## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

## **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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

		П			
	an amended return/report	a snort plan year re	turn/report (less than 12 mo	ontns)	
C Check box if filing under:	X Form 5558	automatic extension	n	☐ DFVC p	orogram
	special extension (enter descri	iption)			
•	nformation—enter all requested infe	ormation	Ţ	Γ	
1a Name of plan FREEPORT PAIN MANAGEN	1ENT			<b>1b</b> Three-digition plan numb	
TILLET ORT T AIN WANAOLK	ILIVI			(PN)	001
				1c Effective d	ate of plan
					01/01/2010
<b>2a</b> Plan sponsor's name an FREEPORT PAIN MANAGEM	d address; include room or suite numbe	er (employer, if for a sing	le-employer plan)		dentification Number
REEL OKT I AIIV WANAOEW	ENT MEDICAL FO			(=)	26-4513707
31 GUY LOMBARDO AVE					telephone number 01-304-4147
FREEPORT, NY 11520					code (see instructions)
					621111
3a Plan administrator's nan	ne and address 🏻 Same as Plan Spons	or.		<b>3b</b> Administra	tor's EIN
• I lan administrator o nam					
Tarradiminorator o rian	<del>-</del>			3c Administra	tor's telephone number
The real factor of the second	_			3c Administra	tor's telephone number
	_			3c Administra	tor's telephone number
	_			<b>3c</b> Administra	tor's telephone number
	_				tor's telephone number
4 If the name and/or EIN	of the plan sponsor has changed since to number from the last return/report		d for this plan, enter the	3c Administra 4b EIN	tor's telephone number
4 If the name and/or EIN	of the plan sponsor has changed since to number from the last return/report.		d for this plan, enter the		tor's telephone number
4 If the name and/or EIN name, EIN, and the pla a Sponsor's name		the last return/report filed		4b EIN	tor's telephone number
<ul> <li>4 If the name and/or EIN name, EIN, and the pla</li> <li>a Sponsor's name</li> <li>5a Total number of particip</li> </ul>	n number from the last return/report.	the last return/report filed		4b EIN 4c PN	tor's telephone number
<ul> <li>4 If the name and/or EIN name, EIN, and the pla</li> <li>a Sponsor's name</li> <li>5a Total number of particip</li> <li>b Total number of particip</li> </ul>	n number from the last return/report.	the last return/report filed		4b EIN 4c PN 5a 5b	tor's telephone number
<ul> <li>4 If the name and/or EIN name, EIN, and the pla</li> <li>a Sponsor's name</li> <li>5a Total number of particip</li> <li>b Total number of particip</li> <li>c Number of participants complete this item)</li> </ul>	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of t	the last return/report filed	enefit plans do not	4b EIN 4c PN 5a	tor's telephone number
<ul> <li>4 If the name and/or EIN name, EIN, and the pla</li> <li>a Sponsor's name</li> <li>5a Total number of particip</li> <li>b Total number of particip</li> <li>c Number of participants complete this item)</li> </ul>	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the	the last return/report filed	enefit plans do not	4b EIN 4c PN 5a 5b	tor's telephone number
<ul> <li>4 If the name and/or EIN name, EIN, and the pla</li> <li>a Sponsor's name</li> <li>5a Total number of particip</li> <li>b Total number of particip</li> <li>c Number of participants complete this item)</li> <li>d(1) Total number of activ</li> </ul>	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of t	the last return/report filed the plan year (defined be an year	enefit plans do not	4b EIN 4c PN 5a 5b 5c	tor's telephone number
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<ul> <li>4 If the name and/or EIN name, EIN, and the pla</li> <li>a Sponsor's name</li> <li>5a Total number of particip</li> <li>b Total number of particip</li> <li>c Number of participants complete this item)</li> <li>d(1) Total number of activ</li> <li>d(2) Total number of activ</li> <li>e Number of participants the less than 100% vested</li> </ul>	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan e participants at the end of the plan year at terminated employment during the p	the last return/report filed the plan year (defined be an year	enefit plans do not enefits that were	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e	
4 If the name and/or EIN name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ d(2) Total number of activ e Number of participants the less than 100% vested Caution: A penalty for the	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan e participants at the beginning of the plan e participants at the end of the plan year at terminated employment during the p	the last return/report filed the plan year (defined be an year	enefit plans do not enefits that were ed unless reasonable cau	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  see is establishe	d.
4 If the name and/or EIN name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ e Number of participants the less than 100% vested  Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complet	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan e participants at the beginning of the plan e participants at the end of the plan yea nat terminated employment during the p	the last return/report filed the plan year (defined be an year	enefit plans do not enefits that were ed unless reasonable cau	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  se is establisher ort, including, if a	d. applicable, a Schedule
4 If the name and/or EIN name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of participants complete this item) d(1) Total number of activ e Number of participants of	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the plan year are participants at the beginning of the plan year are terminated employment during the plan year are the plan y	the last return/report filed the last return/report filed the plan year (defined because year	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report,	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  se is establisher ort, including, if a control of the best of the control of the con	d. applicable, a Schedule
4 If the name and/or EIN name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ e Number of participants the less than 100% vested  Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complete belief, it is true, correct, and  SIGN Filed with author	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan e participants at the beginning of the plan e participants at the end of the plan year at terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year at terminated employment during the participants at the end of the plan year at terminated employment during the participants at the end of the plan year and other penalties set forth in the instructed and signed by an enrolled actuary, a complete.  zed/valid electronic signature.	the last return/report filed the last return/report filed the plan year (defined because year	enefit plans do not  enefits that were  ed unless reasonable cau we examined this return/rep version of this return/report,	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  se is establisher ort, including, if a and to the best of the control of the cont	d. applicable, a Schedule of my knowledge and
4 If the name and/or EIN name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of participants complete this item) d(1) Total number of activ e Number of participants of	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the plan year are participants at the beginning of the plan year are terminated employment during the plan year are the plan y	the last return/report filed the last return/report filed the plan year (defined because year	enefit plans do not enefits that were ed unless reasonable cau we examined this return/report,	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  se is establisher ort, including, if a and to the best of the control of the cont	d. applicable, a Schedule of my knowledge and
4 If the name and/or EIN name, EIN, and the pla a Sponsor's name 5a Total number of particip b Total number of particip c Number of participants complete this item) d(1) Total number of activ e Number of participants the less than 100% vested  Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complete belief, it is true, correct, and  SIGN HERE Signature of pl  SIGN HERE	ants at the beginning of the plan year ants at the end of the plan year with account balances as of the end of the participants at the beginning of the plan e participants at the beginning of the plan e participants at the end of the plan year at terminated employment during the participants at the end of the plan year terminated employment during the participants at the end of the plan year at terminated employment during the participants at the end of the plan year at terminated employment during the participants at the end of the plan year and other penalties set forth in the instructed and signed by an enrolled actuary, a complete.  zed/valid electronic signature.	the last return/report filed the last return/report filed the plan year (defined because year	enefit plans do not  enefits that were  ed unless reasonable cau we examined this return/report, version of this return/report,  NIDIA CARRERO MD  Enter name of individu	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  see is established boort, including, if a continuous including includin	d. applicable, a Schedule of my knowledge and

