Form **5500**
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Annual Return / Report of Employee Benefit Plan

(With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.
► See separate instructions.

OMB No. 1210-0016

1992

This Form Is Open to Public Inspection.

For the calendar plan year 1992 or fiscal plan year beginning Jan , 1992, **and ending** Dec , 19 92

A If *(1)* through *(4)* do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

(1) ☐ the first return/report filed for the plan;
(2) ☐ an amended return/report;
(3) ☐ the final return/report filed for the plan; or
(4) ☐ a short plan year return/report (less than 12 months).

For IRS Use Only
EP–ID

If the preprinted information in 1a through 6d is incorrect, please correct it; if any information is missing, please add it. Be sure to include this page with your completed return/report.

B IF YOU CORRECT ANY OF THE PREPRINTED INFORMATION OR ADD MISSING INFORMATION IN 1a THROUGH 6d, CHECK HERE . . . . . ► ☑

C If your plan year changed since the last return/report, check here . . . . . ► ☐

D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension . . . . . ► ☑

1a Name and address of plan sponsor (employer, if for a single-employer plan) (address should include room or suite no.)
BOOKER T WASHINGTON INS CO INC
1728 THIRD AVE N
BIRMINGHAM, AL 35203-2030282

1b Employer identification number
63 0220465

1c Sponsor's telephone number
(205)328-5454

1d Business code (see instructions, page 23)
6411

1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter ''Same'')
BOOKER T WASHINGTON INSURANCE CO
1728 3RD AVE N
BIRMINGHAM, AL 35201-0000

2b Administrator's employer identification no.
63 0220465

2c Administrator's telephone number

3 If you are filing this page without the preprinted historical plan information and the name, address and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in **3a** and/or **3b** and complete **3c**.

a Sponsor ..... EIN ..... Plan number .....

b Administrator ..... EIN .....

c If **3a** indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See instruction 3c on page 9 for the definition of sponsorship.) Enter "Yes" or "No." ► .....

4 **ENTITY CODE.** (If not shown, enter the applicable code from page 9 of the instructions.) ► B

5a Name of plan ► BOOKER T WASHINGTON INSURANCE COM INC EMPL STOCK OWNERSHIP PLAN

5b Effective date of plan (mo., day, yr.)
01/01/1987

5c Three-digit plan number ► 002

6 All filers must complete 6a through 6d, as applicable.

a ☐ Welfare benefit plan **b** ☑ Pension benefit plan
(If the correct codes are not preprinted below, enter the applicable codes from page 9 and 10 of the instructions in the boxes.)
EMPLOYEE STOCK OWNERSHIP PLAN

6							

c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 10 of the instructions in the boxes.)

B							

d ☐ Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: *A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.*

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ► ..... Date ► .....

Type or print name of individual signing for the employer/plan sponsor .....

Signature of plan administrator ► ..... Date ► .....

Type or print name of individual signing for the plan administrator

6e Check all applicable investment arrangements below (see instructions):

(1) ☐ Master trust (2) ☐ 103-12 investment entity

(3) ☐ Common/collective trust (4) ☐ Pooled separate account

f Single-employer plans enter the tax year end of the employer in which this plan year ends ► Month ..... Day ..... Year .....

g Is any part of this plan funded by an insurance contract described in Code section 412(i) . . . . . ☐ Yes ☑ No

h If **6g** is "Yes," was the part subject to the minimum funding standards for either of the prior two plan years? . . . . ☐ Yes ☐ No

7 Number of participants as of the end of the plan year (welfare plans complete only 7a(4), 7b, 7c, and 7d):

a	Active participants: (1) Number fully vested	**a(1)**	128	
	(2) Number partially vested	**a(2)**	49	
	(3) Number nonvested	**a(3)**	28	
	(4) Total			**a(4)** 205
b	Retired or separated participants receiving benefits			**b**
c	Retired or separated participants entitled to future benefits			**c** 91
d	Subtotal (add **7a(4), 7b,** and **7c**)			**d** 296
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits			**e**
f	Total (add **7d** and **7e**)			**f** 296
g	Number of participants with account balances (Defined benefit plans do not complete this line item.)			**g** 256
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			**h**

