Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

0010

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

| Pe | nsion Be | nefit Guaranty Corporation | ► Complete all entries in accorda | nce with the instruc | ctions to the Form 550 | 0-SF. | Ins | spection |
|------------|----------|------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|----------|-------------------------|-------------------|
| Pa | rt I | Annual Report lo | dentification Information | | | | · · | |
| For c | calenda | ar plan year 2012 or fisc | cal plan year beginning 01/01/2012 | | and ending | 12/31/2 | 2012 | |
| A T | his ret | urn/report is for: | X a single-employer plan a | multiple-employer pl | an (not multiemployer) | | a one-particip | oant plan |
| Вт | his ret | urn/report is: | the first return/report X th | e final return/report | | | | |
| | | | an amended return/report as | short plan year returr | n/report (less than 12 m | nonths) | | |
| C 0 | Check b | oox if filing under: | Form 5558 au | utomatic extension | | | DFVC progra | ım |
| | | | special extension (enter description) | | | | | |
| Pa | rt II | Basic Plan Infor | mation—enter all requested information | on | | 1 | | |
| | Name | | | | | 1b | Three-digit plan number | |
| LIDDY | S HE/ | ALTH MART PROFIT S | HARING PLAN | | | | (PN) ▶ | 001 |
| | | | | | | 1c | Effective date o | • |
| | | consor's name and addr ALTH MART | ress; include room or suite number (emp | ployer, if for a single- | employer plan) | 2b | Employer Identi | |
| | | | | | | 2c | Sponsor's telep | |
| | | STREET | 575 CRAFT ST | | | | 662-252 | |
| HOLL | Y SPR | INGS, MS 38635 | HOLLY SPRING | GS, MS 38635 | | 2d | Business code (| see instructions) |
| 3a | Plan ad | dministrator's name and | l address XSame as Plan Sponsor Nar | ne Same as Plar | Sponsor Address | 3b | Administrator's | EIN |
| | | | | | | 3с | Administrator's | telephone number |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 | If the n | name and/or EIN of the | plan sponsor has changed since the las | t return/report filed fo | or this plan, enter the | 4b | EIN | |
| | name, | EIN, and the plan numb | ber from the last return/report. | | , , , , , , , , , , , , , , , , , , , , | | | |
| | <u> </u> | or's name | | | | 4c | PN | |
| | | | t the beginning of the plan year | | | 5a | | 3 |
| | | | t the end of the plan year | | | 5b | | 0 |
| С | | | ccount balances as of the end of the pla | • | • | 5c | | |
| _ | | · · | during the plan year invested in eligible | , | • | | | X Yes No |
| b | | | he annual examination and report of an (See instructions on waiver eligibility and | | ed public accountant (IC | PA) | | X Yes No |
| | | | ner line 6a or line 6b, the plan cannot | • | and must instead use | Form | 5500. | <u> </u> |
| Caut | tion: A | penalty for the late or | r incomplete filing of this return/repor | rt will be assessed | unless reasonable ca | use is | established. | |
| | | • | er penalties set forth in the instructions, | | | | | able, a Schedule |
| | | dule MB completed and rue, correct, and comple | d signed by an enrolled actuary, as well acte. | as the electronic ver | sion of this return/repor | t, and | to the best of my | knowledge and |
| SIGN | | Filed with authorized/va | alid electronic signature. | 07/15/2013 | CECILIA WATSON | | | |
| HER | _ | Signature of plan add | ministrator | Date | Enter name of individ | lual sig | ning as plan adn | ninistrator |
| SIGN | | | | | | | | |
| HER | | Signature of employe | | Date | Enter name of individ | | | |
| Prep | arer's | name (including firm na | me, if applicable) and address; include r | room or suite numbe | r (optional) | Prep | arer's telephone | number (optional) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| Par | t III Financial Information | | | | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------|---------|---------|-----------------|-----------|------------|-------|-------|
| | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) Er | d of Y | ear | |
| | Total plan assets | 7a | 5700 | | | | (2) =: | <u>u o</u> | | 0 |
| | Total plan liabilities | 7b | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 5700 |)2 | | | | | | 0 |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (h) | Total | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (I) | Total | | |
| | (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | Other income (loss) | 8b | 694 | 16 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 6946 | 3 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 6256 | 55 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 138 | 3 | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 6394 | 8 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -5700 | 2 |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Par | t IV Plan Characteristics | , <u>°,</u> | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 3B 3D | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instr | uctions | S: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Plan Chara | cterist | ic Cod | des in t | he instru | ctions: | | |
| | | | | | | | | | | |
| Part | • | | | | | Ι | 1 | | | |
| 10 | During the plan year: | | | 1 | Yes | No | | Am | ount | |
| a | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | ıciary Corı | rection Program) | 10a | | X | | | | |
| | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 20000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | - | | 10d | | X | | | | |
| е | insurance service or other organization that provides some or all of | of the bene | efits under the plan? (See | 10- | | X | | | | |
| | instructions.) | | | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | ^ | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | • | <u> </u> | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | Г | Yes | X No |
| 11a | | | | | | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ction | 302 of | ERISA? | [| Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | , as applic | able.) | | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | - | | | and e | enter th Day | ne date c | f the le | | ling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | | | | | | |
| 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 | | | |
| 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 | | | |
| Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A |
| VII Plan Terminations and Transfers of Assets | | | | |
| Has a resolution to terminate the plan been adopted in any plan year? | X | 'es No | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC? | ontrol | | X Yes | No |
| If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | 0 | | _ | |
| 3c(1) Name of plan(s): | 3 c(2) El | N(s) | 13c(3) F | PN(s) |
| | | | | |
| | | | | |
| VIII Trust Information (optional) | | | <u> </u> | |
| | Nill the minimum funding amount reported on line 12d be met by the funding deadline? | Enter the amount contributed by the employer to the plan for this plan year | Enter the amount contributed by the employer to the plan for this plan year | Enter the amount contributed by the employer to the plan for this plan year |

