-	rm 5500-SF	Short Form Annual F	Return/Report o Benefit Plan	of Small Employ	yee		OMB No		0-0110 0-0089
	irtment of the Treasury rnal Revenue Service	This form is required to be file		nd 4065 of the Employe	е	2	2012		-
Employee E	epartment of Labor Benefits Security Administration	Retirement Income Security Act of the Intern	of 1974 (ERISA), and sec al Revenue Code (the C		(a) of	This Form i	s Open pectio		ublic
Pension B	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF.	113	pectio		
Part I		entification Information							
For calend	ar plan year 2012 or fisca		12	and ending 0	7/31/2	2013			
A This re	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	pant pla	in	
B This re	turn/report is:	the first return/report	the final return/report						
	Γ	an amended return/report	a short plan year return	n/report (less than 12 m	onths	)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m		
		special extension (enter descript	ion)						
Part II	Basic Plan Inform	nation—enter all requested inform	,						
1a Name					1b	Three-digit			
	•	OFIT SHARING PLAN AND TRUS	т			plan number			
						(PN) 🕨	C	01	
					1c	Effective date of 08/01	•		
2a Plan s MONSON F	ponsor's name and addre	ess; include room or suite number (	employer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-14	ication	Numl	ber
252 NORTH	I RUSHMORE ROAD				2c	Sponsor's telep 509-697		umbe	r
	98942-0000				2d	Business code ( 11130		tructio	ons)
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN		
4 If the	name and/or EIN of the p	lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN			
name		er from the last return/report.			4c				
		the beginning of the plan year			5a				50
		the end of the plan year			5a 5b				57
		count balances as of the end of the			30				57
					5c				17
6a Were	all of the plan's assets d	uring the plan year invested in eligi	ble assets? (See instruct	tions.)			×	Yes	No
		e annual examination and report of							– –
	,	See instructions on waiver eligibility	,				X	Yes	No
		er line 6a or line 6b, the plan can							
		incomplete filing of this return/re r penalties set forth in the instructio	-				abla a	Caba	dulo
SB or Sch		signed by an enrolled actuary, as v							
SIGN	Filed with authorized/va	lid electronic signature.	12/04/2013	CHRISTOPHER C MC	NSO	N			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individe	ual sig	gning as plan adn	ninistra	tor	
SIGN	Filed with authorized/va	lid electronic signature.	12/04/2013	CHRISTOPHER C MC	ONSO	N			
HERE	Signature of employe		Date	Enter name of individ	ual sig	gning as employe	r or pla	n spo	nsor
Preparer's	name (including firm nan	ne, if applicable) and address; inclu	de room or suite number	r (optional)	Prep	parer's telephone	numbe	r (opt	ional)

	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	46462	25			566715
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	46462	25			566715
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	0400		_		
	(2) Participants	8a(2)	2183	51			
	(3) Others (including rollovers)	8a(3)	0404	0	_		
-	Other income (loss)	8b	9494	9	_		440700
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		116780
	to provide benefits)	8d	1469	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14690
i	Net income (loss) (subtract line 8h from line 8c)	8i					102090
j	Transfers to (from) the plan (see instructions)	8j					
Par	rt IV Plan Characteristics						
b Par	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the list of Plan Chara	cterist		es in th	
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	the time period described in				
b		ciary Correct		10a		x	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	ction Program)	10a 10b		x x	
c	on line 10a.)	? (Do not in	ction Program) clude transactions reported		X		50000
c d	on line 10a.) Was the plan covered by a fidelity bond?	? (Do not in	ction Program) clude transactions reported	10b	×		50000
d	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	? (Do not in fidelity bonc ner persons of the benefi	ction Program) clude transactions reported  I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c	×	X	50000
d	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 of	? (Do not in fidelity bond her persons of the benefi	ction Program) Clude transactions reported 	10b 10c 10d	X	× ×	50000
d e	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 o instructions.) Has the plan failed to provide any benefit when due under the plan	? (Do not ind fidelity bond her persons of the benefi n?	ction Program) Clude transactions reported L, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	×	× × ×	50000
d e f g	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 o instructions.) Has the plan failed to provide any benefit when due under the plan	? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruc	ction Program) Clude transactions reported 	10b 10c 10d 10e 10f		× × ×	
d e f g	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 of instructions.) 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 If this is an individual account plan, was there a blackout period?	? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruction ne required in	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x x	
d e f g h	<ul> <li>on line 10a.)</li></ul>	? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruction ne required in	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x x x	
d e f g h	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 or instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If 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 th exceptions to providing the notice applied under 29 CFR 2520.10	? (Do not in fidelity bond fidelity bond of the benefit n? s of year en (See instruct ne required r 1-3 ents? (If "Ye	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X	6292
d f g h i Part	on line 10a.)	? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruc he required r 1-3	ction Program) Clude transactions reported Clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See Characteristic content of the Characteristic content of the Content of the Characteristic content of the Content of the Characteristic content of the Characteristic content of the Content of the Characteristic content of the Characteristic co	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X	6292
d f g h i Part	<ul> <li>on line 10a.)</li></ul>	? (Do not ind fidelity bond of the benefit n? s of year en (See instruct ne required to 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X Iule SB	6292 (Form
d f f i i 11 11a	<ul> <li>on line 10a.)</li></ul>	? (Do not in fidelity bond her persons b of the benefi n? s of year en (See instruct he required n 1-3	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR motice or one of the es," see instructions and corr ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X Iule SB	6292 (Form
d f f  h i i i 	<ul> <li>on line 10a.)</li></ul>	? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruct he required in 1-3	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the ces," see instructions and corr ts of section 412 of the Code cle.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Scheo	X X X X X Iule SB	(Form
d f f i i i i 	<ul> <li>on line 10a.)</li></ul>	? (Do not in fidelity bond her persons of the benefi n? s of year en (See instruct he required in 1-3	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the ces," see instructions and corr ts of section 412 of the Code cle.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Scheo	X X X X X X Iule SB Illa 302 of E	(Form