			Yes	No
i	**(1)** Was any participant(s) separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached? (See instructions.)	**i(1)**	✔	
	(2) If "Yes," enter the number of separated participants required to be reported ► 3			
8a	Was this plan ever amended since its effective date? If "Yes," complete **8b**	**8a**	✔	
	If the amendment was adopted in this plan year, complete **8c** through **8e.**			
b	If **8a** is "Yes," enter the date the most recent amendment was adopted ► Month 03 Day 25 Year 1991			
c	Did any amendment during the current plan year result in the retroactive reduction of accrued benefits for any participants?	**c**		
d	During this plan year did any amendment change the information contained in the latest summary plan descriptions or summary description of modifications available at the time of amendment?	**d**		
e	If **8d** is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in **8d** been both furnished to participants and filed with the Department of Labor?	**e**		
9a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year ►	**9a**		✔
b	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?	**b**		✔
c	Was a resolution to terminate this plan adopted during this plan year or any prior plan year?	**c**		✔
d	If **9a** or **9c** is "Yes," have you received a favorable determination letter from the IRS for the termination?	**d**		
e	If **9d** is "No," has a determination letter been requested from the IRS?	**e**		
f	If **9a** or **9c** is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?	**f**		
g	If **9a** is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?	**g**		
h	During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due?	**h**		✔
i	If **9h** is "Yes," enter the amount of tax paid with Form 5330 ► $			

10a In this plan year, was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s)? If "Yes," complete **10b** through **10e,** and see the instructions for **9a** to complete item **9** if the plan was terminated ☐ Yes ☑ No

	If "Yes," identify the other plan(s)	**c** Employer identification number(s)	**d** Plan number(s)
b	Name of plan(s) ►		

e If required, has a Form 5310-A been filed? . . . . . ☐ Yes ☐ No

			Yes	No
11	Enter the plan funding arrangement code from page 12 of the instructions ► 1	**12** Enter the plan benefit arrangement code from page 12 of the instructions ► 1		
13a	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	**13a**		✔
b	If **13a** is "Yes," enter the appropriate six-digit LM number(s) of the sponsoring labor organization(s) (see instructions): (1) (2) (3)			
14	If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of **Schedules A (Form 5500),** Insurance Information, attached. If none, enter "-0-." ►			

Welfare Plans Do Not Complete Items 15 Through 24. Go To Item 25.

			Yes	No
15a	If this is a defined benefit plan subject to the minimum funding standards for this plan year, is **Schedule B** (Form 5500) required to be attached? (If this is a defined contribution plan leave blank.)	15a		
b	If this is a defined contribution plan (i.e., money purchase or target benefit), is it subject to the minimum funding standards? (If a waiver was granted, see instructions.) (If this is a defined benefit plan leave blank.)	b		✔
	If "Yes," complete *(1), (2),* and *(3)* below:			
	(1) Amount of employer contribution required for the plan year under Code section 412	b(1) $		
	(2) Amount of contribution paid by the employer for the plan year. Enter date of last payment by employer ► Month ____ Day ____ Year ____	b(2) $		
	(3) If *(1)* is greater than *(2),* subtract *(2)* from *(1)* and enter the funding deficiency here; otherwise, enter -0-. (If you have a funding deficiency, file Form 5330.)	b(3) $		