	Form 5500-SF 2014		Page <b>2</b>							
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 under 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 be a continuous control of the plan cannot be a control of the control of the plan cannot be a control of the cont	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	int (IQ d <b>d use</b>	PA)  Form	5500.		X	Yes [	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40	)21)?		Yes	× No	Not d	etermi	ned
Par	t III   Financial Information	1	1							
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Yea		
	Total plan assets	. 7a	574	155	-				C	)
	Total plan liabilities	7b	574	155	+				C	<u> </u>
	Net plan assets (subtract line 7b from line 7a)	7c		100	+		(b) T	-4-1		
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	-16	591						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-1691	1
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	557	764						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							55764	1
	Net income (loss) (subtract line 8h from line 8c)	8i							-57455	5
	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension ${\rm 1A} - {\rm 3D}$	teature co	odes from the List of Plan Char	acteris	stic Co	ides in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:		
	48									
Part					l I		<u> </u>			
10	During the plan year:	C 20-2	and an electric and a discount and the		Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
	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			100						
	or dishonesty?			10d		Χ				
е	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		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		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	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	om Sched	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	ection 3	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 beir granting the waiver.	-			, and e	enter th Day		ne lette Year	er rulin	ıg ——

	F	form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
е	Will t	he 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 "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</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 Lisbor. Employee Benefis 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 4085 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 \$800.SE

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public inspection

Part   Annual Repor	t Identification Information	n			
For calendar plan year 2014 or		01/01/2014	and ending	12/31/201	
A This return/report is for:	a single-employer plan	a multiple-employer place of participating employ	an (not multiemployer) er information in accor	(Filers chacking this bo dance with the form inst	( must attach a list ructions)
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
9.0	an amended return/report	a short plan year return	n/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	m
	special extension (enter des	cription)			
Part II Basic Plan Inf	ormation—enter all requested i	nformation			
1a Name of plan			<del></del>	1b Three-digit	
Freeport Pain Manag	rement			plan number	
	9000000			(PN)	001
				1c Effective date of 01/01/2010	
2a Plan sponsor's name and a	ddress; include room or suite num	ber (employer, if for a single-	employer plan)	2b Employer Identi	
Freeport Pain Manag				(EIN) 26-451	
				2¢ Sponsor's telep	
31 Guy Lombardo Ave	•			(201) 304-	4147
<del>-</del>	<b>-</b>			2d Business code (	see instructions)
Freeport 39 Plan administratore name of	and address XSame as Plan Spor	NY	11520	621111	
Air that individual et and a tistile (	and addiges. Module de Blait Shoi	1801.		3b Administrator's	EIN
4 If the name and/or EIN of t	he plan sponsor has changed sino	a the last return/report filed to	uthis nian enter the	3C Administrator's (	
name, EIN, and the plan no a Sponsor's name	umber from the last return/report.		, and plant offer are	4c PN	
5a Total number of participant	s at the beginning of the plan year	*************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5a	_
	ts at the end of the plan year				6
C Number of participants with	n account balances as of the end o	f the plan year (defined bene	fit plans do not	-	0
d(1) Total number of active p	articipants at the beginning of the	plan year	,>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(1)	
d(2) Total number of active p	erticipants at the end of the plan y	9ar,,,	*****************	5d(2)	. 4
	terminated employment during the	plan year with accrued bene	fits that were	5e	<u> </u>
	or incomplete filing of this retu	rn/raport will be assessed		urea la astablishas	<del></del>
Under penalties of parlury and r	other penalties set forth in the instr end signed by an enrolled actuary, holete	uctions. I declare that I have:	evamined this returning	annet indicilian if applie	able, a Schedule knowledge and
SIGN SIGN	1/6/	Philie	Nidia Carrer		
HERE Signature of play	administrater	Date		idual signing as plan ad	ninlatestar'
SIGN		- Cate	Line Hame of Glory	uda: signing as plan ad	HITISURIOF
LEDE	loyer/plan sponsor	Date	Enter name of indivi		
Preparer's name (Including firm	name, if applicable) and address	(include room or suite numbe	r) (optional)	idual signing as employ Preparer's telephone	number (optional)
{					·