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re	turn/Repoi enefit Plan	t o	f Small Employ	ee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employer Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058 the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500				e	2012	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation					(a) of	is Open to Public spection	
Part   Annual Report Id	lentification Information	ance with the In	struc	cuons to the Form 550	J-SF.		
For calendar plan year 2012 or fisca		08/01/201	2	and ending	07	/31/2013	
A This return/report is for:	🗙 a single-employer plan 🛛 🗌 a	a multiple-employ	er pl	an (not multiemployer)		a one-partici	oant plan
B This return/report is:	The first return/report	he final return/re	oort				
Γ	] an amended return/report 🛛 🗍 a	short plan year	retur	n/report (less than 12 m	onths)		
C Check box if filing under:		utomatic extensi	on		Ĺ	DFVC progra	ım
Γ	」 ☐ special extension (enter description)				L	]	
Part II Basic Plan Inform	mation enter all requested inform						
1a Name of plan	nation enter all requested inform	lation			1b -	Three-digit	
MONSON FRITT CO INC	401(K) PROFIT SHARING PLA				- 1	olan number	001
MONSON FROIT CO INC	401 (R) PROFIL SHARING PLA	N AND TRUST				PN) ► Effective date c	
						08/01/1997	plan
	ress; include room or suite number (en	nployer, if for a si	ngle	-employer plan)	2b	Employer Ident	fication Number
MONSON FRUIT CO INC					(	EIN) 91-14	96092
						Sponsor's telep	
252 NORTH RUSHMORE R	OAD					(509) 697-	
	WD 00040 0000					Business code	(see instructions)
US SELAH 3a Plan administrator's name and	WA 98942-0000 address X Same as Plan Sponsor I	Name 🗔 Same	as F	lan Sponsor Address		Administrator's	FIN
			401		•••		
					3c /	Administrator's	telephone number
	blan sponsor has changed since the las	st return/report fi	ed fo	or this plan, enter the	<b>4b</b> E	EIN	
name, EIN, and the plan numb	er from the last return/report.				4.0	201	
a Sponsor's name	the beginning of the plan year				<u>4c</u> ∣ 5a	<sup>2</sup> N	50
	the beginning of the plan year				<u>5a</u> 5b		57
	count balances as of the end of the pla			•	00		
complete this item)					<u>5c</u>		17
	uring the plan year invested in eligible			************************		•••••	X Yes No
	e annual examination and report of an See instructions on waiver eligibility an		alifie	d public accountant (IQF	PA)		X Yes No
· ·	er line 6a or line 6b, the plan cannot	, i	SE	and must instead use I	5 Form 5	 500	
	r incomplete filing of this return/repo						
Under penalties of perjury and other	er penalties set forth in the instructions I signed by an enrolled actuary, as wel	, I declare that I	nave	examined this return/re	port, in	cluding, if appli	
	1, mon		-	Chris Ma	771 S	-#1	
HERE Signature of plan admin		Date /1/25/	13	Enter name of individua			nistrator
Res. 11	howen	Date 1123		Chris Me			
SIGN HERE Signature of employer/p		Date ///>	. 7				
	me, if applicable) and address; include		_	Enter name of individua			number (optional)
	,	7					
For Paperwork Reduction Act No	otice and OMB Control Numbers, se	e the instructio	ns fo	r Form 5500-SF.		F	orm 5500-SF (2012) v.120126

