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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information	1						
For calend	lar plan year 2014 or	fiscal plan year beginning 04/01/2	2014	and ending 03/3	31/2015				
A This re	turn/report is for:		er) (Filers checking this box must attach a list cordance with the form instructions)						
	•	a one-participant plan	a foreign plan			,			
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	H	/report (less than 12 mo	onths)				
				• •	, 				
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC pro	ogram			
		special extension (enter desc	ription)						
Part II	Basic Plan In	formation—enter all requested in	formation						
1a Name					1b Three-digit				
BJM AND A	SSOCIATES, INC. E	EMPLOYEE SAVINGS RETIREMEN	IT PLAN AND TRUST		plan numbei (PN) ▶	001			
					1c Effective dat				
						1/01/1987			
		address; include room or suite numb	per (employer, if for a single-e	employer plan)	2b Employer Ide	entification Number			
BJM AND AS	SSOCIATES, INC.				(EIN) 61	-1012753			
					2c Sponsor's te				
190 WEST L SUITE 120	OWRY LANE			-		-223-3036			
LEXINGTON	I, KY 40503				2d Business code (see instructions) 541990				
3a Plan a	administrator's name	and address X Same as Plan Spon	sor.		3b Administrato				
		<u> </u>							
					3c Administrato	r's telephone number			
		the plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
name	e, EIN, and the plan r	the plan sponsor has changed since number from the last return/report.	the last return/report filed fo	r this plan, enter the					
name a Spons	e, EIN, and the plan r sor's name	number from the last return/report.		·	4c PN				
a Spons 5a Total	e, EIN, and the plan r sor's name number of participan	number from the last return/report.			4c PN 5a	7			
a Spons 5a Total b Total	e, EIN, and the plan r sor's name number of participan number of participan	number from the last return/report. Its at the beginning of the plan year			4c PN 5a 5b	7 6			
name a Spons 5a Total b Total c Numb	e, EIN, and the plan r sor's name number of participan number of participan per of participants wit	number from the last return/report.	the plan year (defined bene	fit plans do not	4c PN 5a				
a Spons 5a Total b Total c Numb	e, EIN, and the plan r sor's name number of participan number of participan per of participants wit lete this item)	number from the last return/report. Into at the beginning of the plan year. Into at the end of the plan year. It account balances as of the end of	the plan year (defined bene	fit plans do not	4c PN 5a 5b	7 6 2			
a Spons 5a Total b Total c Numb compl d(1) Total	e, EIN, and the plan resor's name number of participant number of participant or of participants with lete this item)	number from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year Ith account balances as of the end of	the plan year (defined bene lan year	fit plans do not	4c PN 5a 5b 5c	2			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe	e, EIN, and the plan resor's name number of participant over of participants with lete this item)	number from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year. Ith account balances as of the end of the plan year in the participants at the beginning of the plan year terminated employment during the	the plan year (defined benerallan year	fit plans do not	4c PN 5a 5b 5c 5d(1)	2 6 5			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the	e, EIN, and the plan resor's name number of participant our of participants with lete this item)tal number of active participants of active participants that nam 100% vested	number from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year. Ith account balances as of the end of the plan year in the participants at the beginning of the properticipants at the end of the plan year terminated employment during the	the plan year (defined bene lan year ear plan year with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	2 6 5			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number completes the caution: A	e, EIN, and the plan recor's name number of participant our of participants wit lete this item)tal number of active plant number of active plant of participants that nam 100% vested	number from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year Ith account balances as of the end of participants at the beginning of the properticipants at the end of the plan year terminated employment during the core incomplete filling of this returning the core incomplete filling of the plan year.	the plan year (defined bene- lan year plan year with accrued bene- m/report will be assessed u	fit plans do not fits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established.	2 6 5			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension SB or School	e, EIN, and the plan recor's name number of participant umber of participants with lete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the last complete filling of this return other penalties set forth in the instruand signed by an enrolled actuary,	the plan year (defined bene- plan year	fit plans do not fits that were unless reasonable causexamined this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. fort, including, if ap	2 6 5 0 plicable, a Schedule			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension Selection (1) total (2) total (3) total (4)	e, EIN, and the plan resor's name number of participant number of participants with lete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the last complete filling of this return other penalties set forth in the instruand signed by an enrolled actuary,	the plan year (defined bene- plan year	fit plans do not fits that were unless reasonable causexamined this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. fort, including, if ap	2 6 5 0 plicable, a Schedule			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pension SB or School	e, EIN, and the plan recor's name number of participant umber of participants with lete this item)	number from the last return/report. Its at the beginning of the plan year at the end of the plan year. It account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the end of the plan year terminated employment during the other penalties set forth in the instrument and signed by an enrolled actuary, amplete.	the plan year (defined bene- plan year	fit plans do not fits that were unless reasonable causexamined this return/report,	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. Fort, including, if apply and to the best of	2 6 5 0 plicable, a Schedule my knowledge and			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe less th Caution: A Under pen SB or Schi belief, it is SIGN HERE	e, EIN, and the plan resor's name number of participant number of participants with lete this item)	number from the last return/report. Its at the beginning of the plan year at the end of the plan year. It account balances as of the end of the plan year articipants at the beginning of the plan year terminated employment during the end of the plan year terminated employment during the other penalties set forth in the instrument and signed by an enrolled actuary, amplete.	the plan year (defined beneficial plan year	fit plans do not fits that were unless reasonable causexamined this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. Fort, including, if apply and to the best of	2 6 5 0 plicable, a Schedule my knowledge and			
name a Spons 5a Total b Total c Numb compl d(1) Tot d(2) Tot e Numbe less th Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan resor's name number of participant number of participants witelete this item)	number from the last return/report. Into at the beginning of the plan year It is at the end of the plan year It is at the end of the plan year It is at the end of the plan year It is at the end of the plan year It is at the end of the end of the plan year It is at the end	the plan year (defined beneficial plan year	fit plans do not fits that were unless reasonable cause examined this return/report, Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. Fort, including, if apply, and to the best of sure and the second sure and sure	plicable, a Schedule my knowledge and			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pens SB or Schobelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participant number of participants with lete this item)	the set or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary, and signed by an enrolled actuary, and signed by an enrolled actuary, and administrator	the plan year (defined bene- lan year	fit plans do not fits that were unless reasonable causexamined this return/report, Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. Fort, including, if apply, and to the best of a pull signing as plan and signing as employed.	plicable, a Schedule my knowledge and administrator			
name a Spons 5a Total b Total c Number completed (1) Total d(2) Total e Number less the Caution: A Under pens SB or Schobelief, it is SIGN HERE SIGN HERE	e, EIN, and the plan resor's name number of participant number of participants with lete this item)	number from the last return/report. Into at the beginning of the plan year It is at the end of the plan year It is at the end of the plan year It is at the end of the plan year It is at the end of the plan year It is at the end of the end of the plan year It is at the end	the plan year (defined bene- lan year	fit plans do not fits that were unless reasonable causexamined this return/report, Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. Fort, including, if apply, and to the best of a pull signing as plan and signing as employed.	plicable, a Schedule my knowledge and			

	Form 5500-SF 2014		Page 2							
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 a lif you answered "No" to either line 6a or line 6b, the plan cann of the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	endent qualified public accounta tions.)orm 5500-SF and must instead	int (IQ d use	PA) Form	5500.			Yes Yes	□ No
	t III Financial Information		<u> </u>	· ·						
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) F	nd of \	/oar	
	Total plan assets	. 7a	7004				(6) [10 01	7576	88
	Total plan liabilities	7b		0						
	Net plan assets (subtract line 7b from line 7a)	7c	7004	125					7576	88
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	o) Tota	ı	
	Contributions received or receivable from:		(4)					,		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	572	263						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							572	63
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
-	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)									00
	Net income (loss) (subtract line 8h from line 8c)								572	63
J	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension 3H 2G 3F 2J 2K 2E 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the inst	ruction	is:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Charac	cterist	ic Cod	des in t	he instru	uctions	::	
Part	V Compliance Questions									
10	During the plan year:				Yes	No		An	nount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)	of the ber	nefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Χ					41790
— h			•	iog						
	2520.101-3.)			10h		X				
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			10i		X				
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					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					_	
a	If a waiver of the minimum funding standard for a prior year is being		•	ctions	and 4	enter th	ne date	of the I	etter ru	lina

.. Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12	2b			
С	Enter the amount contributed by the employer to the plan for this plan year		12	2c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resu negative amount)	`	12	2d			
е	Will the minimum funding amount reported on line 12d be met by the fundir	ng 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	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13	Ba			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		er the cont	rol		X Yes	s No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)		an(s) to				
1	3c(1) Name of plan(s):		13c(2	2) EI	IN(s)	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 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		Identification Information								
For calend	lar plan year 2014 or fi	scal plan year beginning 04/01/2014		and ending	03/31/2015					
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must a of participating employer information in accordance with the form instructions										
-			foreign plan							
B This ret	turn/report is	the first return/report the an amended return/report as	e final return/report							
		n/report (less than 12 r	months)							
C Check	box if filing under:		utomatic extension		DFVC program					
		special extension (enter description)								
Part II	Basic Plan Info	rmation—enter all requested information	on							
1a Name					1b Three-digit					
BJM AND A	ASSOCIATES, INC. EN	IPLOYEE SAVINGS RETIREMENT PLAN	N AND TRUST		plan numb (PN) ▶					
	•				1c Effective d	ate of plan				
					04/01/198					
2a Plans BJM AND A	sponsor's name and ad ASSOCIATES, INC.	dress; include room or suite number (emp	loyer, if for a single-	employer plan)	2b Employer I (EIN) 61-1	dentification Number 012753				
					2c Sponsor's	telephone number 859) 223-3036				
190 WEST I SUITE 120	LOWRY LANE					ode (see instructions)				
	N. KY 40503				541990	ode (ace mandelona)				
3a Plan a	administrator's name a	nd address X Same as Plan Sponsor.			3b Administrat	or's EIN				
					3C Administrat	or's telephone number				
						•				
		•								
4 If the	name and/or EIN of the	e plan sponsor has changed since the last mber from the last return/report.	return/report filed fo	or this plan, enter the	4b EIN					
	sor's name	mber from the tast retern/report.			4c PN					
<u>.</u>	··· ·· · · · · · · · · · · · · · · · ·	at the beginning of the plan year								
		at the end of the plan year				7				
		account balances as of the end of the plar				6				
compl	ete this item)		************	************************	5c	2				
d(1) Tot	al number of active pa	rticipants at the beginning of the plan year	<u>.</u> 	***************************************	5d(1)	6				
		rticipants at the end of the plan year			5d(2)	5				
e Numbe less th	er of participants that to nan 100% vested	erminated employment during the plan yea			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return/repor	t will be assessed (uniess reasonable ca	use is established	l.				
