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b Other income (loss) Bb 17804 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b), Bc 28009 d Bending add (including direct followers and insurance premiums ad 0 convolution (see instructions)). Bc 0 f Administrative service providers (salaries, fees, commissions). Bd 908 0 g Other expenses Bg 0 0 0 I Total expenses (add lines 8d, 8e, 8f, and 8g) Bh 0000 0 I Total expenses 8g 0 0000 I Net income (loss) (subtract line 8h from line 8c). 8i 27728 J Transfers to (from) the plan (see instructions) 8j 27728 J Transfers to (from) the plan expension feature codes from the List of Plan Characteristic Codes in the instructions: Zet ZF ZG C/R ZS 1.01202 (See Distructions and DOL's Voluntary Fiduciary Correction Program) 10a X D During the plan eyear: Yes No Amount d Was there a failure to transmit to the plan any party-in-interest? (Co not include transactions reported on ine 10a). 10b X C Wa							
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-			
d Bendits paid (including direct rollovers and insurance premiums by provide bendits)			1780	4			
by provide benefits). Bd 0 e Cartain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (statines, tee, commissions)	-	8c					28096
f Administrative service providers (salaries, fees, commissions)		8d		0			
g Other expenses Bg 0 B	· · · · ·	8e		0			
g Other expenses 8g 0 B 8h 600 I Total expenses (add lines 8d, de, 8f, and 8g) 8h 600 I Net income (loss) (subtract line 8h from line 8c) 8i 277288 I Transfers to (from) the plan (see instructions) 8j 277288 Part IV Plan Characteristics 9j 1 Part IV Plan Characteristics 9j 1 Part IV Compliance Questions Yes No Amount 2E 227<26 23 24 28 No Amount 2W so there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 250.0-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on on line 10a) X 10b X C Was the plan covered by a fidelity bond? 10c X 10d X C Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or line 10a) 10d X C Was the plan failed to provide a			80	8			
h Total expenses (add lines 8d, 8e, 8f, and 8g)				0			
i Net income (loss) (subtract line 8h from line 8c)				-			808
j Transfers to (from) the plan (see instructions) g Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2fc 2fc 2 St 25 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount 10 During the plan year: Yes No Amount 29< CFR 25D.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 25D.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was the plan covered by a fidelity bond? 10c X Intervention c Was the plan any participant contributions with that was caused by fraud 10d X Intervention d Did was the plan covered by a fidelity bond? 10c X Intervention Intervention d Did the plan have a loss, whether or not reimbursed by							
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h Enter the minimum required contribution for this plan were							
D Enter the minimum required contribution for this plan year	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						
е		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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No	
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_		
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN