## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		dance with	n the instructions to the Form 550	)0-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011
Α .	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	n year return/report (less than 12 n	nonths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
_	special extension (enter descriptio	n)		_	
Dr	Irt II Basic Plan Information—enter all requested information	,			
	·	ation		1h	Three-digit
	Name of plan HESTER DENTAL CARE EMPLOYEES RETIREMENT PLAN				plan number
1100	TEOTER BERNINE OF THE EMILEO TEET THE THE TENT				(PN) • 001
				1c	Effective date of plan
					01/01/2002
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)		Employer Identification Number
KUU	HESTER DENTAL CARE				(EIN) 16-1535105
				2c	Sponsor's telephone number
	ELMWOOD AVENUE			24	585-271-1229
RUC	HESTER, NY 14620			Zu	Business code (see instructions) 621210
32	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN
	HESTER DENTAL CARE 1580 ELMWC	OOD AVEN	IÙE	00 /	16-1535105
	ROCHESTER	R, NY 1462	20	3c /	Administrator's telephone number
					585-271-1229
4	If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	-			+ -	
b	Total number of participants at the end of the plan year			5b	
				ac	
С	Number of participants with account balances as of the end of the p complete this item)			5c	6
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa	rt III   Financial Information		T		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	540287		590572
b	Total plan liabilities	. 7b			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	540287		590572
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	90(4)	11034		
	(1) Employers	8a(1)	70732		
	(2) Participants	8a(2)	10132		
<b>L</b>	(3) Others (including rollovers)	8a(3)	-25857		
b	Other income (loss)		-23637		55909
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			55909
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f	5624		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			5624
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			50285
j	Transfers to (from) the plan (see instructions)				

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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2R 3D
- 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	
а	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)	10a		Χ			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				50000
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			
е	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.)	10e		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					
Part	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	x No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 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 instruction granting the waiver.  Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part					<u> </u>		<u> </u>
	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol			
	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ie plai	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3	B) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ise is	establ	ished.	•	
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/15/2012	WILLIAM L. HURTT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Part	Annual Report Identification Information	***************************************	and ending 12	31/201	1
For cal	andar plan year 2011 or fiscal plan year beginning 01/01/2011	4.1		WARANT TARREST	a one-participant plan
A This	s return/report is for. ————————————————————————————————————		nployer plan (not multiemployer)	L	en entre la marcina (construir
	the first return/report	e final retur		M 1	
	an amended return/report as	short plan y	rear return/report (less than 12 mor	itns)	
C Ch	eck box if filing under: Form 5558 at	utomatic ex	tension	L	DFVC program
Co Cili	special extension (enter description)				
	the second second information and second information	AND REAL PROPERTY OF THE PROPE			
Part		***************************************			hree-digit
	ame of plan ESTER DENTAL CARE EMPLOYEES RETIREMENT PLAN			,	an number 001
KUUM	5) ER DERIAL OWN LINE LOCK LAND TO THE STATE OF THE STATE		-		ffective date of plan
				10 1	01/01/2002
	ika mushas lam	nlover if fo	r a single-employer plan)	2b E	mployer Identification Number
2a P	lan sponsor's name and address; include room or suite number (em ESTER DENTAL CARE	ployer, ir io	a single distribution		EIN) 16-1535105
ricoi ii	would be and the antity of the annual of the			2c S	ponsor's telephone number
					585-271-1229
1580 E	LMWOOD AVENUE			2d B	lusiness code (see instructions)
ROCH	ESTER NY 14620				621210
320	lan administrator's name and address (if same as plan sponsor, ent	er "Same")		3b A	dministrator's EIN 16-1535105
SAME				3c /	Administrator's telephone number
				00 /	585-271-1229
	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b i	EIN
4 1	f the name and/or EIN of the plan sponsor has changed since are in name, EIN, and the plan number from the last return/report.		r. · · ·		
	turn and a manager			4c	PN T
5a	Total number of participants at the beginning of the plan year	.,,		<u>5a</u>	6
h ·	Total number of participants at the end of the plan year		***************************************	<u>5b</u>	0
		lan year (de	efined benefit plans do not	5c	6
				<u></u>	X Yes No
	and the state of t	e assets? (	See instructions.)		
					X Yes No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either 6a or 6b, the plan cannot use Fo	and Conduc arm 5500-8	SF and must instead use Form 5	600.	
