For	m 5500-SF	Short Form Annual R		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service		Benefit Plan		_	2	2013
De	partment of Labor enefits Security Administration	This form is required to be filed Retirement Income Security Act of the Internal		ctions 6057(b) and 6058		This Form i	s Open to Public
Pension Be	nefit Guaranty Corporation	Complete all entries in accord			0-SF.	Ins	pection
Part I		entification Information				•	
For calenda	ar plan year 2013 or fisca	· · · · · ·			2/31/2		
	urn/report is for:		1 1 7 1	lan (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:		the final return/report				
	Ĺ			n/report (less than 12 m	onths)	—	
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	Im
		special extension (enter description	,				
Part II		nation—enter all requested informa	tion				
1a Name MONSON FF	•	OFIT SHARING PLAN AND TRUST			10	Three-digit plan number (PN) ▶	001
					1c	Effective date o	
						08/01	•
	oonsor's name and addre	ess; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-14	fication Number 96092
252 NORTH	RUSHMORE ROAD				2c	Sponsor's telep 509-69	
SELAH, WA					2d	Business code (11130	see instructions)
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor N	ame Same as Plar	n Sponsor Address	3b	Administrator's	EIN
					20	A designistants y's d	elephone number
		lan sponsor has changed since the later from the later from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN	
a Sponse					4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		48
b Total r	number of participants at	the end of the plan year			5b		56
		count balances as of the end of the p	• •	•	5c		18
6a Were	all of the plan's assets d	uring the plan year invested in eligible	e assets? (See instruc	tions.)			🗙 Yes 🗌 No
under	29 CFR 2520.104-46? (e annual examination and report of a See instructions on waiver eligibility a er line 6a or line 6b, the plan canno	nd conditions.)		·····		X Yes 🗌 No
-		plan, is it covered under the PBGC in			_		Not determined
Caution: A	nenalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable ca		established	
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	port, ir	ncluding, if applic	
SIGN	Filed with authorized/val						
HERE	Signature of plan adn	Ŭ	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individ			
Preparer's	name (including firm nan	ne, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ar		
а	Total plan assets	7a	56671	5				6	30822		
b	Total plan liabilities	7b		0					0		
С	Net plan assets (subtract line 7b from line 7a)	7c	56671	5				6	30822		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:	- (1)									
	(1) Employers	8a(1)	1106	5							
	(2) Participants	8a(2)	1100	5							
· · ·	(3) Others (including rollovers)	8a(3)	5304	2							
	Other income (loss)	8b	3004	2	_				64107		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							54107		
	to provide benefits)	8d									
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									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							64107		
j	Transfers to (from) the plan (see instructions)	8j									
Par	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	stic Co	des in	the instruc	tions			
	2E 2G 2J 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruction	ons:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			V					
<u> </u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					6000	00
d		•				Х					
	or dishonesty?			10d							
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					V					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х					529	98
h						х					
<u> </u>	2520.101-3.)			10h		~					
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											
11	Is this a defined benefit plan subject to minimum funding requirem										
	5500) and line 11a below)								Yes	X	No
	Enter the unpaid minimum required contribution for current year fr		, ,			11a				<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection (302 of	ERISA?		Yes	X N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	e date of th	ne let Yeai		ng	
lf	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					

C	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?	۱ 🗌 ۱	res 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 🗙 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	3 c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust ISON FRUIT CO INC 401(K) PROFIT S		rust's EIN 30826646	

Department of the Treasury	Short Form Annual	Return/Report of Small Emplo Benefit Plan	yee	OMB Nos. 1210-0 1210-0
Internal Revenue Service	This form is required to be	filed under sections 104 and 4065 of the Employ	ree	2013
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Active Internet	ct of 1974 (ERISA), and section 6057(b) and 605 ernal Revenue Code (the Code).	58(a) of This	Form is Open to Public Inspection
Part Annual Report I	dentification Information	ordance with the instructions to the Form 55	00-5r.	