14b Trust's EIN

14a Name of trust

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).

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| | art 📗 Annual Report Identification Information | | | | | | |
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| For | | /01/2012 | and ending | | 12/31/201 _ | .2 | |
| Α | This return/report is for: 🛛 a single-employer plan 📗 a | multiple-employer p | lan (not multiemployer) | | a one-partici | oant plan | |
| В | This return/report is: the first return/report X the | ne final return/report | | | | | |
| | an amended return/report a | short plan year retu | rn/report (less than 12 m | nonths | s) | | |
| С | Check box if filing under: Form 5558 a | utomatic extension | | | DFVC progra | am | |
| | special extension (enter description) | | | | | | |
| P | irt II Basic Plan Information—enter all requested information | on | | | | | _ |
| 115-100-01-0 | Name of plan | | | 1b | Three-digit | | |
| | LIDDY S HEALTH MART | | | | plan number | 0.01 | |
| | PROFIT SHARING PLAN | | | 4- | (PN) | 001 | |
| | INOLIL DIMINING LIMIN | | | 10 | Effective date of 01/01/2002 | | |
| 2a | Plan sponsor's name and address; include room or suite number (emp | olover, if for a single- | employer plan) | 2h | Employer Identit | \ | — |
| | LIDDY S HEALTH MART | noyon, ii tor a omgio | and the formal of | 20 | (EIN) 64-091 | 4675 | |
| | | | | 2c | Sponsor's telep | hone number | |
| | · · · · · · · · · · · · · · · · · · · | | | | (662) 252- | | |
| | 575 CRAFT STREET | | | 2d | Business code (| see instructions) | |
| | HOLLY SPRINGS | | 38635 | 26 | 446110 | 7167 | _ |
| 3a | Plan administrator's name and address $\overline{\mathbb{X}}$ Same as Plan Sponsor Nar | ne ∐Same as Plan | Sponsor Address | 30 | Administrator's I | ±IN | |
| | | | | 3с | Administrator's t | elephone number | - |
| | | | | | | • | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | U.S. day of the | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last | t return/report filed fo | or this plan, enter the | 4b | EIN | | |
| | If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponsor's name | return/report filed fo | or this plan, enter the | 4b 4c | | | |
| | name, EIN, and the plan number from the last return/report. Sponsor's name | | | | | | |
| _a_ | name, EIN, and the plan number from the last return/report. Sponsor's name | | | 4c | | | 3 0 |
| a 5a b | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan | n year (defined bene | ofit plans do not | 4c 5a 5b | | | _ |
| a 5a b c | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year complete this item) | n year (defined bene | rfit plans do not | 4c 5a 5b 5c | PN | | 0 |
| a 5a b c | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan complete this item) Were all of the plan's assets during the plan year invested in eligible a | n year (defined bene assets? (See instruc | ofit plans do not | 4c 5a 5b 5c | PN | X Yes No | 0 |
| a 5a b c | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan complete this item) Were all of the plan's assets during the plan year invested in eligible after you claiming a waiver of the annual examination and report of an | n year (defined bene assets? (See instruc independent qualifie | ofit plans do not tions.)tions.) | 4c 5a 5b 5c | PN | | 0 |
| a 5a b c | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan complete this item) Were all of the plan's assets during the plan year invested in eligible a | n year (defined bene assets? (See instruc independent qualifie d conditions.) | efit plans do not tions.)d public accountant (IQI | 4c 5a 5b 5c | PN | | 0 |