		,			
			(a) Beginning of Year		(b) End of Year
	Plan Assets and Liabilities	7a	54028	7	590572
	Total plan assets	7b			
b	Total plan liabilities		54028	7	590572
<u>C</u>	Net plan assets (subtract line 7b from line 7a)		(a) Amount		(b) Total
8	Income, Expenses, and Transfers for this Plan Year				
а	Contributions received or receivable from: (1) Employers	. 8a(1)	1103		
	(2) Participants	. 8a(2)	7073	32	
	(3) Others (including rollovers)	. 8a(3)			
h	Other income (loss)	8b	-258	57	econo
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			55909
C	Benefits paid (including direct rollovers and insurance premiums				
d	to provide benefits)	8d			
е	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>	3" /\	<del>  </del>	
f	Administrative service providers (salaries, fees, commissions)	<u>8f</u>	56	<del>-</del> 4	
g g	Other expenses	<u>8g</u>		_	5624
	- data-and on of and 8a	<u>8h</u>			502 <del>4</del> 50285
n i	Net income (loss) (subtract line 8h from line 8c)	<u>8î</u>			30203
š	Transfers to (from) the plan (see instructions)	8j			Form 5500-SF (201
, i	timinates to fireing and him.	anadanamenadanam			Form 2500-21 (50)

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Form	551111	-551	201	ş

Section   Part V   Compilance Questions	Dart IV	Plan Characteristics				in A.	lae in th	e instructions	
25 2 3 2	9a If th	e plan provides pension benefits, enter the applicable pension feature co	des from the List o	of Plan Charac	cterist	(IC UOC	esmu	e nandonorio.	
Part V Compliance Questions  10 Ouring the plan year:  a Was there a failure to transfert to the plan any participant contributions within the time period described in 25 CPR 2013-1027 (See instructions and DOL's Voluntary Fritaceary Correction Program)  b West there any necessary transactions with any party-in-interest? (Do not include transactions reported critish to 30 — or which are a transactions with any party-in-interest? (Do not include transactions reported critish to 30 — or whether or not reimbursed by the plan's didetity bond, that was caused by fraud or distinctestly?  West any less or commissions paid to any browses, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or ell of the benefits under the plan?  finant when here any participant loans? (I'ves, enter amount as of year end.)  fit this is no individual account plan, was there a blackout period? (See instructions and 29 CPR 250, 10-13).  If this is a sensewered "ves," check the box if you either provided the required notice or one of the oxceptions to providing the notice applied under 20 CPR 2500 10-3.  12 Is this a defined contribution plan subject to maintain furnishing requirements? (If "Yes," see instructions and complete Schedule SB (Form \$500).  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SQ or ERISA? [Yes 500].  13 Is a was ensured or the minimum funding the provided the first plan year, see instructions and complete Schedule SB (Form \$500).  14 Is a water of the minimum funding sendand for a prior year is being amountate of section 412 of the Code or section SQ or ERISA? [Yes 500].  15 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SQ or ERISA? [Yes 500].  16 Is the main main required contribution for this plan year.  17 If yes complete 122 or 122, 123, 123, and 125 believ, on applicable.  18 It is a was eliminated the minimum fun	2E	2G 2J 2K 2R 3D	es from the List of	Plan Charact	teristic	Code	es in the	instructions:	
A Use plan year:  3 Was been a slature 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 Foluciary Correction Program).  5 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on the 10a).  6 Was the plan covered by a fidelity born?  6 Was the plan toward only a fidelity born?  7 Were any fees or commissions paid to any knokers, agents, or other persons by an insurance camer, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  6 Has the plan fisited to provide any benefit when due under the plan?  7 Dot the plan have only participant base? (If Yes, "enter amount as of year end.).  8 If this is an individual eccount plan was there a blackout period? (See instructions and 29 CFR 250.015-3).  9 If this was enrowed? "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2500 101-3.  10 If the plan sensowed? "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2500 101-3.  10 If the sensowed? "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2500 101-3.  10 If a version of the minimum manufaction of the plan of th	<b>b</b> If th	ne plan provides welfare benefits, enter the applicable wellare realtire cou-	CG // OH/ DIO LITER TO	makkan na n	enseessi iir oo dhaa	essation engine de Divini	***************************************		sapanatashkii (35000000000000000000000000000000000000
a Was there of hittine to transmit to the plan any participant contributions with men time period executions and 20 CFR 250.5-1027 (See intertuctions and DLL Voluntary Fatiocary Correction Program).  b Were there any consessing transactions with any party-in-interest? (Do not include transactions reported on the 10a).  c Was the plan covered by a fidelity bond?  d Dd the plan have a loss, whether or not reimbussed by the plan's fidelity bond, that was caused by fraud or dehomentary?  Were any fees or commissions paid to any brokers, sgents, or other persons by an insurrance camer, insurance sense, and the plan plan that is a sense sense or other organization that provides some or all of the benefits under the plan?  G Did the plan have any participant banes? (If "Yes," enter amount as of year end.).  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.).  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptional to providing the notice applied under 29 CFR 250.101-3.).  If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compile's Schedule SB (Form \$500).  Part VI Pension Funding Compliance  11 is this a defined contribution plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Ves (If "Yes," compilete 12a or 12b, 12b, 12d, and 24b below, as applicable.)  If "Yes," compilete 12a or 12b, 12b, 12d, and 24b below, as applicable.)  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.  D Enter the minimum required contribution for this plan year.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.  D Enter the minimum required contribution for this plan year.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.  D Enter the minimum required contribution for thi	Part V	Compliance Questions				Yes	No	Amo	ount
