Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service			nd 4065 of the Employe	۵	2013			
Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			(a) of This Form is Open to Public				
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 550	0-SF.	Ins	pection		
Part I Annual Report Identification Information									
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This ret	urn/report is for:	an (not multiemployer)	) a one-participant plan						
B This ret	urn/report is:	the first return/report the	ne final return/report						
	[	an amended return/report as	short plan year returr	n/report (less than 12 m	onths)				
C Check b	box if filing under:	] Form 5558	utomatic extension			DFVC progra	m		
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested information	on						
<b>1a</b> Name	•				1b	Three-digit			
PONTOTOC	MONUMENT COMPAN	Y, INC. EMPLOYEES SAVINGS TRUS	ST			plan number (PN) ▶	001		
					10	Effective date or			
						01/01/	•		
	consor's name and address MONUMENT COMPAN	ess; include room or suite number (emp IY, INC.	oloyer, if for a single-	employer plan)	2b				
C/O CPI-QP 341 HIGHW					2c	c Sponsor's telephone number 662-489-8425			
PONTOTOC					2d	Business code ( 81299			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's			
					3c	Administrator's f	elephone number		
	•	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN			
name, <b>a</b> Sponse		er from the last return/report.			4c	PN			
<u> </u>		the beginning of the plan year			5a		8		
		the end of the plan year			5a 5b		3		
		count balances as of the end of the pla			55		5		
			• •	•	5c		3		
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	tions.)			🗙 Yes 🗌 No		
		e annual examination and report of an					🗙 Yes 🗌 No		
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot							
-		plan, is it covered under the PBGC insu			_		Not determined		
				,					
	· ·	incomplete filing of this return/repor							
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.									
SIGN	Filed with authorized/va	lid electronic signature.	07/24/2014	KELLY RUSSELL					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sic	ining as emplove	r or plan sponsor		
Preparer's		ne, if applicable) and address; include i					number (optional)		

a Total plan labelines	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
b       Total plan labilities       7b       0       0         c       Not plan assets (subtract line 7b from line 7a)       7c       406656       5146566         income, Expenses, and Transfers of this Plan Yac       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       3766         a       Contributions received or receivable from:       8a(2)       23647         (a) Others (including rollovers)       8a(3)       0       1124554         B       017138       124554       124554         C       Total income (data) lines act(), Sa(2), Sa(3), and 8b)       8c       1124554         C       Carlind incoming (data)       (se) instructions)       8d       119506         C       Carlind income (data)       (se) instructions)       8d       119506         C       Carlind income (data)       (se) instructions)       8d       119506         G       Other income (data)       (se) instructions)       8d       119506         G       Transfers to (from) the plan (se) instructions)       8d       1040908       1040908         Transfers to (from) the plan (se) instructions)       6j       Part V       Plan Characteristic       Codes in the instructions:		7a								
c       Net plan assets (subtract line 7b from line 7a)       7c       4099053       514956         3       Income, Expenses, and Transfers for the Plan Year       (a) Amount       (b) Total         Contributions received or received to received to free:       8a(1)       9769         (2) Participants       8a(2)       22847         (3) Others (including rollowers)       8a(3)       97138         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       97138         C Total income (indicines and functional generations)       8c       97138         C Total income (indicines and functional generations)       8c       97138         C Total income (indicines and functional service provide simulations)       8d       98556         C administrative service provide scalaries, tess, commissions)       8d       98556         G Other (including rollowers)       8a       90566         I Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       91040000         J Tanafers to (from) the plan (see instructions)       9j       9j       9000000000000000000000000000000000000				0		0				
B         Income. Expenses, and Transfers for this Plan Year         Image: solution of the plan section of receivable from:         Ba(1)         3769           (2) Participants         8e(2)         23647	•		40965	409658			514656			
a Contributions received or receivable from:           a Contributions received or receivable from:         38(1)         3769           (2) Participants	_					(b) Total				
(1) Amonganis       Ba(2)       23647         (3) Others (including rollowers)       Ba(3)         (4) Others (including rollowers)       Ba         (5) Other science (rollowers and insurance premums to provide benefits)       Ba         (6) Other science (rollowers)       Ba         (7) Other science (rollowers)       Ba         (8) Other science (rollowers)       Ba         (9) Other science (rollowers)       Bi         (10) Others (rollowers) (rollowers)       Bi         (11) Transfers to (from) the plan (see instructions)       Bi         (11) The plan provides ension benefits, enter the applicable verifier feature codes from the List of Plan Characteristic Codes in the instructions:         (12) Az z z z z z 30 z Z k 30 z z d z z k 30 z z z z z z z 30 z z z z z z 30 z z z z			, <i>i</i>							
(a) Other income (loss)       Ba(3)       97138         b Other income (loss)       Bb       97138         c Total income (add ines 8a(1), 8a(2), 8a(3), and 8b)       8c       124554         d Benefits paid (including direct followers and insurance permises)       8d       19556         c Ortain income (add ines 8a(1), 8a(2), 8a(3), and 8b)       8c       19556         c Ortain demed and/or corrective distributions (see instructions)       8d       19556         g Other expenses       8g       1         f Administrative service providers (sealaries, fees, commissions)       8f       104598         g Other expenses       8g       1       19556         j Transfers to (from) the plan (see instructions)       8j       104598         j Transfers to (from) the plan (see instructions)       8j       104598         2A 2E 2 C 2 0 2 X 3D 3H       104598       104598         i If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2 C 2 0 2 X 3D 3H         i If the plan year:       10b       X       10b       X         i Was there a folture to transmit to the plan any party-in-interext? (Do not include transchore form the List of Plan Characteristic Codes in the instructions:       10b       X         i If the plan yearc: <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td>										
b       Other income (loss)       8b       9/138         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       124554         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8d       19556         e       Certain deemed and/or corrective distributions (see instructions)       8e       1         g       Other expenses       8g       1         g       Other expenses (add lines 8d, 8e, 6f, and 8g)       8h       104598         i       Nationace (bas) (subtract line 8h from line 8c)       8i       104598         j       Transfers to (from) the plan (see instructions)       8j       104598         g       If the plan provides pension bonefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2at 2 2f 20 2J 2X 3D 3H       If       If the plan provides wefare benefits, enter the applicable wefare feature codes from the List of Plan Characteristic Codes in the instructions:         2at Y       Compliance Questions       10a       X         0       During the plan year:       Yes       No       Amount         a       Was there a failure to transactions with any party-in-interes? (Do on tinctube transactions reported)       10a       X         2 CFR 25103-102? (See instructions and DOL's Volutary Flobaiary Correction Program) </td <td>(2) Participants</td> <td></td> <td colspan="3">23647</td> <td></td> <td></td> <td></td>	(2) Participants		23647							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       124554         G Benefits paid (including direct rollovers and insurance preniums to provide benefits)       8d       18656         G Cartai deemed and/or corrective distributions (see instructions)       8d       18656         G Administrative service providers (salaries, fees, commissions)       8f       9         G Other expenses       8g       104556         I not expenses       8g       104928         J Transfers to (from) the plan (see instructions)       8i       104928         J Transfers to (from) the plan (see instructions)       8i       104928         J Transfers to (from) the plan (see instructions)       8j       104928         J Transfers to (from) the plan (see instructions)       8j       104928         J Transfers to (from) the plan (see instructions)       8j       104928         J Transfers to (from) the plan (see instructions)       8j       10         V Compliance Questions       10       10       X         O Uuring the plan year:       Yes       No       Amount         20 V See than over et y fidelity bond?       10       10       X         0 Uuring the plan year is a failure to transmit to the plan any participant contributions within the time period described in 12       X       1000 <td></td> <td></td> <td>0740</td> <td></td> <td>_</td> <td></td> <td></td> <td></td>			0740		_					
d Benefits paid (including direct rollovers and insurance premiums be dependent)			97138							
to provide benefits)		8c			_	124554				
e       Certain deemed and/or corrective distributions (see instructions)		8d	1955	6						
g       Other expenses       8g       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       104566         i       Net income (loss) (subtract line 8h from line 8c)       8i       104598         j       Transfers to (from) the plan (see instructions)       8j       104598         Part IV       Plan Characteristics       8j       104598         Sa       1 free plan provides pension benefits, enter the applicable veltare feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2F 2G 2J 2K 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2A 7 2G 2J 2K 3D 3H         O       During the plan year:       100       X       10a       X         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a.)       10a       X       10a       X         c       Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a.)       10a       X       10a       X         c       Was there a failure to transmit to the plan any participant contributions with any cargo carrier, insurance service, or other organization that provides some or all of the benefits under the plan?       10a       X       10a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
g       Other expenses       8g       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       104566         i       Net income (loss) (subtract line 8h from line 8c)       8i       104598         j       Transfers to (from) the plan (see instructions)       8j       104598         Part IV       Plan Characteristics       8j       104598         Sa       1 free plan provides pension benefits, enter the applicable veltare feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2F 2G 2J 2K 3D 3H         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2A 7 2G 2J 2K 3D 3H         O       During the plan year:       100       X       10a       X         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a.)       10a       X       10a       X         c       Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a.)       10a       X       10a       X         c       Was there a failure to transmit to the plan any participant contributions with any cargo carrier, insurance service, or other organization that provides some or all of the benefits under the plan?       10a       X       10a <td>f Administrative service providers (salaries, fees, commissions)</td> <td>8f</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	f Administrative service providers (salaries, fees, commissions)	8f								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g Other expenses	8g								
j       Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)							19556		
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:         2art V       Compliance Questions         0       During 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         00       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fluciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       Inter 10a       X       100       X       100         c       Was the plan novered by a fidelity bond?       Inter 10a       Inter 10a       X       1000       X       1000       X       1000         d       Ut the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity?       Inter 2       10a       X       1000         d       Ut the plan have a loss, whether or not reimbursed by the plan? fidelity bond; that was caused by fraud or dishonesity?       10d       X       1000	i Net income (loss) (subtract line 8h from line 8c)	8i						104998		
