PLUMBERS LOCAL 98

PO BOX 159
TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

1ST YEAR APPRENTICE (1st and 2nd academic periods)

SEC 102

MONTH: _____ **FROM:** _____ **TO:** _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $12.68** **$** _____

WAGE REDUCTION (B) _____ **HOURS** **TOTAL (C) $** _____

TOTAL THIS REPORT $ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE **$.50** TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE **$.50** DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

FRINGE BENEFITS	
DB PENSION FUND	$4.83
INSURANCE FUND	$5.50
SUB FUND	$0.10
WORKING DUES FUND	$0.70
GENERAL DUES	$0.15
TRAINING FUND	$0.35
INT'L TR FUND	$0.05
PIP EDU COUNCIL FUND	$0.50
DC PENSION FUND	$0.50
IARF FUND	$0.00
TOTAL	**$12.68**

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ **ST:** ____ **ZIP:** _____

TELEPHONE: _____

CHECK FOR MORE FORMS ___

SIGNATURE: _____ **DATE:** _____

ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

EFF Date: **7/1/2024**

PLUMBERS LOCAL 98

PO BOX 159
TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

2ND YEAR APPRENTICE (3rd and 4th academic periods)

SEC 103

MONTH: _____ **FROM:** _____ **TO:** _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **X $14.60** **$** _____

WAGE REDUCTION (B) _____ **HOURS** **TOTAL (C) $** _____

TOTAL THIS REPORT $

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

FRINGE BENEFITS	
DB PENSION FUND	$6.50
INSURANCE FUND	$5.75
SUB FUND	$0.10
WORKING DUES FUND	$0.70
GENERAL DUES	$0.15
TRAINING FUND	$0.35
INT'L TR FUND	$0.05
PIP EDU COUNCIL FUND	$0.50
DC PENSION FUND	$0.50
IARF FUND	$0.00
TOTAL	**$14.60**

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ **ST:** ____ **ZIP:** _____

TELEPHONE: _____

CHECK FOR MORE FORMS ___

SIGNATURE: _____ **DATE:** _____

ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

EFF Date: 7/1/2024

PLUMBERS LOCAL 98

PO BOX 159
TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

3RD YEAR APPRENTICE (5th and 6th academic periods)

SEC 104

MONTH: _____ **FROM:** _____ **TO:** _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **x $14.65** **$** _____

WAGE REDUCTION (B) _____ **HOURS** **TOTAL (C) $** _____

TOTAL THIS REPORT $ _____

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

FRINGE BENEFITS	
DB PENSION FUND	$6.50
INSURANCE FUND	$5.80
SUB FUND	$0.10
WORKING DUES FUND	$0.70
GENERAL DUES FUND	$0.15
TRAINING FUND	$0.35
INT'L TR FUND	$0.05
PIP EDU COUNCIL FUND	$0.50
DC PENSION FUND	$0.50
IARF FUND	$0.00
TOTAL	**$14.65**

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ **ST:** ____ **ZIP:** _____

TELEPHONE: _____

CHECK FOR MORE FORMS ___

SIGNATURE: _____ **DATE:** _____

ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

EFF Date: 7/1/2024

PLUMBERS LOCAL 98

PO BOX 159
TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

4TH YEAR APPRENTICE (7th and 8th academic periods)

SEC 105

MONTH: _____ **FROM:** _____ **TO:** _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.

RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **x $14.70** **$** _____

WAGE REDUCTION (B) _____ **HOURS** **TOTAL (C) $** _____

TOTAL THIS REPORT $

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT. THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

FRINGE BENEFITS	
DB PENSION FUND	$6.50
INSURANCE FUND	$5.85
SUB FUND	$0.10
WORKING DUES FUND	$0.70
GENERAL DUES FUND	$0.15
TRAINING FUND	$0.35
INT'L TR FUND	$0.05
PIP EDU COUNCIL FUND	$0.50
DC PENSION FUND	$0.50
IARF FUND	$0.00
TOTAL	**$14.70**

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ **ST:** ____ **ZIP:** _____

TELEPHONE: _____

CHECK FOR MORE FORMS ___

SIGNATURE: _____ **DATE:** _____

ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.