16	Has the annual compensation of each participant taken into account under the current plan year been limited to $228,860?	16	✔	
17a	*(1)* Did the plan distribute any annuity contracts this year? (See instructions.)	a(1)		✔
	(2) If *(1)* is "Yes," did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?	a(2)		
b	Did the plan make distributions to participants or spouses in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or a qualified preretirement survivor annuity (exclude deferred annuity contracts)?	b		
c	Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	c		
d	Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?	d	✔	
18	Were distributions, if any, made in accordance with the requirements under Code sections 411(a)(11) and 417(e)?	18		
19	Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?	19		
20	Has the plan made the required distributions in 1992 under Code section 401(a)(9)? (See instructions.)	20		
21	Check if you are applying either of the following in completing items **21a** through **21o** (see instructions):			
	(i) ☑ Reasonable, good faith interpretation of the nondiscrimination provisions.			
	(ii) ☐ Substantiation guidelines.			
	If you checked 21(ii), enter the first day of the plan year for which data is being submitted ► Month ____ Day ____ Year ____			
a	Does the employer apply the separate line of business rules of Code section 414(r) when testing this plan for the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	21a		✔
b	If **21a** is "Yes," enter the total number of separate lines of business claimed by the employer ► ____ If more than one separate line of business, see instructions for additional information to attach.			
c	Does the employer apply the mandatory disaggregation rules under Income Tax Regulations section 1.410(b)-7(c)? If "Yes," see instructions for additional information to attach.	c		✔
d	In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	d		✔
e	Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	e		✔
f	If you meet either of the following exceptions, check the applicable box to tell us which exception you meet and do NOT complete the rest of question **21:**			
	(1) ☐ No highly compensated employee benefited under the plan at any time during the plan year;			
	(2) ☐ This is a collectively bargained plan that benefits only collectively bargained employees, no more than 2% of whom are professional employees.			
g	Did any leased employee perform services for the employer at any time during the plan year?	g		✔
				Number
h	Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code section 414(b), (c), or (m). Include leased employees and self-employed individuals.	h		489
i	Enter the total number of employees excludable because of: *(1)* failure to meet requirements for minimum age and years of service; *(2)* collectively bargained employees; *(3)* nonresident aliens who receive no earned income from U.S. sources; and *(4)* minimum hours of service/last day rule	i		219
j	Enter the number of nonexcludable employees (subtract line 21i from line 21h)	j		270
k	Do 100% of the nonexcludable employees entered on line 21j benefit under the plan? ☑ **Yes** ☐ **No** If line **21k** is "Yes," do NOT complete lines **21l** through **21o.**			
l	Enter the number of nonexcludable employees (line 21j) who are highly compensated employees	l		5
m	Enter the number of nonexcludable employees (line 21j) who benefit under the plan	m		270
n	Enter the number of employees entered on line **21m** who are highly compensated employees	n		5
o	This plan satisfies the coverage requirements on the basis of (check one): *(1)* ☐ The average benefits test *(2)* ☑ The ratio percentage test—Enter value ►			

