_	rm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury rnal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe				2	012	
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form is Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.	Ins	pection	
Part I		entification Information						
For calend	ar plan year 2012 or fisca			and ending 1	2/31/2	2012		
A This ret	turn/report is for:		multiple-employer pla	an (not multiemployer)		a one-particip	pant plan	
B This ret	turn/report is:	· ·	ne final return/report					
		an amended return/report	short plan year return	/report (less than 12 mo	onths)	·		
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	m	
		special extension (enter description)						
Part II		nation—enter all requested informati	on					
1a Name	•				1b	Three-digit plan number		
R.F. EDERE	R CO., INC. 401(K) PLA	N				(PN)	001	
					1c	Effective date of	fplan	
						01/01/	(1988	
	ponsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 64-04		
	CE BOX 874				2c	Sponsor's telep 228-875		
OCEAN SPI	RINGS, MS 39564				2d	Business code (31400		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	ΞIN	
4 If the r	name and/or EIN of the p	lan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN		
name	, EIN, and the plan numb	er from the last return/report.	·					
	or's name				4c	PN		
		the beginning of the plan year			5a		17	
		the end of the plan year			5b		17	
	· ·	count balances as of the end of the pla			5c		10	
_		uring the plan year invested in eligible			•		X Yes No	
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (e annual examination and report of an See instructions on waiver eligibility an	independent qualified d conditions.)	d public accountant (IQI	PA)		X Yes No	
		er line 6a or line 6b, the plan cannot						
Under pen SB or Sche	alties of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applic	,	
SIGN	Filed with authorized/va	lid electronic signature.	07/30/2013	PATRICK SUFFERN				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu				
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	(optional)	Prep	parer's telephone	number (optional)	

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

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Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	47176				521621
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	47176	2			521621
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)	518		_		
(2) Participants	8a(2)	1778	3			
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	6364	0	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					86606
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3674	7			
 Certain deemed and/or corrective distributions (see instructions) 	8e		-			
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					36747
i Net income (loss) (subtract line 8h from line 8c)	8i					49859
j Transfers to (from) the plan (see instructions)	8j					40000
Part IV Plan Characteristics	oj					
 9a If the plan provides pension benefits, enter the applicable pension in 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare ferror. 						
Part V Compliance Questions				Yes	Na	• •
10 During the plan year:a Was there a failure to transmit to the plan any participant contribut	tions within t	ne time period described in		res	No	Amount
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		x	
C Was the plan covered by a fidelity bond?			10c	Х		50000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefit	s under the plan? (See	10e		X	
${f f}$ Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10g		Х	
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	(See instructi	ons and 29 CFR	10g		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	ne required n	otice 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)						
11a Enter the amount from Schedule SB 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,						
 a If a waiver of the minimum funding standard for a prior year is beir granting the waiver. 	ng amortized	in this plan year, see instrue		, and e	enter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule						
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е		ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	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	s," 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) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) Pl	N(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual R	Return/Report of Benefit Plan	Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file		d 4065 of the Employe	e		2012
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of	f 1974 (ERISA), and secti al Revenue Code (the Co	ions 6057(b) and 605	8(a) of		is Open to Public spection
Pension Benefit Guaranty Corporation	Complete all entries in accord	dance with the instructi	ons to the Form 550	0-SF.	IIK	spection
Part I Annual Report I	dentification Information					
For calendar plan year 2012 or fisc		01/01/2012	and ending		12/31/20	12
r mis return/report is for.	X a single-employer plan	a multiple-employer pla	n (not multiemployer)		a one-partici	pant plan
B This return/report is:	the first return/report	the final return/report				
	an amended return/report	a short plan year return/	report (less than 12 m	onths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC progra	am
	special extension (enter description	on)				
Part II Basic Plan Infor	mation-enter all requested inform	-				
1a Name of plan				1b	Three-digit	
R.F. EDERER CO., I	NC. 401(k) PLAN				plan number	
					(PN) 🕨	001
				1c	Effective date of	
2a Plan sponsor's name and add	ress; include room or suite number (e				01/01/198	-
R. F. EDERER CO.,	TNC.	employer, if for a single-er	npioyer plan)	20		ification Number
· · · · · · · · · · · · · · · · · · ·				20	(EIN) 64-047 Sponsor's telep	
				20	(228) 875-	