Under peni SB or Sche	alties of perjury and of	her penalties set forth in the instructions, I nd signed by an enrolled actuary, as well a	declare that I have a	examined this return/re	enort including if a	nalicable, a Schodule				
SIGN	Baybara S	James MOOREN President	7-16-2015	Barbara Jane Moore	s					
HERE	Signature of plan a) 1,000,000								
5-3-10(9)(53-11-2) 5-3-5	griatate of platf a	errinou ajoi	Date	Enter name of indivi	oual signing as plar	administrator				
CICN										
SIGN HERE	01		Table Signature of employer/plan sponsor Date Enter name of indiv							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual signing as emp	oloyer or plan sponsor				
HERE	Signature of emplo name (including firm r	yer/plan sponsor ame, if applicable) and address (include r	Date oom or suite number	Enter name of individual (optional)	dual signing as emp Preparer's teleph	oloyer or plan sponsor none number (optional)				
HERE	Signature of emplo name (including firm r	yer/plan sponsor ame, if applicable) and address (include r	Date oom or suite number	Enter name of individual (optional)	dual signing as emp Preparer's teleph	oloyer or plan sponsor none number (optional)				
HERE	Signature of emplo name (including firm r	yer/plan sponsor ame, if applicable) and address (include r	Date oom or suite number	Enter name of individing (optional)	dual sìgning as em Preparer's teleph	oloyer or plan sponsor none number (optional)				

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accounts	ant (IC	QPA)		Ū vaa □ Na		
	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	and condi	lions.)	d 1100			X Yes No		
c	If the plan is a defined benefit plan, is it covered under the PBGC in								
		isurance p	Jrogram (see ERISA section 40	JZ1)?	L	Yes	☐ No ☐ Not determined		
I 	rt III Financial Information						···.		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a	Total plan assets	. 7a	70042	5 .			757688		
b_	Total plan liabilities	. 7b	-	0					
c	Net plan assets (subtract line 7b from line 7a)	. 7c	70042	5			757688		
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount				(b) Total		
	Contributions received or receivable from:				1				
	(1) Employers	8a(1)					·····		
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	. 8b	5726	3					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					57263		
d	Benefits paid (including direct rollovers and insurance premiums		:						
	to provide benefits)	. 8d	· · · · · · · · · · · · · · · · · · ·		_				
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
<u>g</u>	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)	81					57263		
	Transfers to (from) the plan (see instructions)	8)			\top				
Par	t IV Plan Characteristics	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	ides from the List of Plan Char	astori	otio Ca	doc in	the instructions		
	3H 2G 3F 2J 2K 2E 3D		AGO WOM THE EIGH OF FRAN CHAI	actori	SHC OL	ues III	the instructions.		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	the instructions:		
` 		·							
Part	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in						
	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu	iclary Con	rection Program)	10a		X			
a	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			Х			
	on line 10a.)			10b					
	Was the plan covered by a fidelity bond?			10c	Х		100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud						
	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	ier person	s by an insurance carrier,						
	instructions.)	or me ben	erite nuncti die hight (See	10e		Χ			
f	Has the plan failed to provide any benefit when due under the plan			10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as								
$\frac{3}{h}$	If this is an individual account plan, was there a blackout period? (10g	Х		41790		
**	2520.101-3.)	See Instru	Ictions and 29 CFR	10h		Х			
j	If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the	1011	-				
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i		Х			
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes." see instructions and com	nlete	Sched	ule SE	3 (Form		
	5500) and line 11a below)						Yes X No		
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			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,			J. 00	20.000	<u> </u>			
a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this nian year, see instruc	ctions	and e	nter th	ne date of the letter ruling		
	granting the waiver.	-	Mon	th		Day	Year Year		

	Form 5500-SF 2014	Page 3 -	1						
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and	l 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)	(enter a mini	us sigr	n to the left of a	3	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding						Yes	∏ No	∏ N/A
Part	VII Plan Terminations and Transfers of Assets							· · · · before	
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	nis year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ed to another	plan,	or brought und	ler the c	control		X Ye	s No
C,	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another	plan(s), identify the p	olan(s) t	0			
1	3c(1) Name of plan(s):				13	3c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)								
14a Name of trust					14b Trust's EIN				
					- 1				