			Yes	No
22a	Is it or was it ever intended that this plan qualify under Code section 401(a)? If "Yes," complete **22b** and **22c**	22a	✔	
b	Enter the date of the most recent IRS determination letter ► Month 12 Year 1987			
c	Is a determination letter request pending with the IRS?	c		✔
23a	Does the plan hold any assets that have a fair market value that is not readily determinable on an established market? (If "Yes," answer **23b**)	23a		✔
b	Were all the assets referred to in **23a** valued during the 1992 plan year by an independent third-party appraiser?	b		
c	If **23b** is "No," enter the value of the assets that were not valued by an independent third-party appraiser during the 1992 plan year. ►			
d	Enter the date the assets in **23c** were valued by an independent third-party appraiser. (If more than one date, enter the earliest date.) ►			
	(If this plan does not have ESOP features leave **23e** blank and go to item 24.)			
e	If dividends paid on employer securities held by the ESOP were used to make payments on ESOP loans, enter the amount of the dividends used to make the payments **23e** 4,402,665			
24	Does the employer/sponsor listed in **1a** of this form maintain other qualified pension benefit plans? If "Yes," enter the total number of plans, including this plan ► 2	24	✔	
25a	Did any person who rendered services to the plan receive directly or indirectly $5,000 or more in compensation from the plan during the plan year (except for employees of the plan who were paid less than $1,000 in each month)? If "Yes," complete Part I of **Schedule C** (Form 5500).	25a	✔	
b	Did the plan have any trustees who must be listed in Part II of **Schedule C** (Form 5500)?	b	✔	
c	Has there been a termination in the appointment of any person listed in **25d** below?	c		✔
d	If **25c** is "Yes," check the appropriate box(es), answer **25e** and **25f**, and complete Part III of **Schedule C** (Form 5500): (1) ☐ Accountant (2) ☐ Enrolled actuary (3) ☐ Insurance carrier (4) ☐ Custodian (5) ☐ Administrator (6) ☐ Investment manager (7) ☐ Trustee			
e	Have there been any outstanding material disputes or matters of disagreement concerning the above termination?	e		
f	If an accountant or enrolled actuary has been terminated during the plan year, has the terminated accountant/actuary been provided a copy of the explanation required by Part III of **Schedule C** (Form 5500) with a notice advising them of their opportunity to submit comments on the explanation directly to the DOL?	f		
g	Enter the number of **Schedules C** (Form 5500) that are attached. If none, enter -0- ► 1			
26a	Is this plan exempt from the requirement to engage an independent qualified public accountant? (see instructions)	26a		✔
b	If **26a** is "No," attach the accountant's opinion to this return/report and check the appropriate box. This opinion is: (1) ☑ Unqualified (2) ☐ Qualified/disclaimer per Department of Labor Regulations 29 CFR 2520.103-8 and/or 2520.103-12(d) (3) ☐ Qualified/disclaimer other (4) ☐ Adverse (5) ☐ Other (explain)			
c	If **26a** is "No," does the accountant's report, including the financial statements and/or notes required to be attached to this return/report disclose (1) errors or irregularities; (2) illegal acts; (3) material internal control weaknesses; (4) a loss contingency indicating that assets are impaired or a liability incurred; (5) significant real estate or other transactions in which the plan and (A) the sponsor, (B) the plan administrator, (C) the employer(s), or (D) the employee organization(s) jointly involved; (6) that the plan has participated in any related party transactions; or (7) any unusual or infrequent events or transactions occurring subsequent to the plan year end that might significantly affect the usefulness of the financial statements in assessing the plan's present or future ability to pay benefits?	c		✔
d	If **26c** is "Yes," provide the total amount involved in such disclosure ►			
27	If **26a** is "No," complete the following questions. (You may NOT use "N/A" in response to item 27): If **27a, 27b, 27c, 27d, 27e,** or **27f** is checked "Yes," schedules of these items in the format set forth in the instructions are required to be attached to this return/report. Schedule G (Form 5500) may be used as specified in the instructions. During the plan year:			
a	Did the plan have assets held for investment?	27a	✔	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible?	b		✔
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	c		✔
d	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets?	d		✔
e	Do the notes to the financial statements accompanying the accountant's opinion disclose any nonexempt transactions with parties-in-interest?	e		✔
f	Did the plan engage in any nonexempt transactions with parties-in-interest not reported in **27e**?	f		✔
g	Did the plan hold qualifying employer securities that are not publicly traded?	g	✔	
h	Did the plan purchase or receive any nonpublicly traded securities that were not appraised in writing by an unrelated third party within 3 months prior to their receipt?	h		✔
i	Did any person manage plan assets who had a financial interest worth more than 10% in any party providing services to the plan or receive anything of value from any party providing services to the plan?	i		✔