PLUMBERS LOCAL 98

PO BOX 159
TROY, MI 48099-0159

PHONE: (248) 641-4988 TOLL FREE: (866) 646-8919

EMPLOYER'S REPORT OF HOURS AND CONTRIBUTIONS

5TH YEAR APPRENTICE (9th and 10th academic periods) **SEC 106**

MONTH: _____ **FROM:** _____ **TO:** _____

LIGHT COMMERCIAL - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR ALL HOURS WORKED ON LIGHT COMMERCIAL WORK.
RESIDENTIAL, SERVICE AND REPAIR - CONTRIBUTIONS TO FRINGE BENEFIT FUNDS SHALL BE PAID FOR THE FIRST 40 HOURS WORKED EACH WEEK WHETHER SUCH WORK IS PERFORMED AT THE STRAIGHT TIME OR OVERTIME RATE. NO FRINGE BENEFIT CONTRIBUTIONS ARE OWED ON HOURS WORKED IN EXCESS OF 40 IN ANY WEEK.

THIS REPORT WITH PAYMENT MUST BE **RECEIVED** BY THE PLUMBERS LOCAL 98 TRUST FUNDS NO LATER THAN THE **15th OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE HOURS WERE WORKED. REMITTANCE IS BASED ON THE TYPE OF WORK AS EXPLAINED IN THE LANGUAGE ABOVE.

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	Straight Time	Over Time	Double Time	Total Hours Worked (A)	Total Hours Reported	WAGE REDUCTION PLAN STRAIGHT TIME NOT TO EXCEED 40 HOURS PER WEEK		
							Straight Time (B)	Rate	AMOUNT (C)
	TOTAL								

TOTAL HOURS (A) _____ **x $15.35** **$** _____

WAGE REDUCTION (B) _____ **HOURS** **TOTAL (C) $** _____

TOTAL THIS REPORT $

MAKE CHECK PAYABLE TO: PLUMBERS LOCAL 98
MAIL TO: PLUMBERS LOCAL 98
PO BOX 675434
DETROIT, MI 48267-5434

SPECIAL NOTE: FAILURE TO FILE THIS REPORT ON TIME OR CALCULATED INCORRECTLY WILL RESULT IN A LIQUIDATED DAMAGES CHARGE WHICH WILL BE ADDED TO THE REMITTANCE AMOUNT.
THE LIQUIDATED DAMAGES CHARGE IS 10 % OF THE REMITTANCE AMOUNT BUT NOT LESS THAN $15.00.

EMPLOYERS NOT PAYING THE $.50 TO THE PIPING EDUCATIONAL COUNCIL FUND MUST ALLOCATE THE $.50 TO THE TRAINING FUND.
PLEASE CHECK HERE IF APPLICABLE: _____ **TRAINING FUND**
IF THIS INFORMATION IS NOT COMPLETED, THE FUND OFFICE WILL ALLOCATE THE $.50 DIRECTLY TO THE PIPING EDUCATIONAL COUNCIL.

FRINGE BENEFITS	
DB PENSION FUND	$6.50
INSURANCE FUND	$6.10
SUB FUND	$0.50
WORKING DUES FUND	$0.70
TRAINING FUND	$0.35
GENERAL DUES	$0.15
INT'L TR FUND	$0.05
PIP EDU COUNCIL FUND	$0.50
DC PENSION FUND	$0.50
IARF FUND	$0.00
TOTAL	**$15.35**

ADMINISTRATIVE USE ONLY

DATE RECEIVED: _____

DEPOSIT DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

ENTERED BY: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

TELEPHONE: _____

CHECK FOR MORE FORMS ___

SIGNATURE: _____ **DATE:** _____

SUBMISSIONS OF CONTRIBUTIONS ON AN ALTERNATE FORM MUST BE APPROVED BY THE JAC

BY SIGNING THIS FORM, YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS A FULL AND ACCURATE STATEMENT OF ALL EMPLOYEES WORKING FOR YOU UNDER THE JURISDICTION OF THE PLUMBERS LOCAL 98 FOR THE PERIOD INDICATED. BY FILING THIS REPORT, THE ABOVE NAMED EMPLOYER AGREES TO BE BOUND BY ALL THE TERMS OF THE CURRENT COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PLUMBERS LOCAL 98 AND THE MECHANICAL CONTRACTORS ASSOCIATION OF DETROIT, INC., AND TO ALL THE TERMS OF THE TRUST AGREEMENTS OF THESE FUNDS. SPECIFICALLY INCLUDING PROVISIONS RELATING TO THE FRINGE BENEFIT FUND CONTRIBUTIONS.