Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					Inspection		
Part I	Annual Report Identi	fication Information					
For cale	ndar plan year 2011 or fiscal pla	n year beginning 10/01/2011		and ending 09/30/2	012		
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or			
		x a single-employer plan;	a DFE (s	pecify)			
R This	return/report is:	the first return/report;	the final	return/report;			
D 111131	return/report is.	an amended return/report;		lan year return/report (less th	an 12 months).		
C If the	plan is a collectively-bargained	plan, check here			<u></u> `		
	k box if filing under:	Form 5558;	_	c extension;	the DFVC program;		
D Chec	k box ii iiiiig uildei.	special extension (enter des		o oxionolon,	and by ve program,		
Dawt	II Dania Blan Informa						
Part		tion—enter all requested informa	ation		46	l	
	ne of plan WER FOUNDATION, INC. RET	TREMENT PLAN			1b Three-digit plan number (PN) ▶	001	
1112 00	Weith Gondanien, monte.	THE TEXT OF THE TE			1c Effective date of plant	an	
					10/01/1975		
2a Plan	sponsor's name and address,	including room or suite number (Er	mployer, if for single-	employer plan)		2b Employer Identification	
					Number (EIN)		
THE BO	WER FOUNDATION, INC				64-0540635		
					2c Sponsor's telephone number		
					601-607-3163		
578 HIG SUITE 1	HLAND COLONY PARKWAY	578 HIGH SUITE 120	LAND COLONY PA	RKWAY,	2d Business code (see		
	AND, MS 39157		RIDGELAND, MS 39157				
Caution	: A penalty for the late or inco	mplete filing of this return/repor	rt will be assessed	unless reasonable cause is	s established.		
		nalties set forth in the instructions, I				dules.	
		the electronic version of this return					
SIGN	Filed with authorized/valid elect	ronic signature.	11/07/2012	ANNE TRAVIS			
HERE Signature of plan administrator		ator	Date	Enter name of individual si			
					J		
SIGN							
HERE	Signature of employer/plan	snonsor	Date	Enter name of individual si	gning as employer or plan sp	onsor	
	Signature of employer/plan	00011001	Date	Enter hame of maividual si	giming ac citiployer of platt sp	011001	
SIGN							
HEDE							

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Sar E BOWER FOUNDATION, INC	ne")		ministrator's EIN 0540635
57 SL	B HIGHLAND COLONY PARKWAY ITE 120 OGELAND, MS 39157		3c Administrator's telephone number 601-607-3163	
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	92
6	Number of participants as of the end of the plan year (welfare plans complet	e only lines 6a, 6b, 6c, and 6d).		
			_	_
а	Active participants		6a	2
b	Retired or separated participants receiving benefits		6b	1
С	Other retired or separated participants entitled to future benefits		6c	82
4			6d	85
d	Subtotal. Add lines 6a , 6b , and 6c		ou	65
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e	
f	Total. Add lines 6d and 6e			85
g	Number of participants with account balances as of the end of the plan year		6.00	0.5
	complete this item)		6g	85
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	0
7	Enter the total number of employers obligated to contribute to the plan (only		7	
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List of Plan Characteristic Codes	s in the in	nstructions:
	2H 2M			
b	If the plan provides welfare benefits, enter the applicable welfare feature coo	des from the List of Plan Characteristic Codes	in the ins	structions:
9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all tha	at apply)	
	(1) Insurance	(1) Insurance		
	Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3) i	nsuranc	e contracts
	(3) X Trust (4) General assets of the sponsor	(3) X Trust (4) General assets of the sp	oneor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	· · · · · · · · · · · · · · · · · · ·		ned. (See instructions)
3	Pension Schedules	b General Schedules		,
а	(1) R (Retirement Plan Information)		notion)	
		(1) H (Financial Inform	,	
	MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X I (Financial Inform		Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3) X 1 A (Insurance Inform		ation)
		(4) C (Service Provide D (DFE/Participation		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(6) G (Financial Trans	-	
	,			,

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2011

pursuant to ERISA section 103(a)(2).					rm is Open to Public Inspection	
For calendar plan year 20	11 or fiscal pla	n year beginning 10/01/2011	and e	nding 09/30/2012		
A Name of plan THE BOWER FOUNDATI	ION, INC. RET	TREMENT PLAN		ee-digit n number (PN)	001	
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOWER FOUNDATION, INC D Employer Identification Number (EIN) 64-0540635						
			t Coverage, Fees, and Com s a unit in Parts II and III can be rep			
1 Coverage Information:						
(a) Name of insurance ca		COMPANY				
ING LIFE INSURANCE A	ND ANNUITY	COMPANY				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of	Policy or o	contract year	
(b) EIN	code	identification number	policy or contract year	(f) From	(g) To	
71-0294708	86509	VF6016	90	10/01/2011	09/30/2012	
2 Insurance fee and come descending order of the		ation. Enter the total fees and to	otal commissions paid. List in item	3 the agents, brokers, and	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid						
		1970			0	
3 Persons receiving com	missions and t	ees. (Complete as many entrie	s as needed to report all persons).			
	(a) Name		r, or other person to whom commis	sions or fees were paid		
MURRAY THEODORE			SEMOIA LANE GELAND, MS 39157			
(b) Amount of sales ar	nd base	F	ees and other commissions paid			
commissions pa	id	(c) Amount	(d) Purpos	(e) Organization code		
	1970				3	
	(a) Name :	and address of the agent, broke	r, or other person to whom commis	sions or fees were paid	•	
	(u) Name	and address of the agent, broke	r, or other person to whom commis-	olorio di 1000 Wore pala		
(b) Amount of sales ar	nd base	F	ees and other commissions paid			
commissions pai		(c) Amount	(d) Purpos	se	(e) Organization code	

