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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	urn/report is for:	a single-employer plan		olan (not multiemployer)		a one-participant plan
B This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_
C Check b	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name	of plan				1b	Three-digit
JOHN R. KID	DD, D.D.S., P.S. SAVII	NGS PLAN				plan number
						(PN) • 001
					1C	Effective date of plan
20 Diam of		da	- /lavan if fan a sinala		2h	01/01/1995
	DD, D.D.S., P.S.	dress; include room or suite numbe	r (employer, ir for a single	e-employer plan)	2 D	Employer Identification Number (EIN) 91-1653358
					2c	Sponsor's telephone number
510 N. MAIN						509-684-5800
COLVILLE, \	WA 99114				2d	Business code (see instructions) 621210
		nd address Same as Plan Spons	ш	ın Sponsor Address	3b	Administrator's EIN 91-1653358
OHN R. KIDE	D, D.D.S., P.S.	510 N. MAI COLVILLE,			3c	Administrator's telephone number
		,				509-684-5800
		e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN
	•	mber from the last return/report.			40	DN
a Sponso		at the bearing in a of the plan way			4c	
		at the beginning of the plan year			5a	11
		at the end of the plan year			5b	11
		account balances as of the end of the	, , ,	•	5c	11
6a Were	all of the plan's assets	s during the plan year invested in el	igible assets? (See instru	ctions.)		X Yes No
•	•	the annual examination and report			,	
		? (See instructions on waiver eligibil				-
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.
		or incomplete filing of this return				
		her penalties set forth in the instruct				
	true, correct, and com	nd signed by an enrolled actuary, as olete.	s well as the electronic ve	rision or this return/report	i, and	to the best of my knowledge and
,	, , , , , , , , , , , , , , , , , , ,		1			
SIGN HERE	Filed with authorized/	valid electronic signature.	05/16/2013	JOHN R. KIDD, DDS		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	gning as plan administrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	gning as employer or plan sponsor
	name (including firm n	ame, if applicable) and address; inc				parer's telephone number (optional)
JODI CALHO						509-838-5500
	HURLEY INC. ERSIDE, SUITE 1600					
SPOKANE,						

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7 Plan Assets and Liabilities	Pai	t III Financial Information										
a Total plan assets	7			(a) Beginning of Yea	ar			(b) End	l of Y	ear		
D Total plan flabibilities. To C Net plan assets (subtract line 70 from line 7s). To C Net plan assets (subtract line 70 from line 7s). To C Net plan assets (subtract line 70 from line 7s). Total C Net plan assets (subtract line 70 from line 7s). Total C Net plan assets (subtract line 70 from line 7s). Total C Net plan assets (subtract line 7s) C Net plan assets (subtract line 7s) C Net plan (subtract line 8s) C Part line (subtract line 8s) C Net line (subtract line (subtract line 8s) C Net line (subtract line (subtract line 8s) C N			7a					(2) 2			0	
C Net plan assets (substant line 7b from line 7a). 7c (1986438 1261340 18 126		·										
8 Income. Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Employers. (5) Participants. (5) Septimical Receivable from: (5) Other income (loss). (6) Deterinorme (loss). (7) Employers. (8) Deterinorme (loss). (9) Deterinorme (loss). (9) Deterinorme (loss). (9) Deterinorme (loss). (10) Deterinorm		•		109843	88				13	26134)	
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) Employers: (5) Other (including relievers). (6) Other (including relievers). (7) Explorations (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including direct relievers and insurance premiums to provide benefits; paid (including direct relievers and insurance premiums to provide benefits. (8) Other expenses. (9) In the plan provides penalsto the first benefits. (1) Transfers to (from) the plan (see instructions). (1) Interpret IV Plan Characteristics (1) Interpret or (including the plan (see instructions). (1) If the plan provides penalsto henefits, enter the applicable weflare feature codes from the List of Plan Characteristic Codes in the instructions: (2) If the plan provides penalsto henefits, enter the applicable weflare feature codes from the List of Plan Characteristic Codes in the instructions: (2) If the plan provides penalsto henefits, enter the applicable weflare feature codes from the List of Plan Characteristic Codes in the instructions: (2) During the plan payer. (3) Wes the plan provides penalsto henefits, enter the applicable weflare feature codes from the List of Plan Characteristic Codes in the instructions: (4) West and the plan payer. (5) Other states any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program). (10) During the plan payer. (10) During the plan payer. (10) During the plan payer of the plan payer payer in the plan's fidelity bond, that was caused by fraud of the plan's payer in the plan's fidelity bond, that was caused by fraud of the plan's fidelity bond of the benefits under the plan' (See instructions). (10) During the plan have a loss								(b)		20101		
(1) Employers		·		(a) Amount				(6)	Total			
(3) Others (including rollovers)			8a(1)	5692	9							
b Cther income (loss)		(2) Participants	8a(2)	5959	93							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 40458 e Certain deemed and/or corrective distributions (see instructions)	b	Other income (loss)	8b	9697	' 4							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	13496	6	
f Administrative service providers (salaries, fees, commissions)		• • • •	8d	4045	8							
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	8e									
n Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	1013	6							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5059	4	
Transfers to (from) the plan (see instructions) 8 Part IV Plan Characteristics			8i							16290	2	
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: 2E 2J 2K 2A 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: 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)		· · · · · · · · · · · · · · · · · · ·	8i									
9a	Par	t IV Plan Characteristics	<u> </u>	l								
But 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		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions);		
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 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 have any participant loans? (If "Yes," enter amount as of year end.). g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). t 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. 10h	b		eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:			
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 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 have any participant loans? (If "Yes," enter amount as of year end.). g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). t 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. 10h	Dawl	W Commission of Oscartions										
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) 10a		<u> </u>				V		1				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a			da a a a a dual	and the Caraman Sand day and the	ı	Yes	NO		Amo	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X					
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.)	С	Was the plan covered by a fidelity bond?			10c	X					500	000
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.)	d	"	-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-		X					
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.) 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. 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). 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 X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e 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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		·			iue			}				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		has the plan falled to provide any benefit when due under the plan	n?		10f		^					
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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					13	288
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)	h		•		10h		X					
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)	i				10i							
11a Enter the amount from Schedule SB line 39	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39	11									Yes	П	No
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 No (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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a											
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						ction		ERISA?.		Yes	X	No
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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date of			ling	
b Enter the minimum required contribution for this plan year	If											
	b	Enter the minimum required contribution for this plan year					12b					

