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.

1210-0089

2013

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calenda		scal plan year beginning 01/01/	2013	and ending 1	2/31/2	2013
A This ret	urn/report is for:	🛚 a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-participant plan
	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 m	onths)	
C Chock I	box if filing under:	X Form 5558	automatic extension		0111110)	DFVC program
• Check	box if filling under.	H				_ bi vo piogiaiii
Dort II	Basia Dian Info	special extension (enter desc	. ,			
Part II 1a Name		rmation—enter all requested inf	ormation		1h	Three-digit
	OD, D.D.S., P.S. SAVII	NGS PLAN			10	plan number
	, , , , , , , , , , , , , , , , , , , ,					(PN) • 001
					1c	Effective date of plan
0						01/01/1995
	ponsor's name and ad DD, D.D.S., P.S.	dress; include room or suite numb	er (employer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 91-1653358
510 N. MAIN	J				2c	Sponsor's telephone number 509-684-5800
COLVILLE, V					2d	Business code (see instructions)
						621210
	dministrator's name ar D, D.D.S., P.S.	nd address Same as Plan Spons	_	Sponsor Address	3b	Administrator's EIN 91-1653358
011111111111111111111111111111111111111	5, 5.5.6., 1 .6.		, WA 99114		3с	Administrator's telephone number 509-684-5800
		e plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b	EIN
		mber from the last return/report.			40	DNI
	or's name	at the beginning of the plan year			4c	
_		. ,			5a	11
		at the end of the plan year			5b	10
		account balances as of the end of		-	5с	10
	•	s during the plan year invested in e	`	,		X Yes No
,	· ·	f the annual examination and repor ? (See instructions on waiver eligib	·		,	X Yes □ No
		ither line 6a or line 6b, the plan of	,			·····
		it plan, is it covered under the PBC				Yes No Not determined
<u> </u>		·			<u> </u>	
		or incomplete filing of this return				
SB or Sche		her penalties set forth in the instructed actuary, a solete.				
SIGN	Filed with authorized/	valid electronic signature.	09/29/2014	JOHN R. KIDD, DDS		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	gning as plan administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	gning as employer or plan sponsor
Preparer's		ame, if applicable) and address; in				parer's telephone number (optional)
JODI CALH						509-838-5500
	HURLEY INC. ERSIDE, SUITE 1600					
SPOKANE,						

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	126134				(5) =110		524809)	
	Total plan liabilities	7b							269)	
	Net plan assets (subtract line 7b from line 7a)	7c	126134	0				1	524540)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) .	Γotal			
	Contributions received or receivable from:		(a) runount				(2)	. Ota.			
	(1) Employers	8a(1)	3090	9							
	(2) Participants	8a(2)	5162	26							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	19836	9							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	280904		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	645	7							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1124	7							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							17704	1	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							263200)	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2A 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	S :		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribut 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.)	? (Do not i	nclude transactions reported	10b		X					
	Was the plan covered by a fidelity bond?			10c	Χ					5000	200
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			X				3000	100
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d							
E	insurance service, or other organization that provides some or all	•	•			V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10q	X					30	012
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											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr								. 55	<u> </u>	
						11a		Тг	Yes	V	No
12	Is this a defined contribution plan subject to the minimum funding			e or se	ction	3U2 Of	EKISA?	LL	168	^	INO
a	(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 being standard to a prior year is being standard for a prior year.	ng amortize	ed in this plan year, see instru		, and e	_	l ne date of			ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Yea	ar'		
	Enter the minimum required contribution for this plan year	•				12b					

Page	3 -		1
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С	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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

⊸ Part I⊚ Annual Report Id	dentification Information				
For calendar plan year 2013 or fisc		01/01/2013	and ending	12/31/20	13
A This return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-part	icipant plan
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check box if filing under:	X Form 5558	automatic extension		☐ DFVC pro	gram
-	special extension (enter descri	iption)		_	
Part II Basic Plan Infor	mation—enter all requested info	ormation			
1a Name of plan				1b Three-digit	
John R. Kidd, D.D.S.	, P.S. Savings Plan			plan number	001
				(PN) 1c Effective date	
				01/01/19	
2a Plan sponsor's name and addr		er (employer, if for a single-	employer plan)	2b Employer Ide	ntification Number
John R. Kidd, D.D.S.	, P.S.			(EIN) 91-1	653358
540 M. M. J.				2c Sponsor's te	
510 N. Main				509-684-	
Colville	WA 99114			20 Business cod 621210	le (see instructions)
3a Plan administrator's name and		or Name Same as Plan	Sponsor Address	3b Administrator	's FIN
John R. Kidd, D.D.S.,		Пети п	Openios / 122.222	91-16533	358
					's telephone number
510 N. Main				509-684-	5800
Colville	WA 99114				
•	plan sponsor has changed since t	the last return/report filed fo	r this plan, enter the	4b EIN	
a Sponsor's name	ber from the last return/report.		!	4c PN	
	at the beginning of the plan year			5a	11
•	at the end of the plan year			5b	10
, ,	ccount balances as of the end of t				·
complete this item)				5c	10
6a Were all of the plan's assets of					∑ Yes ∐ No
, ,	the annual examination and report (See instructions on waiver eligibi	•		•	X Yes ☐ No
	ther line 6a or line 6b, the plan c	•			
•	t plan, is it covered under the PBG				☐ Not determined
Caution: A penalty for the late or Under penalties of perjury and other					olicable, a Schedule
SB or Schedule MB completed and	d signed by an enrolled actuary, a	as well as the electronic vers	sion of this return/report	t, and to the best of	my knowledge and
belief, it is true, correct, and comple					
SIGN SWEAT	X.C		John R. Kidd,	DDS	
HERE Signature of plan ad	Iministrator	Date	Enter name of individe	ual signing as plan a	administrator
SIGN A TOTAL	7	20.0	John R. Kidd,		
LUEDE WATER TO THE	/	Date	Enter name of individe		over or plan enoneer
Preparer's name (including firm na		<u> </u>		 	one number (optional)
Jodi Calhoun	,		, \-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	•	38-5500
Randall & Hurley Inc	•				
601 W. Riverside, Su	ite 1600			12.57	
Snokana	W7 99201				

Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a	Total plan assets	. 7a		5134	0			1524	4809
b	Total plan liabilities	7b							269
	Net plan assets (subtract line 7b from line 7a)	. 7c	126	5134	0			1524	4540
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a	Contributions received or receivable from:			2000	_				
	(1) Employers	. 8a(1)		3090	_				
	(2) Participants	8a(2)	<u></u>	5162	6				AND ASSESSED.
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	. 8b	15	9836	9				
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			3/2	ereste esto.	Constitution and the	28	0904
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		645	7				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e	,	1104	-	1000			
	Administrative service providers (salaries, fees, commissions)	8f		1124	7				
<u>g</u>	Other expenses	. 8g							5504
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							7704
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i		5-154 (FX)	Ši. Aleksis	.compares.	e Nederlande de la Constanti	∠6.	3200
	Transfers to (from) the plan (see instructions)	- 8j	, , , , , , , , , , , , , , , , , , ,						
Pai 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:	
	2E 2J 2K 2A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Charac	cteristi	c Cod	es in t	he instruct	ons:	
1 11								····	
Par	t V Compliance Questions								
					1				
10	During the plan year:				Yes	No		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu			10a	Yes	No X		Amount	
a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes	uciary Cor t? (Do not	rection Program)include transactions reported	10a	Yes			Amount	
b	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 Fid Were there any nonexempt transactions with any party-in-interest	uciary Cor t? (Do not	rection Program)include transactions reported	10b		Х			0000
b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond?	uciary Cor t? (Do not	rection Program)include transactions reported		Yes	х			0000
b	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 Fid 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?	uciary Cor t? (Do not	include transactions reported	10b		Х			0000
b	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 Fid 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 ot insurance service, or other organization that provides some or all	t? (Do not	include transactions reported and, that was caused by fraud as by an insurance carrier, nefits under the plan? (See	10b 10c 10d		х			0000
b c d	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 Fid 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 ot insurance service, or other organization that provides some or all instructions.)	uciary Cor t? (Do not s fidelity both her persor l of the ber	include transactions reported and, that was caused by fraud as by an insurance carrier, nefits under the plan? (See	10b 10c 10d		x x x			0000
a b c c d d	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 Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Cor t? (Do not s fidelity bo her person of the ber	include transactions reported ond, that was caused by fraud is by an insurance carrier, nefits under the plan? (See	10b 10c 10d 10e 10f	Х	X X		50	
	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 Fid 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 ot insurance service, or other organization that provides some or all 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	t? (Do not the person of the ber person of the ber person an?	include transactions reported mond, that was caused by fraud ms by an insurance carrier, nefits under the plan? (See	10b 10c 10d		x x x		50	
	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 Fid 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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)	her person of the ber	include transactions reported includes included included includes included includes included included included includes included includ	10b 10c 10d 10e 10f	Х	x x x		50	
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	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 Fid 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 ot insurance service, or other organization that provides some or all 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 at 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 2520.10	her persor of the ber an?	include transactions reported include transactions reported include transactions reported include transactions reported include transactions and that was caused by fraud in include the plan? (See include the plan? (See include the plan?)	10b 10c 10d 10e 10f 10g 10h	Х	x x x		50	3012
a b c d d e e e e e e e e e e e e e e e e e	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 Fid 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 ot insurance service, or other organization that provides some or all 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 at 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 2520.10	tree desired to the control of the ber person of the perso	include transactions reported and, that was caused by fraud as by an insurance carrier, anefits under the plan? (See and.) uctions and 29 CFR and notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X		50	
a b c c d d d e e e e e e e e e e e e e e e	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 ot insurance service, or other organization that provides some or all 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 at 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. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	her person as of year (See instruction and the require on the require of the requ	include transactions reported include	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X		50	3012
e Fart 11	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 Fid 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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at 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. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirents 5500) and line 11a below)	her persor of the ber can? (See instruction of the require of 1-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Aulule SE		50	3012
a b C	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 Fid 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 ot insurance service, or other organization that provides some or all 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 at 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 2520.10 (VI) Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for the strip is the plan to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	trom Scher	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schec	X X X X X A X A A A A A A A A A A A A A	ERISA?	50 Yes	3012 No
a b c c c c c c c c c	During the plan year: Was there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 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 ot insurance service, or other organization that provides some or all 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 at 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. If Yension Funding Compliance Is this a defined benefit plan subject to minimum funding required sthis a defined contribution plan subject to the minimum funding (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 beingranting the waiver.	her person of the ber person of the requirements? (If the person of the person o	include transactions reported included includ	10b 10c 10d 10e 10f 10g 10h 10i ce or se	X X Schec	X X X X X A X A A A A A A A A A A A A A	ERISA?	50 Yes	3012 No
6 d d d d d d d d d d d d d d d d d d d	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan any participant contribution of the plan any participant contribution of the plan 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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lif 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. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	her person of the ber an? (See instruction Scher g requirem of, as applicing amortizing	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schec	X X X X X A X A A A A A A A A A A A A A	ERISA?	50 Yes Yes the letter ruling	3012 No