For calendar plan year 2013 or fis		08/01/2013 and ending	12/31/2	013
 A This return/report is for: B This return/report is: C Check box if filing under: 	x a single-employer plan the first return/report an amended return/report Form 5558 special extension (enter description)	a multiple-employer plan (not multiemployer the final return/report x a short plan year return/report (less than 12 automatic extension ption)	months)	-participant plan
Part II Basic Plan Info	rmation enter all requested ir	nformation		
1a Name of plan MONSON FRUIT CO INC	401 (K) PROFIT SHARING	PLAN AND TRUST	1b Three-c plan nu (PN) ►	
			1c Effectiv	e date of plan /1997
2a Plan sponsor's name and ad MONSON FRUIT CO INC		er (employer, if for a single-employer plan)	2b Employ	r Identification Number 91-1496092
252 NORTH RUSHMORE	ROAD		2c Sponso	r's telephone number 697–9175
ZUZ MUNIN NUOHPORE			2d Busine: 11130	ss code (see instructions)
US SELAH 3a Plan administrator's name au	WA 98942-0000	nsor Name 🔲 Same as Plan Sponsor Address		strator's EIN
 If the name and/or EIN of the name, EIN, and the plan nur a Sponsor's name 	nber from the last return/report.	the last return/report filed for this plan, enter the	4c PN	
5a Total number of participants			<u>5a _</u>	48
		he plan year (defined benefit plans do not		
			., 5 C	18 [X]Yes []N
complete this item)	during the plan year invested in el			
 complete this item) Ga Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to elic If the plan is a defined bene 	f the annual examination and report ? (See instructions on waiver eligibi ther line 6a or line 6b, the plan ca fit plan, is it covered under the PBG	t of an independent qualified public accountant (lity and conditions.) annot use Form 5500-SF and must instead us GC insurance program (see ERISA section 4021	se Form 5500.)? Yes	No Not determ
complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ell c If the plan is a defined bene Caution: A penalty for the late	f the annual examination and report ? (See instructions on waiver eligibi ther line 6a or line 6b, the plan ca fit plan, is it covered under the PBG or incomplete filing of this retur	t of an independent qualified public accountant (lity and conditions.) annot use Form 5500-SF and must instead us GC insurance program (see ERISA section 4021 n/report will be assessed unless reasonable	se Form 5500.)? Yes cause is establ	No Not determ
 complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to elic c If the plan is a defined bene Caution: A penalty for the late Under penalties of periuty and of 	the annual examination and report ? (See instructions on waiver eligibi ther line 6a or line 6b, the plan c fit plan, is it covered under the PBC or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary,	t of an independent qualified public accountant (lity and conditions.) annot use Form 5500-SF and must instead us GC insurance program (see ERISA section 4021	se Form 5500.)? Yes cause is establ	No Not determ ished. g. if applicable, a Schedu
complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to ei c If the plan is a defined bene Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a	the annual examination and report ? (See instructions on waiver eligibi ther line 6a or line 6b, the plan c fit plan, is it covered under the PBC or incomplete filing of this retur ther penalties set forth in the instru and signed by an enrolled actuary,	t of an independent qualified public accountant (lity and conditions.) annot use Form 5500-SF and must instead us GC insurance program (see ERISA section 4021 n/report will be assessed unless reasonable ictions, I declare that I have examined this return as well as the electronic version of this return/re	se Form 5500.)? Yes cause is estable v/report, includin port, and to the l UULL	No Not determ ished. g, if applicable, a Schedu sest of my knowledge and
 complete this item) Ga Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to eil c If the plan is a defined bene Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and completed 	the annual examination and report (See instructions on waiver eligibi- ther line 6a or line 6b, the plan ca fit plan, is it covered under the PBG or incomplete filing of this retur ther penalties set forth in the instru- and signed by an enrolled actuary, uplete	t of an independent qualified public accountant (lity and conditions.) annot use Form 5500-SF and must instead us GC insurance program (see ERISA section 4021 n/report will be assessed unless reasonable inctions, I declare that I have examined this return as well as the electronic version of this return/re	se Form 5500.)? Yes cause is estable vreport, includin port, and to the le Cause dual signing as (No Not determ ished. g, if applicable, a Schedu sest of my knowledge and
complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to elic c If the plan is a defined benee Caution: A penalty for the late Under penalties of perjury and co SB or Schedule MB completed a belief, it is true, correct, and con SiGN HERE Sign	the annual examination and report (See instructions on waiver eligibi- ther line 6a or line 6b, the plan ca fit plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, inplete.	t of an independent qualified public accountant (lity and conditions.) annot use Form 5500-SF and must instead us GC insurance program (see ERISA section 4021 n/report will be assessed unless reasonable inctions, I declare that I have examined this return as well as the electronic version of this return/re Date 7-25-74 Enter name of indivi-	se Form 5500.)? Yes cause is establ v/report, includin port, and to the i Lane dual signing as p Lane	No Not determ ished. g. if applicable, a Schedu pest of my knowledge and tag administrator
complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to elic If the plan is a defined bene c If the plan is a defined bene Caution: A penalty for the late Under penalties of perjury and completed a belief, it is true, correct, and completed a belief, it is true, correct, and completed a belief, it is true, correct and complete	the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan c fit plan, is it covered under the PBC or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, inplete.	t of an independent qualified public accountant (lity and conditions.) annot use Form 5500-SF and must instead us GC insurance program (see ERISA section 4021 n/report will be assessed unless reasonable ictions, I declare that I have examined this return as well as the electronic version of this return/re	se Form 5500.)? Yes cause is estable i/report, includin port, and to the le Laue dual signing as of Laue dual signing as of dual	No Not determ ished. g. if applicable, a Schedu pest of my knowledge and tag administrator

	Form 5500-SF 2013		Page 2					
	t III Financial Information	-	·	·····				******
	Plan Assets and Liabilities	_	(a) Beginning of Year		ļ		(b) End of Year	
	otal plan assets		566,71		ļ		630,822	2
	Total plan Nabilities	and the second se		0	ļ			0
************	Net plan assets (subtract line 7b from line 7a)	<u>7c</u>	566,71 (#) Amount	.5			630,822	2
	Contributions received or receivable from:	-					(b) Total	
	1) Employers							
	2) Participants		11,06	55	ļ			
************	3) Others (including rollovers)				ļ	*****		
	Other income (loss)	ée [53,04	12				
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>					64,107	7
	o provide benefits)	. 8d						
<u>) (</u>	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>			Ļ			
ļ	Administrative service providers (salaries, fees, commissions)	8f		***			-	
3 (Other expenses	. 8g						
*******	Total expenses (add lines 8d, 8e, 8f, and 8g)			_	 	****************		
	Net income (loss) (subtract line 8h from line 8c)				 	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	64,107	7
	Transfers to (from) the plan (see Instructions)	<u> </u>			<u> </u>			<u> </u>
	2E 2G 2J 3D f the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions	eature code	s from the List of Plan Characte	eristic	Code	s in the	instructions:	
Par	f the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for the second s	eature code	s from the List of Plan Characte	eristic				
Par 0	f the plan provides welfare benefits, enter the applicable welfare for the second seco	utions with	n the time period described in		Code Yes	No	instructions:	
Par 0 a	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes	utions withi uclary Corre	n the time period described in ection Program)	10a		No X		
Par 0 a b	t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes on line 10a.)	utions withi uclary Corre st? (Do not	n the time period described in action Program)			No	Amount	, 000
Par 0 a b c	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes	utions with uctary Corre st? (Do not s fidelity bo	n the time period described in ection Program) include transactions reported 	10a 10b	Yes	No X	Amount	,000
Par 0 a b c	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes 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 o insurance service, or other organization that provides some or all	utions withi uctary Corre st? (Do not s fidelity bo ther person If of the ber	n the time period described in action Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes	No X	Amount	,000
Par 0 a b c d e	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess 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 o insurance service, or other organization that provides some or al instructions.)	utions withi uctary Corre st? (Do not s fidelity bo ther person I of the ber	n the time period described in ction Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c	Yes	No X X X	Amount	,000
Par 0 a b c d d f	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes 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 o insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the plan	utions withi uclary Corre st? (Do not s fidelity bo ther person il of the ber an?	n the time period described in action Program) include transactions reported nd, that was caused by fraud is by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X	<u>Amount</u> 60,	
Par 0 a b c d e	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes 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 o insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount	utions withi uclary Corre st? (Do not s fidelity bo ther person ll of the ber an? as of year	n the time period described in ection Program) include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	Yes	No X X X X	<u>Amount</u> 60,	,000