			Yes	No
28	Did the plan acquire individual whole life insurance contracts during the plan year?	28		✔
29	During the plan year:			
a (1)	Was this plan covered by a fidelity bond? If "Yes," complete 29a(2) and 29a(3)	29a(1)	✔	
(2)	Enter amount of bond ► $ 1,000,000			
(3)	Enter the name of the surety company ► NATIONAL UNION			
b (1)	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	b(1)		✔
(2)	If **29b(1)** is "Yes," enter amount of loss ► $			

30a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program?

☐ Yes ☑ No ☐ Not determined

b If **30a** is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.

Employer identification number ► Plan number ►

31 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar; any other amounts are subject to rejection.** Plans with no assets at the beginning and the end of the plan year, enter -0- on line **31f.**

			(a) Beginning of year	(b) End of Year
Assets				
a	Total noninterest-bearing cash	a		
b	Receivables: **(1)** Employer contributions	b(1)	500,000	
	(2) Participant contributions	(2)		
	(3) Income	(3)		
	(4) Other	(4)		
	(5) Less allowance for doubtful accounts	(5)		
	(6) Total. Add b(1) through (4) and subtract (5) ►	(6)	500,000	
c	General Investments: **(1)** Interest-bearing cash (including money market funds)	c(1)		
	(2) Certificates of deposit	(2)		
	(3) U.S. Government securities	(3)		
	(4) Corporate debt instruments: **(A)** Preferred	(4)(A)		
	(B) All other	(4)(B)		
	(5) Corporate stocks: **(A)** Preferred	(5)(A)		
	(B) Common	(5)(B)		
	(6) Partnership/joint venture interests	(6)		
	(7) Real estate: **(A)** Income-producing	(7)(A)		
	(B) Nonincome-producing	(7)(B)		
	(8) Loans (other than to participants) secured by mortgages: **(A)** Residential	(8)(A)		
	(B) Commercial	(8)(B)		
	(9) Loans to participants: **(A)** Mortgages	(9)(A)		
	(B) Other	(9)(B)		
	(10) Other loans	(10)		
	(11) Value of interest in common/collective trusts	(11)		
	(12) Value of interest in pooled separate accounts	(12)		
	(13) Value of interest in master trusts	(13)		
	(14) Value of interest in 103-12 investment entities	(14)		
	(15) Value of interest in registered investment companies	(15)		
	(16) Value of funds held in insurance company general account (unallocated contracts)	(16)		
	(17) Other ►	(17)		
	(18) Total. Add c(1) through c(17) ►	(18)		
d	Employer-related investments: **(1)** Employer securities	d(1)	4,395,855	4,402,665
	(2) Employer real property	(2)		
e	Buildings and other property used in plan operation	e		
f	**Total** assets. Add a, b(6), c(18), d(1), d(2), and e ►	f	4,895,855	4,402,665
Liabilities				
g	Benefit claims payable	g	1,269,622	869,622
h	Operating payables	h	5,320	6,357
i	Acquisition indebtedness	i		
j	Other liabilities	j	3,213	12,340
k	**Total** liabilities. Add g through j ►	k	1,278,155	888,319
Net Assets				
l	Line f minus line k ►	l	3,617,700	3,514,346

32 Plan income, expenses, and changes in net assets for the plan year. *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; any other amounts are subject to rejection.**

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable from:			
(A) Employers	a(1)(A)	187,296	
(B) Participants	(B)		
(C) Others	(C)		
(2) Noncash contributions	(2)		
(3) Total contributions. Add a(1)(A), (B), (C) and a(2) ▶	(3)		187,296
b Earnings on investments:			
(1) Interest			
(A) Interest-bearing cash (including money market funds)	b(1)(A)	1,647	
(B) Certificates of deposit	(B)		
(C) U.S. Government securities	(C)		
(D) Corporate debt instruments	(D)		
(E) Mortgage loans	(E)		
(F) Other loans	(F)		
(G) Other interest	(G)		
(H) Total interest. Add b(1)(A) through (G) ▶	(H)		1,647
(2) Dividends: **(A)** Preferred stock	b(2)(A)		
(B) Common stock	(B)		
(C) Total dividends. Add b(2)(A) and (B) ▶	(C)		
(3) Rents	(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	(4)(A)		
(B) Aggregate carrying amount (see instructions)	(B)		
(C) Subtract (B) from (A) and enter result	(C)		
(5) Unrealized appreciation (depreciation) of assets	(5)		6,810
(6) Net investment gain (loss) from common/collective trusts	(6)		
(7) Net investment gain (loss) from pooled separate accounts	(7)		
(8) Net investment gain (loss) from master trusts	(8)		
(9) Net investment gain (loss) from 103-12 investment entities	(9)		
(10) Net investment gain (loss) from registered investment companies	(10)		
c Other income	c		
d Total income. Add all amounts in column (b) and enter total ▶	d		195,753
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries	e(1)	229,083	
(2) To insurance carriers for the provision of benefits	(2)		
(3) Other	(3)		
(4) Total payments. Add e(1) through (3) ▶	(4)		229,083
f Interest expense	f		54,858
g Administrative expenses: **(1)** Salaries and allowances	g(1)		
(2) Accounting fees	(2)		
(3) Actuarial fees	(3)		
(4) Contract administrator fees	(4)		
(5) Investment advisory and management fees	(5)		
(6) Legal fees	(6)		
(7) Valuation/appraisal fees	(7)		
(8) Trustees fees/expenses (including travel, seminars, meetings, etc.)	(8)	15,166	
(9) Other	(9)		
(10) Total administrative expenses. Add g(1) through (9)	(10)		15,166
h Total expenses. Add e(4), f, and g(10) ▶	h		299,107
i Net income (loss). Subtract h from d ▶	i		(103,354)
j Transfers to (from) the plan (see instructions)	j		
k Net assets at beginning of year (Item 31, line l, column (a))	k		3,617,700
l Net assets at end of year (Item 31, line l, column (b)) ▶	l		3,514,346

	Yes	No
33 Did any employer sponsoring the plan pay any of the administrative expenses of the plan that were not reported in line 32g?	✔	