## 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). ▶ 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

Part I		t identification information	<u>n</u>			
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/	<u>2014</u>	and ending 12	2/31/2014	
A This re	turn/report is for:	X a single-employer plan	<u> </u>	plan (not multiemployer) byer information in accor		
		a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name		AL CONSULTANT S, PSC			<b>1b</b> Three-digit plan number (PN) ▶	001
					1c Effective date	
		address; include room or suite num L CONSULTANT S, PSC	ber (employer, if for a single	e-employer plan)	2b Employer Ide	ntification Number
350 HOSPIT	-Δ1 WΔV				2c Sponsor's tel	
SOMERSET					2d Business cod	le (see instructions)
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrator	's EIN
4 If the	name and/or FIN of t	he plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN	
name		number from the last return/report.	e the last return/report med	ior this plan, enter the	4c PN	
<b>5a</b> Total	number of participan	ts at the beginning of the plan year			. 5a	8
<b>b</b> Total	number of participan	ts at the end of the plan year			. 5b	-
		h account balances as of the end o	f the plan year (defined ber	•	5c	(
<b>d(1)</b> Tot	tal number of active p	participants at the beginning of the	olan year		5d(1)	(
<b>d(2)</b> To	tal number of active p	participants at the end of the plan ye	ear		5d(2)	(
		terminated employment during the	. ,		5e	(
Under pen SB or Sch	alties of perjury and	e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	uctions, I declare that I have	e examined this return/re	port, including, if app	
SIGN	Filed with authorize	d/valid electronic signature.	07/21/2015	TOMMY SHELTON		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan a	administrator
SIGN HERE						
		loyer/plan sponsor	Date	Enter name of individ		
Preparer's	name (including firm	name, if applicable) and address (	include room or suite numb	er ) (optional)	Preparer's telepho	ne number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot the plan cannot the plan is in a control of the plan in the plan in the plan is in the plan in the plan in the plan in the plan is in the plan is in the plan in	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.	X Yes
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)? .		Yes	No Not determined
Par					-		
7	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	7930	800	-		873387
	Fotal plan liabilities	7b	7020	000			072207
	Net plan assets (subtract line 7b from line 7a)	7c	7930	000	_		873387
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  (1) Employers	8a(1)	897	<b>7</b> 50			
	2) Participants	8a(2)	418	805			
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	242	229			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					155784
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d	749	910			
_ е	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	5	555			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					75465
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					80319
<u>j</u> .	Transfers to (from) the plan (see instructions)	8j					
Par	IV Plan Characteristics						
b	3D 2E 2F 2G 2J 2K  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	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 Fidu	ıciary Cor	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	<u></u>	'	10b		X	
C	Was the plan covered by a fidelity bond?			10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ	
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	nefits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	10h		Χ	
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	ne require	d notice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
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,			50	,		- 1
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

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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

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## 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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