Part IV       Plan Characteristics         29       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         20       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         21       22       22       23       30       3H         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         21       Compliance Questions:       100       101       102       X       20       X       102       X       101       X       102       X       20       X       20       X       20       X       100       X       1000       X       10000       X       100000       X       100000 <t< td=""><td>j Transfers to (from) the plan (see instructions)</td><td>8i</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	j Transfers to (from) the plan (see instructions)	8i								
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2a       2E       2F       2G       2J       2K       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         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102' (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part IV Plan Characteristics									
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       A         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       1000000000000000000000000000000000000	<b>10</b> During the plan year:									
on line 10a.)       10b       A         c       Was the plan covered by a fidelity bond?       10c       X       10000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       X       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X       X       X         if If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X					Yes	No		Amount		
c       Was the plan towered by a hidelity bolid r       10c       10c       100c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<b>a</b> Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a	Yes	-		Amount		
or dishonesty? 10d     e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)   f Has the plan failed to provide any benefit when due under the plan?   g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.   i If this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).   11 Is this a defined contribution for current year from Schedule SB (Form 5500) line 39.   112 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   13 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   14 Is the waiver of the minimum funding standard for a prior y	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	uciary Correc ? (Do not inc	tion Program) clude transactions reported			X		Amount		
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	iciary Correc ? (Do not inc	tion Program)	10b		X				
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         extr       VI       Pension Funding Compliance       10i       Yes       Yes         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes N         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Inter the unimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	iciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported 	10b 10c		× ×				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all other services.</li> </ul>	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x				
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         exart VI       Pension Funding Compliance       10i       Vest       Vest       Vest       N         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a       Vest       Vest       N         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       N         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Year       Year	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		× × × ×				
i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		× × × × ×				
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       N         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Year	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan blackout period?)</li> </ul>	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year enc (See instructi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		× × × × × × ×				
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes       N         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes       N         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Year	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> </ul>	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruction ner required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×				
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X N (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> </ul>	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> </ul>	iciary Correc ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruction ner required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×				
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X N (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> </ul>	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10"</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year enc (See instruction ne required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form	100		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year enc (See instruction ne required n 1-3 	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	(Form	100		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year enc (See instruction ne required n 1-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	100		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	Iciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefi n? s of year end (See instruction ne required n 1-3 ents? (If "Ye com Schedule requirement	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	100		
	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	Iciary Correc ? (Do not inc fidelity bond her persons b of the benefi n? s of year enc (See instruction he required n 1-3 ents? (If "Ye requirement as applicabl ng amortized	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X Scheccion 3	X X X X X X X X Iule SE	3 (Form Berissan States of the	100		

C	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 (enter a minus sign to the left of a negative amount).	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	′es	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		ו []	res 🗙 No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s): 1			N(s)	13	<b>c(3)</b> PN(s)			
Part	VIII Trust Information (optional)							
14a Name of trust								