## 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** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 05/31/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit SHERMAN CARTER BARNHART PSC 401K PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 06/01/1983 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SHERMAN CARTER BARNHART PSC 61-0973444 (EIN) Sponsor's telephone number 859-224-1351 2405 HARRODSBURG RD LEXINGTON, KY 40504-3329 Business code (see instructions) 541310 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 57 d(2) Total number of active participants at the end of the plan year..... 5d(2) 59 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) Preparer's telephone number (optional)

	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	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IQ d use	PA)  <b>Form</b>	5500.		X Y	es No
	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 de	termined
Par									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Year	
a	Total plan assets	7a	171562	219				1828	2557
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	171562	219				1828	2557
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
	Contributions received or receivable from:	00/4\	2825	557					
	(1) Employers	8a(1)	3936						
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)	11741	194					
	Other income (loss)	8b	1174	134				105	0204
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						100	0384
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7238	321					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	2	225					
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						72	4046
	Net income (loss) (subtract line 8h from line 8c)	8i						112	6338
	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics	<u> </u>	l						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F								
Part					Vac	Na	T		
10	During the plan year:	tiono withi	n the time period described in		Yes	No		Amour	ıt
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.)		-	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				500000
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	efits under the plan? (See	10e	X				38768
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 a					X			
<u>9</u>				10g		^			
	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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								es X No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	lule 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?	Y	es 🔀 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru	ctions	and e	nter th	ne date of	the letter	ruling

......Month

Day

Year

granting the waiver.

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es 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, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

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).

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	Annual Report I	dentification Information									
	ar plan year 2014 or fisc			and ending	05/31/2015						
				- U		is how must attach a list					
▲ This ret	turn/report is for:		ver) (Filers checking this box must attach a list ecordance with the form instructions)								
71 11110100	dirinoport io ior.		a foreign plan	or information in accor	dance was are for	ii iiida dollorio)					
R This rotu	urn/rapart ia		ne final return/report								
<b>D</b> This retu	urn/report is	片 ' 片									
		an amended return/report	short plan year return	n/report (less than 12 m	months)						
C Check box if filing under: Form 5558 automatic extension						rogram					
C Check i	box if filling under:					9					
		special extension (enter description)	)								
Part II	Basic Plan Infor	mation—enter all requested informat	ion								
1a Name		•			1b Three-digit						
SHERMAN CARTER BARNHART PSC 401K PROFIT SHARING PLAN					plan numbe						
					(PN) ▶						
					1c Effective date of plan						
					06/01/1983						
	ponsor's name and add CARTER BARNHART f	ress; include room or suite number (em	ployer, if for a single-	employer plan)		dentification Number					
SHEKIVIAIN	CARIER BARNHARI I	-30			(EIN) 61-09						
						telephone number					
2405 HARR	ODSBURG RD				`	359) 224-1351					
. =\//\.						ode (see instructions)					
	N. KY 40504-3329	d address Visanes as Dian Creanes			541310 <b>3b</b> Administrat	haw'a FINI					
<b>Ja</b> Plan a	oministrator's name and	d address X Same as Plan Sponsor.			<b>3D</b> Administrat	Or S EIN					
					3c Administrator's telephone number						
		plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b EIN						
	·	ber from the last return/report.			4						
	or's name				4c PN						
_		at the beginning of the plan year									
<b>b</b> Total r	number of participants a					77					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					<b> </b>	77 77					
	• •	•	an year (defined bene	fit plans do not	5b	77					
comple	ete this item)	ccount balances as of the end of the pla	an year (defined bene	fit plans do not	5b 5c						
comple	ete this item)	ccount balances as of the end of the pla	an year (defined bene	fit plans do not	5b	77					
comple d(1) Tota	ete this item)al number of active part	ccount balances as of the end of the pla	an year (defined bene	fit plans do not	5b 5c 5d(1)	77 76					
comple d(1) Tota d(2) Tota	ete this item)al number of active part al number of active part	ccount balances as of the end of the plansicipants at the beginning of the plan year	an year (defined bene	fit plans do not	5b 5c 5d(1) 5d(2)	77 76 57 59					
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d(1) Tota d(2) Tota e Numbe	ete this item)al number of active part al number of active part er of participants that ter an 100% vested	ccount balances as of the end of the plan cicipants at the beginning of the plan year ticipants at the end of the plan year	an year (defined bene ar ear with accrued bene	fit plans do not	5b 5c 5d(1) 5d(2) 5e	77 76 57 59 0					
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comple d(1) Tota d(2) Tota e Number less th  Caution: A Under pena SB or Sche belief, it is to  SIGN HERE	ete this item)	ccount balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year ticipants at the beginning of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year.	ear with accrued bene ort will be assessed to a sthe electronic vers	fit plans do not  fits that were  unless reasonable ca examined this return/repor	5b 5c 5d(1) 5d(2) 5e use is established eport, including, if a tt, and to the best contact the second secon	77 76 57 59 0 d. pplicable, a Schedule of my knowledge and					
comple d(1) Tota d(2) Tota e Numbe less th  Caution: A Under pena SB or Sche belief, it is to	ete this item)	ccount balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year ticipants at the plan year ticipants at the end of the plan year ticipants at the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year.	ear with accrued bene ort will be assessed to a sthe electronic versual to the part of the	fit plans do not  fits that were  unless reasonable ca examined this return/repor sion of this return/repor SUSAN MOONEY  Enter name of individ	5b 5c 5d(1) 5d(2) 5e use is established export, including, if a tt, and to the best conduction of the second of th	77 76 57 59 0 d. pplicable, a Schedule of my knowledge and					
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comple d(1) Tota d(2) Tota e Numbe less th  Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	ete this item)	ccount balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year ticipants at the plan year ticipants at the end of the plan year ticipants at the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year.	ear with accrued bene ort will be assessed in a sthe electronic version between the property of the property o	fit plans do not  fits that were  unless reasonable caexamined this return/repore  SUSAN MOONEY  Enter name of individent	5b 5c 5d(1) 5d(2) 5e use is established export, including, if a ct, and to the best conduction of the second dual signing as plant dual signing as employed.	77 76 57 59 0 d. pplicable, a Schedule of my knowledge and					
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comple d(1) Tota d(2) Tota e Numbe less th  Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	ete this item)	ccount balances as of the end of the plan year ticipants at the beginning of the plan year ticipants at the end of the plan year.  The incomplete filing of this return/reporter penalties set forth in the instructions, as well the end of the plan year.  The incomplete filing of this return/reporter penalties set forth in the instructions, as well the end of the plan year.  The incomplete filing of this return/reporter penalties set forth in the instructions, as well the end of the plan year.	ear with accrued bene ort will be assessed in a sthe electronic version between the property of the property o	fit plans do not  fits that were  unless reasonable caexamined this return/repore  SUSAN MOONEY  Enter name of individent	5b 5c 5d(1) 5d(2) 5e use is established export, including, if a ct, and to the best conduction of the second dual signing as plant dual signing as employed.	77 76 57 59 0 d. pplicable, a Schedule of my knowledge and					