| a 5a b c | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | n year (defined bene assets? (See instruc independent qualifie d conditions.) use Form 5500-SF | efit plans do not tions.)d public accountant (IQI and must instead use | 4c 5a 5b 5c PA) | PN | | 0 |
| a 5a b c C 6a b | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction independent qualified conditions.) | ofit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/rep | 4c 5a 5b 5c PA) Form | PN 5500. established. | X Yes No | 0 |
| a 5a b c 6a b | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction independent qualified conditions.) | ofit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/rep | 4c 5a 5b 5c PA) Form | PN 5500. established. | X Yes No | 0 |
| a 5a b c 6a b | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction independent qualified conditions.) | ofit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/rep | 4c 5a 5b 5c PA) Form | PN 5500. established. | X Yes No | 0 |
| a 5a b c c 6a b Und SB b belief | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction independent qualified conditions.) | ofit plans do not tions.) d public accountant (IQI and must instead use unless reasonable cau examined this return/rep | 4c 5a 5b 5c PA) Form | PN 5500. established. | X Yes No | 0 |
| a 5a b c C 6a b Und SB b belief | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction independent qualified conditions.) | tions.)d public accountant (IQI and must instead use unless reasonable cau examined this return/report | 4c 5a 5b 5c PA) Form see is port, ir | 5500. established. cluding, if applicate the best of my | X Yes No | 0 |
| a 5a b c c 6a b Und SB b belief | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction independent qualified conditions.) | efit plans do not etions.) ad public accountant (IQI and must instead use unless reasonable cau examined this return/rep sion of this return/report | 4c 5a 5b 5c PA) Form see is port, ir | 5500. established. cluding, if applicate the best of my | X Yes No | 0 |
| a 5a b c c 6a b Und SB b belief | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction independent qualified conditions.) | tions.) | 4c 5a 5b 5c PA) Form see is port, ir, and if | 5500. established. cluding, if applicate the best of my | X Yes No | 0 |
| a 5a b c c 6a b Significant Si | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction in year (defined beneficially assets? (See instruction independent qualified conditions.) | and must instead use unless reasonable cau examined this return/report. TIMOTHY LIDDY Enter name of individuent | 4c 5a 5b 5c PA) Form se is soort, in, and it | 5500. established. cluding, if applicate the best of my | X Yes No | 0 |
| a 5a b c c 6a b Significant Si | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction in year (defined beneficially assets? (See instruction independent qualified conditions.) | and must instead use unless reasonable cau examined this return/report. TIMOTHY LIDDY Enter name of individuent | 4c 5a 5b 5c PA) Form se is soort, in, and it | 5500. established. cluding, if applicate the best of my | X Yes No | 0 |
| a 5a b c c 6a b Significant Si | name, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year | assets? (See instruction in year (defined beneficially assets? (See instruction independent qualified conditions.) | and must instead use unless reasonable cau examined this return/report. TIMOTHY LIDDY Enter name of individuent | 4c 5a 5b 5c PA) Form se is soort, in, and it | 5500. established. cluding, if applicate the best of my | X Yes No | 0 |