POST OFFICE BOX 87	4			2d		(see instructions)
OCEAN SPRINGS		MS	39564		314000	()
3a Plan administrator's name and	address XSame as Plan Sponsor N			24		
		Name Same as Plan 8	Sponsor Address	30	Administrator's	EIN
		Name USame as Plan s	sponsor Address			telephone number
4 If the name and/or EIN of the	plan sponsor has changed since the l			3c	Administrator's	
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 	plan sponsor has changed since the l			3c 4b	Administrator's	
name, EIN, and the plan num a Sponsor's name	plan sponsor has changed since the l ber from the last return/report.	last return/report filed for	this plan, enter the	3c 4b 4c	Administrator's	telephone number
a Sponsor's name 5a Total number of participants a	plan sponsor has changed since the l ber from the last return/report.	last return/report filed for	this plan, enter the	3c 4b 4c 5a	Administrator's	telephone number
a Sponsor's name a Sponsor's name 5a Total number of participants a b Total number of participants a	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year	last return/report filed for	this plan, enter the	3c 4b 4c	Administrator's	telephone number
a Sponsor's name a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year It the end of the plan year	last return/report filed for	this plan, enter the	3c 4b 4c 5a	Administrator's	telephone number
 name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item) 	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year ccount balances as of the end of the p	last return/report filed for plan year (defined benefit	this plan, enter the	3c 4b 4c 5a 5b 5c	Administrator's EIN PN	telephone number
 name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year ccount balances as of the end of the p during the plan year invested in eligib he annual examination and report of	last return/report filed for plan year (defined benefit plan ssets? (See instruction an independent qualified	this plan, enter the plans do not ns.)	3c 4b 4c 5a 5b 5c	Administrator's EIN PN L	telephone number
 name, EIN, and the plan numl a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year ccount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility	last return/report filed for plan year (defined benefit plan ssets? (See instruction an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC	3c 4b 4c 5a 5b 5c	Administrator's	telephone number
 name, EIN, and the plan numl a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year It the end of the plan year ccount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann	last return/report filed for plan year (defined benefit plan sets? (See instruction an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use	3c 4b 4c 5a 5b 5c PA)	Administrator's EIN PN 5500.	telephone number
 name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year ccount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/rep	last return/report filed for plan year (defined benefit ple assets? (See instruction an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use pless reasonable car	3c 4b 4c 5a 5b 5c PA) Form use is	Administrator's	telephone number
 name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants ai c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year to the end of the plan year ccount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we	last return/report filed for plan year (defined benefit plan year (defined benefit))	this plan, enter the plans do not public accountant (IC nd must instead use pless reasonable car	3c 4b 4c 5a 5b 5c PA) Form use is	Administrator's EIN PN 5500. established.	telephone number
 name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants ai c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year to the end of the plan year ccount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we	last return/report filed for plan year (defined benefit plan year (defined benefit))	this plan, enter the plans do not public accountant (IC nd must instead use pless reasonable car	3c 4b 4c 5a 5b 5c PA) Form use is	Administrator's EIN PN 5500. established.	telephone number
 a Sponsor's name a Sponsor's name 5a Total number of participants a b Total number of participants ai c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year to the end of the plan year ccount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/rep er penalties set forth in the instruction d signed by an enrolled actuary, as we	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use pless reasonable can camined this return/repor	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t	Administrator's EIN PN 5500. established.	telephone number
 name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants ai c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year to the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/report of signed by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.) not use Form 5500-SF an port will be assessed ur is, I declare that I have ex rell as the electronic version	this plan, enter the plans do not public accountant (IC and must instead use pless reasonable can camined this return/report on of this return/report aura E. Bolto	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t	Administrator's EIN PN 5500. established. cluding, if applic o the best of my	telephone number
 a Sponsor's name a Sponsor's name b Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year to the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/report of signed by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit ple assets? (See instruction an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use pless reasonable can camined this return/repor	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t	Administrator's EIN PN 5500. established. cluding, if applic o the best of my	telephone number