29 CFR 2510-3-1027 (See instructions and OLD's vortices ST (Do not include transactions reported on line 10a).  2 Was the plan covered by a fidelity bond?  3 Was the plan covered by a fidelity bond?  4 Did the plan have alloss, whether or not raimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  5 Were any tees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization flest provides service or other organization flest provides service or other persons by an insurance carrier, insurance service or other organization flest provides service or other persons by an insurance carrier, insurance service or other organization flest provides service or other persons by an insurance carrier, insurance service or other organization flest provides service or other persons by an insurance carrier, insurance service or other organization flest provides service or other persons by an insurance carrier, insurance service or other organization flest provides service or other persons by an insurance carrier, insurance service or other organization flest provides and the plan? (See instructions and 20 CFR 2520.101-3).  5 Hit has the plan fielded provide any benefit when due under the plan field to provide any participant leans? (If "Yee," enter amount service applied under 29 CFR 2520.101-3.  5 Hit has a defined benefit plan subject to minimum funding requirements? (If "Yee," see instructions and compiles Schedule SB (Form 1 Yee 2520.101-3).  5 It is this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of EFRISA? (If "Yee," see instructions and compiles Schedule SB (Form 1 Yee, 2 See) instructions and compiles Schedule SB (Form 1 Yee, 2 See) instructions and compiles Schedule SB (Form 1 Yee, 2 See) instructions and compiles or participant in the seed of the plan for	<b>10</b> D	uring the plan year:	- the time period i	described in [					
on ine 10.0.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance cantler, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  If Has the plan failed to provide any benefit when due under the plan?  Did the plan have all post of the plan failed to provide any benefit when due under the plan?  Did the plan have all post of the plan failed to provide any benefit when due under the plan?  Did the plan have all post of the plan failed to provide any benefit when due under the plan?  Did the plan have any participant learns? (If "Yes," enter amount as of yeer end.).  If I this 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.  If I this 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.  It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form \$500).  It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? \[ Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicables.  If was a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? \[ Yes (If "Yes," complete files et al., 22d, and 12e below, as applicables.  If was a defined contribution of standard for a prior year is being amortized in this plan year, see instructions, and or the date of the letter in minimum required contribution for this plan year.  If was a was a defined contribution for this plan year.  If we was a section is the mini					10a			***************************************	
C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbussed by the plan's fidelity bond, their was caused by froud or dishonesty?  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.).  f If this is an individual account plan, was there a blackout period? (See instructions and 20 CFR 2520.101-3.).  if If this 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.  Part V 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)).  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 (if "Yes," complete 12a or 12b, 12c, 12d, and 12b below, as applicable.)  13 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 regarding the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13.  If you completed the mount on thinked by the employer to the plan for this plan year.  d Subtract the minimum fraginged contribution for this plan year.  d Subtract the minimum fraging amount reported on line 12b. Enter the result (enter a minus sliph to the left of a 12d line plan assets distributed by the employer to the plan for this plan year.  d Subtract the amount on thinked by the employer to the plan for this plan year.  If yes   No  13a Has a resolution to terminate the plan been adopted in any plan assets to the limitat	01	line 10a		1		v			50000
d Did the plan have a loss, whether or not reimborsed by the plans didetity bond, that was caused by first or dishonesty?  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? Gee 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," onter amount as of year end.)  If If 10h was anewered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 20 CFR 2520-101-3.  If If 10h was anewered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 20 CFR 2520-101-3.  Part VI Pension Funding Compliance  1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5000).  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Ves (If "Yes," complete 12a or 12b, 12c, 12d, and 12b below, as applicable.)  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  D Einter the minimum required contribution for this plan year.  C Enter the amount contributed by the employer to the plan for this plan year.  C Enter 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).  Were all the plan assets distributed to participants or beneficiaries for the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If the plan asset of idabitives were transferred from this plan to another plan(s), identify the plan(s) to which assets or ilabitities were transferred from this	,ee \ i	Ves the plan covered by a fidelity bond?	********************		100				
Were any fees or commissions paid to any brokers, agents, or other pressons by an itsuriance cannot be instructions.)  It has the plan failed to provide any benefit when due under the plan?  By Did the plan failed to provide any benefit when due under the plan?  By Did the plan have any participant loans? (If Yes, "enter amount as of year end.).  If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.).  If If If this 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.  Part VI Pension Funding Comptiance  Part VI Pension Funding Comptiance  It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 12 to this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," "complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a walver 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 rules of the late of the letter of the long the walver.  If you completed the 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Define the minimum required contribution for this plan year.  If you complete dime 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Define manumation in the 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12c 12d	<b>d</b> D	id the plan have a loss, whether or not reimbursed by the plan's fidelity bo	ond, that was caus	ed by fraud	10d		Х		
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.)	e v	/ere any fees or commissions paid to any brokers, agents, or other person	ns by an insurance refits under the pla	in? (See	10e		X		
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