318,195 otal
	Contributions received or receivable from:		(a) Amount		1.		( <b>2)</b> (1)	
	1) Employers	8a(1)			ļ	<u>r</u>		
_	2) Participants	8a(2)		90	V		- 100 Sec. 1 v	
	3) Others (including rollovers)	8a(3)	16.00					
	Other income (loss)	8b	16,95	19	+	•	The Transfer of the	
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· · · · · · · · · · · · · · · · · · ·	.,• i.	1		. 4.1	88,405
	o provide benefits)	8d						
<u>e</u> (	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f /</u>	Administrative service providers (salaries, fees, commissions)	8f	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	Other expenses	8g	<u> </u>		<u> </u>	.*.	<u>, n                                   </u>	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	* **					
	Net income (loss) (subtract line 8h from line 8c)	81	.". 'm - 1	ř.	}—		**	88,405
	Transfers to (from) the plan (see instructions)  It IV Plan Characteristics	8 <b>j</b>			ــنـــــــــــــــــــــــــــــــــــ	<u> </u>	i "	2000
b	2E 2F 2G 2J 2R 2T 3D  f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic (	Codes	in the	instruction	ns:
Pai	rt V Compliance Questions							
<u>10</u>	During the plan year:				Yes	No		Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correc	tion Program)	10a		х	<u> </u>	
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	***************************************		10Б		х_		
<u> </u>	Was the plan covered by a fidelity bond?			10c	Х			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of			,,				
	instructions.)			10e		x		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x		
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Par	t 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 from							•
12	Is this a defined contribution plan subject to the minimum funding		•			2 of E	RISA?	Yes 🗷 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)					
a		ng amortize	d in this plan year, see instruct					
	· ·		<del></del>					

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to line	13.			<u></u>	
b	Enter the minimum required contribution for this plan year		**********	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+++++++++++++++++++++++++++++++++++++++	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	_		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?		<u> </u>	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?		4005400 <del>0000</del> 054000000000000000000000000	Š	es 🕱 No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	****************	47012003770071007100710071	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	other plan, or bro	ught under the co	ntrol	. [	Yes 🗷 No	
C	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)			· .			
1	3c(1) Name of plan(s):		130	(2) EIN(	(s)	13c(3) PN(s)	
	<del></del>	-					
Part	VIII Trust Information (optional)		<b>I</b>				
14a Name of trust				14b Trust's EIN			
				I			

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