ame, EIN, and the plan num a Sponsor's name Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year to the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/rep or penalties set forth in the instruction disigned by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.) not use Form 5500-SF an port will be assessed ur is, I declare that I have ex rell as the electronic version	this plan, enter the plans do not public accountant (IC and must instead use pless reasonable can camined this return/report on of this return/report aura E. Bolto	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t	Administrator's EIN PN 5500. established. cluding, if applic o the best of my	telephone number
ame, EIN, and the plan num a Sponsor's name Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/report of signed by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use plass reasonable can camined this return/report on of this return/report aura E. Bolto Enter name of individ	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t con lual sig	Administrator's EIN PN 5500. established. cluding, if applic o the best of my ning as plan admining as employed	telephone number
ame, EIN, and the plan num a Sponsor's name Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year to the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/rep or penalties set forth in the instruction disigned by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use plass reasonable can camined this return/report on of this return/report aura E. Bolto Enter name of individ	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t con lual sig	Administrator's EIN PN 5500. established. cluding, if applic o the best of my ning as plan admining as employed	telephone number
ame, EIN, and the plan num a Sponsor's name Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/report of signed by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use plass reasonable can camined this return/report on of this return/report aura E. Bolto Enter name of individ	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t con lual sig	Administrator's EIN PN 5500. established. cluding, if applic o the best of my ning as plan admining as employed	telephone number
ame, EIN, and the plan num a Sponsor's name Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/report of signed by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use plass reasonable can camined this return/report on of this return/report aura E. Bolto Enter name of individ	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t con lual sig	Administrator's EIN PN 5500. established. cluding, if applic o the best of my ning as plan admining as employed	telephone number
ame, EIN, and the plan num a Sponsor's name Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/report of signed by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use plass reasonable can camined this return/report on of this return/report aura E. Bolto Enter name of individ	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t	Administrator's EIN PN 5500. established. cluding, if applic o the best of my ning as plan admining as employed	telephone number
ame, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	plan sponsor has changed since the l ber from the last return/report. It the beginning of the plan year t the end of the plan year cocount balances as of the end of the p during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann r incomplete filing of this return/report of signed by an enrolled actuary, as we ete.	last return/report filed for plan year (defined benefit plan year (defined benefit an independent qualified and conditions.)	this plan, enter the plans do not public accountant (IC nd must instead use plass reasonable can camined this return/report on of this return/report aura E. Bolto Enter name of individ	3c 4b 4c 5a 5b 5c PA) Form use is port, in t, and t	Administrator's EIN PN 5500. established. cluding, if applic o the best of my ning as plan admining as employed	telephone number

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year		
a Total plan assets	7a		1,76	2		()		21,621	
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	471	L,76	2			5	21,621	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
a Contributions received or receivable from:			- 10	, 3					
(1) Employers	8a(1)		5,18 7,78						
(2) Participants	8a(2)	·	,,,0	<u>→ <u>3,65</u></u>	<u>kiliki (</u>		ligit diğir Kur		
(3) Others (including rollovers) b Other income (loss)	8a(3)	65	3 64	 ∂::: ∩					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8b	63,640			86,606				
d Benefits paid (including direct rollovers and insurance premiums	<u>8c</u>	<u> </u>		49 - 1944			lena a a	00,000	
to provide benefits)	. 8d	36	5,74	7					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	. 8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							36,747	
Net income (loss) (subtract line 8h from line 8c)	8i		2003/00 2010/00					49,859	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruc	tions:		
b If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Chara	cterist	ic Coo	des in t	he instructi	ons:		
Part V Compliance Questions									
10 During the plan year:									
				Yes	No		Amount	t	
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a	Yes	No X		Amount	t	
a Was there a failure to transmit to the plan any participant contribu	uciary Cor t? (Do not	rection Program)		Yes			Amount	t	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 	uciary Cor t? (Do not	rection Program) include transactions reported	10a	Yes	X		Amount		
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	uciary Con t? (Do not	rection Program) include transactions reported	10a 10b		X		Amoun	t 50,000	
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