| Pa | rt III Financial Information | | | | | | | | | |
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| 7 | Plan Assets and Liabilities | | (a) Beginning of Ye | ar | | | (b) End | of Yea | ır | |
| а | Total plan assets | 7a | 5 | 7,00 | 02 | · | | | | 0 |
| b | Total plan liabilities | 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 5 | 7,00 |)2 | | | | | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) | Total | | |
| а | Contributions received or receivable from: | | | | | | | | | |
| - | (1) Employers | 8a(1) | | | | () () () () () () () () () (| | | | |
| | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 6,94 | 16 | | | | | |
| | Other income (loss) | 8b | | 0,9 | 4 O | | | | :::::::::::::::::::::::::::::::::::::: | 046 |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | | | | | O | ,946 |
| u | to provide benefits) | 8d | 6 | 2,5 | 55 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | Pil/irisiiki. | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 1,38 | 33 | | FIRETER LEWIS | | × × × | X XX |
| q | Other expenses | 8g | | | 11111 | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | • | | | 63 | ,948 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | E E | | | | | (57, | 002) |
| <u> </u> | Transfers to (from) the plan (see instructions) | 8j | | | | | | NO TO THE PERSON | rone i | |
| Dar | t IV Plan Characteristics | <u>~</u> | | | i = j.fr.i. | | | | | 11491519 |
| CAYAA TUU III II | If the plan provides pension benefits, enter the applicable pension 2E 3B 3D | feature co | des from the List of Plan Char | acteri | stic Co | des in | the instru | ctions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Chara | cteris | tic Cod | les in t | the instruc | tions: | | |
| Part | V Compliance Questions | | | | | | | | | |
| *************************************** | Harris and the second s | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amou | nt | |
| _ | During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | Yes | No X | | Amou | int | |
| а | Was there a failure to transmit to the plan any participant contribu- | iciary Corr ? (Do not i | ection Program)include transactions reported | 10a 10b | Yes | | | Amou | int | |
| а | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest | ciary Corr ? (Do not i | ection Program) include transactions reported | | Yes | Х | | Amou | | 0,000 |
| a b | Was there a failure to transmit to the plan any participant contribution 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 i | nclude transactions reported | 10b | | Х | | Amou | |),000 |
| a b c | Was there a failure to transmit to the plan any participant contribution 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.) | fidelity bou | nclude transactions reported nd, that was caused by fraud s by an insurance carrier, | 10b 10c | | Х | | Amou | |),000 |
| a b c | Was there a failure to transmit to the plan any participant contribution 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.) | fidelity borner persons | nclude transactions reported and, that was caused by fraud as by an insurance carrier, offits under the plan? (See | 10b 10c | | Х | | Amou | |),000 |
| a b c | Was there a failure to transmit to the plan any participant contributions 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.) | fidelity boner persons of the bene | nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See | 10b 10c 10d | | X | | Amou | |),000 |
| b c d | Was there a failure to transmit to the plan any participant contributions 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.) | fidelity bound in the person of the beneath | nclude transactions reported mind, that was caused by fraud s by an insurance carrier, effits under the plan? (See | 10b 10c 10d | | X X X | | Amou | | 0,000 |
| a b c d f g | Was there a failure to transmit to the plan any participant contributions 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.) | fidelity border persons of the benefits of year e | nclude transactions reported and, that was caused by fraud as by an insurance carrier, offits under the plan? (See | 10b 10c 10d 10e 10e | | X X X | | Amou | | 0,000 |
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