Form 5500-SF 2012

Page 2

	Form 5500-SF 2012			Page <b>2</b>		_			
Pa	rt III Financial Information					<b>.</b>			
7	Plan Assets and Liabilities			(a) Beginning of Year	r			(b) End o	of Year
a	Total plan assets	7a		464,63	25				566,715
b	Total plan liabilities	7b			0	_			0
-	Net plan assets (subtract line 7b from line 7a)	7c		464,62	25	_			566,715
	Income, Expenses, and Transfers for this Plan Year	28	ļ	(a) Amount				(b) To	otal
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		21,83	31				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b		94,94	49				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							116,780
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d		14,69	90	_			
-	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>							
	Administrative service providers (salaries, fees, commissions)	8f							1.000
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14,690
-	Net income (loss) (subtract line 8h from line 8c)	8i							102,090
	Transfers to (from) the plan (see instructions)	8j							
-	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from	the List of Plan Charac	teristi	c Cod	es in tl	ne instructi	ions:
_	2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from t	he List of Plan Characte	eristic	Code	s in the	e instructio	ns:
Pa	rt V Compliance Questions								
10	During the plan year:					Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)				10a		x		
		iary Corre ? (Do not i	ection P nclude	rogram)	10a 10b			·····	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not i	ction P	rogram) transactions reported		x	x		50,000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not i fidelity bor	ection P nclude nd, that	rogram) transactions reported  was caused by fraud	10b		x		
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o	iary Corre ? (Do not i fidelity bor er person f the bene	ection P nclude nd, that s by an efits und	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See	10b 10c 10d		x x x		
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o instructions.)	iary Corre ? (Do not i fidelity bor er person f the bene	ection P nclude nd, that s by an efits und	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See	10b 10c 10d 10e		x x		
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o	iary Corre ? (Do not i fidelity bor er person f the bene	ection P nclude nd, that s by an efits und	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See	10b 10c 10d		x x x		
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o instructions.)	iary Corre ? (Do not i fidelity bor fidelity bor of the bene	ection P nclude nd, that s by an efits und	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See	10b 10c 10d 10e		x x x x		
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o instructions.) Has the plan failed to provide any benefit when due under the plan	ciary Corre (Do not i fidelity bor fidelity bor of the bene s of year e See instru	ection P nclude nd, that s by an affits und end.)	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See and 29 CFR	10b 10c 10d 10e 10f	x	x x x x		50,000
b c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (	ciary Corre (Do not i fidelity bor er person of the bene s of year e See instru	ection P nclude nd, that s by an efits und end.)	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See and 29 CFR or one of the	10b 10c 10d 10e 10f 10g	x	x x x x x		50,000
b   c   d   e   f   f   h   i	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If 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 th exceptions to providing the notice applied under 29 CFR 2520.101	ciary Corre (Do not i fidelity bor er person of the bene s of year e See instru	ection P nclude nd, that s by an efits und end.)	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See and 29 CFR or one of the	10b 10c 10d 10e 10f 10g 10h	x	x x x x x		50,000
b c d e f h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If 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 th exceptions to providing the notice applied under 29 CFR 2520.101 <b>t VI Pension Funding Compliance</b> Is this a defined benefit plan subject to minimum funding requirem	ciary Corre (Do not i fidelity bor er person of the bene s of year e See instru er requirec -3 ments? (If "	ection P nclude nd, that s by an efits und end.) uctions a 1 notice Yes," se	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See and 29 CFR or one of the ee instructions and comp	10b 10c 10d 10e 10f 10g 10h 10h	x	x x x x x x		<u>50,000</u> 6,292
b c d f g h i Par 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If 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 2520.101 <b>t VI Pension Funding Compliance</b> Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ciary Corre (Do not i fidelity bor fidelity bor fithe bene free persons f the bene s of year e See instru- e required -3 ents? (If "	ection P nclude nd, that s by an efits und end.) actions a 1 notice Yes," se	rogram) transactions reported was caused by fraud insurance carrier, er the plan? (See and 29 CFR or one of the ee instructions and comp	10b 10c 10d 10e 10f 10g 10h 10i	x	x x x x x		50,000
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