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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 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 support of the plan be a support of the support of the support of the support of th	an indeper and condit	ndent qualified public accounta ions.)	nt (IQ	PA)			×	Yes Yes	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in				_			Not o	determ	nined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ar	
a	Total plan assets	7a	1715621	9				1828	32557	
b ·	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1715621	9				1828	2557	
8	come, Expenses, and Transfers for this Plan Year (a) Amount						(b) <sup>-</sup>	Total		
	Contributions received or receivable from:	0-(4)	28255 <sup>-</sup>	7						
	1) Employers	8a(1)	39363							
	2) Participants	8a(2)	39303	<u>.                                    </u>						
	3) Others (including rollovers)	8a(3)	117419	1						
	Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	117413	*				105	0384	
	Benefits paid (including direct rollovers and insurance premiums	8c						100	0364	
	to provide benefits)	8d	72382	1						
е (	Certain deemed and/or corrective distributions (see instructions)	8e								
f_	Administrative service providers (salaries, fees, commissions)	8f	225	5						
g	Other expenses	8g								
<u>h</u> '	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						72	24046	
<u>i</u> !	Net income (loss) (subtract line 8h from line 8c)	8i						112	26338	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Χ				5	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's					Х				00000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			10d						
C	insurance service, or other organization that provides some or all				V					
f	instructions.)			10e	Х	Х				38768
	· · · · · · · · · · · · · · · · · · ·			10f			1			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	•	<u> </u>	10g		Х				
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	χ No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	χ No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter th Day		the lett Year		ng

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 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)		of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			. 🔲 🕆	res X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		under the	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify tl	ne plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)		<u> </u>			1	
14a I	Name of trust			<b>14b</b> ⊤	rust's EIN		