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	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	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information				
For calend	ar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	
A This ref	turn/report is for: a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant	plan
B This ref	turn/report is: the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under: Form 5558	automatic extension		DFVC program	
	special extension (enter descrip	ption)		Descri	
Part II	Basic Plan Information—enter all requested info	rmation			
1a Name				1b Three-digit	
	. Kidd, D.D.S., P.S. Savings Plan			plan number (PN) ▶ 0.0	1
				1c Effective date of pla	ın
		THE STATE OF THE S		01/01/1995	
	ponsor's name and address; include room or suite number . Kidd, D.D.S., P.S.	r (employer, if for a single-	employer plan)	2b Employer Identificat (EIN) 91-16533	
				2c Sponsor's telephon	e number
510 N.	Main			509-684-5800)
				2d Business code (see	instructions)
Colvil		По в		621210	
	dministrator's name and address Same as Plan Sponso	or Name Same as Plai	Sponsor Address	3b Administrator's EIN 91-1653358	
John R	. Kidd, D.D.S., P.S.			3c Administrator's telep	phone number
510 N.	Main			509-684-5800	:
510 N.	Main				
Colvil	le WA 99114				
				41	
	name and/or EIN of the plan sponsor has changed since th , EIN, and the plan number from the last return/report.	ne last return/report filed to	or this plan, enter the	4b EIN	
	or's name			4c PN	
	number of participants at the beginning of the plan year			5a	11
b Total	number of participants at the end of the plan year		***************************************	5b	11
	er of participants with account balances as of the end of the				
comp	lete this item)			5c	11
	all of the plan's assets during the plan year invested in eli				X Yes No
	ou claiming a waiver of the annual examination and report 29 CFR 2520.104-46? (See instructions on waiver eligibili				X Yes No
	answered "No" to either line 6a or line 6b, the plan ca	•			ы . чо
	A penalty for the late or incomplete filing of this return/	·			
	alties of perjury and other penalties set forth in the instruction				a Schedule
SB or Sch	edule MB completed and signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/report	t, and to the best of my kno	wledge and
belief, it is	true, correct, and complete.				
SIGN	La fill Colon		John R. Kidd,	DDS	
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan adminis	strator
O O N	Ognature of plan administrator	Date	John R. Kidd,		XIAIOI
SIGN HERE			<u> </u>		
	Signature of employer/plan sponsor name (including firm name, if applicable) and address; inc	Date		ual signing as employer or Preparer's telephone nur	
Jodi C	• •	sade room or suite number	(optional)		` '
	l & Hurley Inc.			509-838-5	500
	Riverside, Suite 1600				
Spokan	e WA 99201				

га	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	109	9843	8		126134
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	109	9843	8		126134
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		5692	:9		
	(2) Participants	8a(2)		5959	3		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	9	9697	4		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					21349
	Benefits paid (including direct rollovers and insurance premiums			1045			
	to provide benefits)	8d	-	1045	18		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	-	1013	6		· · · · · · · · · · · · · · · · · · ·
<u>g</u>	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5059
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					16290
_ <u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2E 2J 2K 2A 3D		as from the List of Dian Channe				he instructions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	IC COO	ies in t	ne instructions:
Par	t V Compliance Questions					***	
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		100	-110	Amount
u							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr ? (Do not	rection Program)include transactions reported	10a 10b		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not	rection Program)include transactions reported	10b	Х		50000
c	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	rection Program)include transactions reported	10b 10c	Х		50000
d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Com? (Do not	include transactions reported	10b	Х	Х	50000
c	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	? (Do not fidelity bo	rection Program)	10b 10c	Х	Х	50000
d	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	Х	х	50000
d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plantage of	fidelity bo	ection Program)	10b 10c 10d 10e 10f		X X	
c	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity bo	rection Program)	10b 10c 10d	X	x x x	1328
d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity bo ner person of the bence s of year co	rection Program)	10b 10c 10d 10e 10f		X X	
c	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bo ner person of the bene s of year e (See instru	rection Program)	10b 10c 10d 10e 10f 10g		x x x	
e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bo ner person of the bene s of year e (See instru	rection Program)	10b 10c 10d 10e 10f 10g 10h		x x x	
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bo ner person of the bene s of year of (See instrume required 1-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	1328
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