Form	6500	.SF	201	4

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6a b	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 the 6a or line 6b, the plan cann	an indeper	ions.)	nt (IQ	PA)			₩ Ye	s No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	121)?	П	Yes	No F	Not dete	ermined
	till Financial Information					- 1	<u> </u>		
7	Plan Assets and Liabilities	- 22° ° 28° 8	(a) Beginning of Yea	i P			/h) End	of Year	
a	Total plen assets	7a		7.45	<u> </u>		(b) Eila	Of lear	^
b	Total plan fabilities	7b	J	J 4 J	4				0
	Net plan assets (subtract line 7b from line 7a)	7c	57	7,45	5	<del></del>			0
8	Income, Expenses, and Transfers for this Plan Year	a, asservá sigir	(a) Amount	732			(b) 1	Cotal	
a	Contributions received or receivable from:		T-CONTROLLED		1,977	1.98	desce.		v »
	(1) Employers	8a(1)		<u> </u>	0				9,2283
-	(2) Participants	Sa(2)			0			1 20 50 500 1 20 544	
	(3) Others (including rollovers)	8a(3)			0	***	. 567		
	Other income (loss)	. 8b		, 69	1	Ż.,		ol (25) (§	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		44					-1,691
	Benefits patd (including direct rollovers and insurance premiums to provide benefits)	. 8d	55	76	4	n jak la Sense	N		
	Certain deemed and/or corrective distributions (see instructions)	. 8e			o	hay jad		10 m	
<u> </u>	Administrative service providers (salaries, fees, commissions)	. 81			0				
<u>g</u>	Other expenses	. 8g			ã y			400.0000 4 9 A	, AT
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)			. S					55,764
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 81	2	a,		-57,4			
1	Transfers to (from) the plan (see instructions)	- 81							
	If the plan Characteristics  If the plan provides pension benefits, enter the applicable pension				. '2.				
Par	If the plan provides welfare benefits, enter the applicable welfare for 4B  V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in ti	ne instruc	lions:	
10	During the plan year:				Yes	No		Amoun	1
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Con	ection Program)	10a		х		F 1010 Mark	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	r? (Do not	nclude transactions reported	10b		x			
C	Was the plan covered by a fidelity bond?			10c		х			
	Did the plan have a lose, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or off insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e		X			
Ť	Has the plan failed to provide any benefit when due under the pla	in?	***********************	101		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Λ			
.[	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101			1971		2.3
Par									21 3 15
11	Is this a distinsed benefit plain subject to minimum funding requirem 5500 and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	ule SB	(Form	Пу	e X No
118	Enter the unpaid minimum required contribution for current year for					11a			
12	is this a defined contribution plan subject to the minimum funding						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 being arming the waiver.	, as applic na amoniz	sble.) ed in this plan year, see instru	clion			ns date of		

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If you comple	eted line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and skip to line 13.					
	minimum required contribution for this plan year	<del></del>	>4V-00-0415-1	12b			
C Enter the a	amount contributed by the employer to the plan for this plan	Year		12c			
d Subtract th	he amount in line 12c from the amount in line 12b. Enter the I amount)	result (enter a minus sign to the left o	ľa .	12d			
	inimum funding amount reported on line 12d be met by the fi				Yes	No	N/A
Part VII Pla	an Terminations and Transfers of Assets						
13a Has a resolu	lution to terminate the plan been adopted in any plen year?			XY	es l	ło	
if "Yes," er	nter the amount of any plan assets that reverted to the emplo	oyer this year		13a			ſ
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Ye	s ∏ No
G if during th	his plan year, any assets or liabilities were transferred from thest or liabilities were transferred. (See instructions.)	ils plan to another plan(s), identify the	e plan(s) t	to			
13c(1) Name	e of plan(s):		13	3c(2) El	N(s)	13c(	3) PN(s)
Part VIII Tru	est information (optional)						
14a Name of tru	ıst			14b T	rust's EIN		
			1				
.19							