Schedule A (Form 5500)	2011	Page 2 - 1]				
	ame and address of the agent, broke	r. or other person to whom o	commissions or fees were paid				
(4)	and address of the agont, siene	., c. carer percent to innern					
(I) A		Fees and other commission	s paid	(-) ()			
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code			
•	, ,						
(a) Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid				
(b) Amount of sales and base		Fees and other commission	s paid	(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(a) Na	ame and address of the agent, broke	r, or other person to whom o	commissions or fees were paid				
	I			T			
(b) Amount of sales and base		Fees and other commission		(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(a) Na	ame and address of the agent, broke	r or other person to whom o	commissions or fees were paid				
(a) (ve	and address of the agent, broke	r, or other person to whom t	commissions of fees were paid				
	I						
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commission	s paid (d) Purpose	(e) Organization			
commissions paid	(c) Amount		(d) Fulpose	code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		, ,	•				
		Fees and other commission	naid	T.,			
(b) Amount of sales and base commissions paid	(c) Amount	1 003 and other commission	(d) Purpose	(e) Organization code			
Commissions paid	(o) / anount		(±). 3.5000				
				1			

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with	n each carrier may be treated as a unit	for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	1564347
		ent value of plan's interest under this contract in separate accounts at year e			414493
_		racts With Allocated Funds:			
•		State the basis of premium rates			
	b	Premiums paid to carrier		6b	
		Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in co	nnection with the a	cquisition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		-			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan check h	ere	
7		racts With Unallocated Funds (Do not include portions of these contracts ma	<u> </u>		
•			ate participation gua		
	u		· · · · · · · ·	aramoo	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year			1519532
	С	Additions: (1) Contributions deposited during the year	7c(1)	5489	
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)	60405	
		(4) Transferred from separate account	7c(4)	112190	
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	178084
	d T	Fotal of balance and additions (add b and c(6)).			1697616
		Deductions:		10	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	127035	
		(2) Administration charge made by carrier	. 7e(2)	745	
		(3) Transferred to separate account	7e(3)	5489	
		(4) Other (specify below)	7e(3)		
	(Tourist (Specify Delow)	10(4)		
		7			
	((5) Total deductions		7e(5)	133269
	_	Balance at the end of the current year (subtract e(5) from d)			1564347

7f

f Balance at the end of the current year (subtract e(5) from d).....

Schodulo A (Form FF00) 2011	Page 4
Schedule A (Form 5500) 2011	raye 🕶
Welfare Benefit Contract Information If more than one contract covers the same group of empliinformation may be combined for reporting purposes if su the entire group of such individual contracts with each car	loyees of the same employer(s) or members of the same employee organizations(s), thuch contracts are experience-rated as a unit. Where contracts cover individual employer arrier may be treated as a unit for purposes of this report.
efit and contract type (check all applicable boxes)	
Health (other than dental or vision) b Dental	tal c Vision d Life insurance
Temporary disability (accident and sickness) f Long	g-term disability $g \square$ Supplemental unemployment $h \square$ Prescription drug
Stop loss (large deductible) j HMO	O contract
Other (specify)	
erience-rated contracts:	
Premiums: (1) Amount received	9a(1)
(2) Increase (decrease) in amount due but unpaid	9a(2)
(3) Increase (decrease) in unearned premium reserve	9a(3)
(4) Earned ((1) + (2) - (3))	
Benefit charges (1) Claims paid	9b(1)
(2) Increase (decrease) in claim reserves	9b(2)
(3) Incurred claims (add (1) and (2))	
(4) Claims charged	9b(4)
Remainder of premium: (1) Retention charges (on an accrual	al basis)
(A) Commissions	
(B) Administrative service or other fees	
(C) Other energific acquisition costs	9c(1)(C)

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

a Health (other than dental or vision)

Experience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs..... (D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D) 9c(1)(E)

9c(1)(F)

¹² If the answer to line 11 is "Yes," specify the information not provided.

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

A					
A Name of plan THE BOWER FOUNDATION, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 001				
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOWER FOUNDATION, INC	D Employer Identification Number (EIN)				
Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the	he plan year. You may also complete Schedule Lif you are filing as a				

small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I **Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	2463137	2602988
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	2463137	2602988
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	17922	
	(2) Participants	. 2a(2)	44819	
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	204890	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		267631
е	Benefits paid (including direct rollovers)	. 2e	127095	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h	685	
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		127780
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		139851
I	Transfers to (from) the plan (see instructions)	. 2I		

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a lineby-line basis unless the trust meets one of the specific exceptions described in the instructions.