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Part I		t Identification Informatio	( TO )				
For calend	lar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/20	014	
A This re	eturn/report is for:	X a single-employer plan	of participating empl	plan (not multiemployer) oyer information in accord			
		a one-participant plan	a foreign plan				
<b>B</b> This ret	turn/report is	the first return/report	the final return/report	i e			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558 special extension (enter des	automatic extension		DFVC prog	gram	
		-					
Part II		ormation—enter all requested i	nformation				
1a Name LAKE C		GICAL CONSULTANT S,	PSC		1b Three-digit plan number (PN) ▶	001	
					1c Effective date 01/01/20		
		ddress; include room or suite num GICAL CONSULTANT S,		e-employer plan)	2b Employer Ider (EIN) 26-24	ntification Number 415382	
350 HO	SPITAL WAY				2c Sponsor's telephone number 606-425-4298		
~~**********		*2502			2d Business code	NO. 50 (110/10 1010	
SOMERS!		KY 42503			621111		
<b>3a</b> Plan a	idministrator's name a	nd address XSame as Plan Spor	nsor.		3b Administrator's	's EIN	
					3c Administrator	's telephone number	
						0 (0.0)	
					I		
4 If the	came and/or FIN of th	o plan anonsor has channed since	the last return/report filed	f this plan enter the	Als may		
4 If the r	name and/or EIN of th	e plan sponsor has changed since imber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN		
name <b>a</b> Spons	e, EIN, and the plan nu sor's name	imber from the last return/report.			4c PN		
a Spons 5a Total	e, EIN, and the plan nu sor's name number of participants	mber from the last return/report. s at the beginning of the plan year			4c PN 5a	8	
a Spons 5a Total	e, EIN, and the plan nu sor's name number of participants	imber from the last return/report.			4c PN 5a	8 7	
a Spons 5a Total b Total c Numb	e, EIN, and the plan nu cor's name number of participants number of participants per of participants with	mber from the last return/report. s at the beginning of the plan year	f the plan year (defined ben	nefit plans do not	4c PN 5a		
a Spons 5a Total b Total c Numb	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with ete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end o	f the plan year (defined ben	nefit plans do not	4c PN 5a 5b	7 6	
a Spons 5a Total of the complete d(1) Total	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with lete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end o	f the plan year (defined ben	nefit plans do not	4c PN 5a 5b 5c 5d(1)	7	
b Total c Numb comple d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with lete 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 articipants at t	f the plan year (defined ben plan yearear plan year with accrued ben	nefit plans do not	4c PN 5a 5b 5c	7 6 6	
b Total c Numb comple d(1) Tot e Numbe less th	e, EIN, and the plan nu sor's name number of participants number of participants per of participants with ete this item)	ant the beginning of the plan year at the end of the plan year account balances as of the end of the plants at the beginning of the participants at the end of the plants at the end of the end of t	f the plan year (defined ben plan year earplan year with accrued ben	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	7 6 6 3	
b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Schelle	e, EIN, and the plan number of participants number of participants over of participants with lete 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 account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year.	of the plan year (defined ben plan year ear plan year with accrued ben plan year will be assessed uctions, I declare that I have	nefit plans do not nefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	7 6 6 3 0	
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with the ete 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 account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year.	of the plan year (defined ben plan year ear plan year with accrued ben plan year will be assessed uctions, I declare that I have	nefit plans do not nefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	7 6 6 3 0	
b Total c Number completed (1) Total d (2) Total e Number less the Caution: A Under penas SB or Schebelief, it is total e Special control of the control of	e, EIN, and the plan number of participants number of participants over of participants with lete 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 articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the	of the plan year (defined ben plan yearear	nefit plans do not nefits that were d unless reasonable cau e examined this return/report rision of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. port, including, if applic, and to the best of m	7 6 6 3 0 licable, a Schedule	
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants over of participants with lete 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 articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the	rn/report will be assessed uctions, I declare that I have as well as the electronic ve	nefit plans do not nefits that were if unless reasonable cau a examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. port, including, if applic, and to the best of m	7 6 6 3 0 licable, a Schedule	
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants number of participants with lete 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 articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the beginning of the plan year.	of the plan year (defined bench plan year	nefit plans do not  nefits that were  d unless reasonable cause examined this return/reportersion of this return/reportersion of the return/reportersion of the return/reportersion of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if applic, and to the best of multiple and to t	7 6 3 0 dicable, a Schedule ny knowledge and	
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants number of participants with lete 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 articipants at the beginning of the plan year articipants at the end of the plan year articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the end of the plan year articipants at the beginning of the plan year.	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve	nefit plans do not  nefits that were  d unless reasonable cause examined this return/report TOMMY SHELTON  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appl and to the best of m ual signing as plan accurate as a signing as employ	7 6 3 0 dicable, a Schedule ny knowledge and	
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the beginning of the participants at the beginning of the participants at the end of the plan year thickness at the end of the plan year thi	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve	nefit plans do not  nefits that were  d unless reasonable cause examined this return/report TOMMY SHELTON  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appl and to the best of m ual signing as plan accurate as a signing as employ	7 6 6 3 0 dicable, a Schedule hy knowledge and dministrator	
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the beginning of the participants at the beginning of the participants at the end of the plan year thickness at the end of the plan year thi	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve	nefit plans do not  nefits that were  d unless reasonable cause examined this return/report TOMMY SHELTON  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appl and to the best of m ual signing as plan accurate as a signing as employ	7 6 6 3 0 dicable, a Schedule hy knowledge and dministrator	
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the beginning of the participants at the beginning of the participants at the end of the plan year thickness at the end of the plan year thi	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve	nefit plans do not  nefits that were  d unless reasonable cause examined this return/report TOMMY SHELTON  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appl and to the best of m ual signing as plan accurate as a signing as employ	7 6 6 3 0 dicable, a Schedule hy knowledge and dministrator	
name a Spons 5a Total b Total c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the beginning of the participants at the beginning of the participants at the end of the plan year thickness at the end of the plan year thi	f the plan year (defined ben plan year plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve	nefit plans do not  nefits that were  d unless reasonable cause examined this return/report TOMMY SHELTON  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established. port, including, if appl and to the best of m ual signing as plan accurate as a signing as employ	7 6 6 3 0 dicable, a Schedule hy knowledge and dministrator	

aa	e	2
- 43	_	

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	Were all of the plan's assets during the plan year invested in eligible. 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be	an independ and condition	ent qualified public accountans.)	ant (IQ	PA)				es No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not det	ermined
Pa	rt III   Financial Information					CHAOL- VI			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
а	Total plan assets	7a		9306	8				87338
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	7	9306	8				87338
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		$\top$		(b) T	otal	
а	Contributions received or receivable from:		2	0000					
	(1) Employers	8a(1)		8975	0.00				
-	(2) Participants	8a(2)	4	4180	5				
	(3) Others (including rollovers)	8a(3)		James Law Lab					
	Other income (loss)	8b		2422	9				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				155784
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	7491	.0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			+				
	Administrative service providers (salaries, fees, commissions)	8f		55	5			H	
	Other expenses								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			+				7546
<del>-</del> "	Net income (loss) (subtract line 8h from line 8c)	8h							75465
÷	Transfers to (from) the plan (see instructions)	8i		_	+				00313
<u>,</u>	t IV Plan Characteristics	8j							
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Charac	cteristi	c Code	es in t	he instructi	ons:	
Par						100			
10	During the plan year:		ha kina a nadad daa adbaad in		Yes	No		Amoun	t
100	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	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		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е		er persons b	by an insurance carrier, ts under the plan? (See	10e		х			
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	of year end	1.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	ions and 29 CFR	10h		Х			
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 n	otice or one of the	10ii					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							∏ Y∈	s No
11a	Enter the unpaid minimum required contribution for current year fro					11a			-
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code		-	200 97	ERISA?	Ye	s X No
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	g amortized	in this plan year, see instruc		and e		e date of the		ruling
	granting the waiver.		Mon	เท	- 3	Day		Year	

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year		12b	
_				
c	Enter the amount contributed by the employer to the plan for this	s plan year	12c	
d	Subtract the amount in line 12c from the amount in line 12b. Ent negative amount)		12d	
е	Will the minimum funding amount reported on line 12d be met b	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	r?	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the	e employer this year	13a	
b	Were all the plan assets distributed to participants or beneficiario of the PBGC?			☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify the plan(	s) to	
1	3c(1) Name of plan(s):		13c(2) EIN(	s) 13c(3) PN(s)
	VIII Trust Information (optional)			
14a i	Name of trust		14b Trus	t's EIN