Par 0 a b c d e f g h	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes 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 o insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period?	utions withi uctary Corre st? (Do not s fidelity bo ther person ll of the ber an? as of year ? (See instru-	n the time period described in ction Program) include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X	<u>Amount</u> 60,	
Par O a b c d e f g	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes 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 distonesty? Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (If "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.1	utions withi uciary Corre st? (Do not s fidelity bo ther person ll of the ber an? as of year ? (See instru- the require	n the time period described in action Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10a 10b 10c 10d 10g	Yes	No X X X X X X	<u>Amount</u> 60,	
Par 0 a b c d e f g h i	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes 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 o insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (II "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.1 VI Pension Funding Compliance	utions withi uclary Corre st? (Do not s fidelity bo ther person il of the ber an? as of year ? (See instru- the require 01-3	n the time period described in action Program) include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10a 10b 10c 10d 10f 10g 10h	Yes X	No X X X X X X X	Amount 60, 5,	
Par 0 a b c d e f g h i Par 11	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Was 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 o instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (II "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.1 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	utions withi uclary Corre st? (Do not s fidelity bo ther person il of the ber an? as of year ? (See instr the require 01-3	n the time period described in action Program) include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes	No x x x x x x x	Amount 60, 5,	,298
Par 0 a b c d e f g h i Par 11	f the plan provides welfare benefits, enter the applicable welfare for t Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 GFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess 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 o insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (If "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.1 tVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require \$500) and line 11a below) A Enter the unpaid minimum required contribution for current year	utions withi uctary Corre- st? (Do not s fidelity bo ther person ll of the ber an? as of year ? (See instru- the require 01-3 ements? (If from Scher	n the time period described in ction Program) include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes x x Sche	No x x x x x x x dule SE	Amount 60, 5, 3 (Form	,298 ∑ No
Par 0 a b c d e f g h i Par 11	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Was 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 o instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (II "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.1 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	utions withi uctary Corre- st? (Do not s fidelity bo ther person ll of the ber an? as of year ? (See instru- the require 01-3 ements? (If from Scher	n the time period described in ction Program) include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes x x Sche	No x x x x x x x dule SE	Amount 60, 5, 3 (Form	,298 ∑ No
Par 0 a b c d e f g h i Par 11	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess 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 o insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period? 252.0.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.11 IVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require \$500) and line 11a below) Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum funding funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	utions with uctary Corre st? (Do not s fidelity bo ther person il of the ber an? as of year as of year ? (See instr the require 01-3 ements? (If from Schei g requirem w, as applie	n the time period described in ection Program) include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.)	10a 10b 10c 10d 10f 10g 10h 10i 10i rplete	Yes x x Scher	No x x x x x x x dule SE 11a 302 of E	Amount 60, 5, 3 (Form RISA? \ \ Yes \	, 298 2] No 2] No
Par 0 a b c d e f g h i i Par 11	f the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess 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 o insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (II "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.11 tvi Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require \$500) and line 11a below) Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum funding	utions with uctary Corre st? (Do not s fidelity bo ther person il of the ber an? as of year as of y	n the time period described in ection Program) include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) and.) and.) tuctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code cable.) zed in this plan year, see instructions	10a 10b 10c 10d 10f 10g 10h 10i 10i 0r se	Yes x x Sche-	No x x x x x x x dule SE 11a 302 of E	Amount 60, 5, 3 (Form RISA? Yes X ERISA? Yes X Yes X	, 298 2] No 2] No