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

Page :	2 ·	-
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Schedule I (Form 5500) 2011

		Γ	Yes	No	Λ-~	ount
25	Lagra (atheratherate posticinants)	-	162	X	Alli	- Iount
	Loans (other than to participants)	3f				-
g	Tangible personal property	3g		X		
_						
	rt II Compliance Questions		l	1	1	
4	During the plan year:		Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
е	Was the plan covered by a fidelity bond?	4e	X			600000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
ı	Has the plan failed to provide any benefit when due under the plan?	41		Χ		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s XN	lo A	Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	ı(s) to w	hich assets or lia	abilities were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5b(3) PN(s)

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110 1210 - 0089

2011

This Form is Open to **Public Inspection**

Part I Annual Report Iden	tification Information		
For calendar plan year 2011 or fiscal	plan year beginning 10/01/	2011 and ending 09/	30/2012
A This return/report is for:	multiemployer plan;	a multiple-employer	plan; or
X as	single-employer plan;	a DFE (specify)	
B This return/report is:	e first return/report;	the final return/repo	
an	amended return/report;	a short plan year re	turn/report (less than 12 months)
C If the plan is a collectively-bargained	plan, check here		▶∐
D Check box if filing under:	rm 5558;	automatic extension	i; the DFVC program;
	ecial extension (enter description)		
	tion - enter all requested information		
1a Name of plan		1b Three-d	•
THE BOWER FOUNDATION	, INC. RETIREMENT F		mber (PN) ▶ 001
		•	e date of plan 1/1975
2a Plan sponsor's name and address, include	ding room or suite number (Employer, if fo		er Identification Number (EIN)
MILE DOLLED HOUSEDAMION	TNO		540635
THE BOWER FOUNDATION	, INC		r's telephone number
		601-607	
E70 HTOHEAND GOLONY	OADVIIAV	8130	s code (see instructions)
578 HIGHLAND COLONY	PARKWAI	0130	
SUITE 120 RIDGELAND	MS 39157		
578 HIGHLAND COLONY			
SUITE 120	:ARRWAI,		
RIDGELAND	MS 39157		
Caution: A penalty for the late or incom		I be assessed unless reasonable caus	e is established.
Under penalties of perjury and other penalties set forth	· · · · · · · · · · · · · · · · · · ·		
as the electronic version of this return/report, and to the			
SIGN ALLS	5/ 11/10=10010		
HERE	11/07/2012		an administrator
Signature of plan administrator	Date	Enter name of individual signing as pla	in administrator
SIGN			
HERE		Enter name of individual cioning as an	nlaver or plan appropri
Signature of employer/plan spo	onsor Date	Enter name of individual signing as en	iployer or plan sponsor
SIGN			
HERE	Date	Enter name of individual signing as DF	F
Signature of DFE	Date	Enter frame of individual signing as Dr	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) V.012611

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	Plan administrator's name and address (if same as plan sponsor, enter \mathtt{ME}	"Same") 3b Administr						rator's EIN				
						3c /	Administra	ator's	telephone nur	mber		
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repor	t file	d for th	is pla	n, ente	r the nam	ie,	4b EIN	.,		
	EIN and the plan number from the last return/report:											
а	Sponsor's name								4c PN			
5	Total number of participants at the beginning of the plan year							5		92		
6	Number of participants as of the end of the plan year (welfare plans co	mplete only	lines	6a, 6b	, 6c, a	and 6d).					
а	Active participants							6a		2		
b	Retired or separated participants receiving benefits							6b		1		
	Other retired or separated participants entitled to future benefits							6c		82		
	Subtotal. Add lines 6a, 6b, and 6c							6d		85		
	Deceased participants whose beneficiaries are receiving or are entitled							6e 6f		85		
	Total. Add lines 6d and 6e							01		0.5		
g	Number of participants with account balances as of the end of the plan complete this item)							6g		85		
h	Number of participants that terminated employment during the plan ye									•		
	1004							C L		()		
	100% vested							6h		0		
7	Enter the total number of employers obligated to contribute to the plan	(only multie	mplo	oyer pla	ns					0		
	Enter the total number of employers obligated to contribute to the plan complete this item)	(only multie	mplo	oyer pla	ns			7	s in the instru			
_	Enter the total number of employers obligated to contribute to the plan	(only multie	mplo	oyer pla	ns			7	s in the instru	<u> </u>		
8a	Enter the total number of employers obligated to contribute to the plan complete this item)	(only multie	mplo	oyer pla	ns			7	s in the instru			
8a 2 H	Enter the total number of employers obligated to contribute to the plan complete this item)	(only multie ure codes fr	mplo om t	byer pla	of Pla	an Chai	acteristic	7 Code		ctions:		
8a 2 H	Enter the total number of employers obligated to contribute to the plan complete this item)	(only multie ure codes fr	mplo om t	byer pla	of Pla	an Chai	acteristic	7 Code		ctions:		
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