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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti		identification information							
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/	2017		and ending 12	2/31/2017			
A This re	turn/report is for:	x a single-employer plan			in (not multiemployer) (ployer information in ac	_			
		a one-participant plan	_	oreign plan	,		,		
B This ret	urn/report is	the first return/report	=	final return/report					
		an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	ш	tomatic extension		DFVC program	n		
		special extension (enter desc	. ,						
Part II	Basic Plan Info	rmation—enter all requested in	nformatio	n		T			
1a Name CREEKSIDE		01K PROFIT SHARING PLAN				1b Three-digit plan number (PN) ▶			
						C Effective date of plan 01/01/2013			
Mailin	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0					dentification Number 91-1596448		
-	r town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) & PACKARD PS					2c Sponsor's telephone number 509-577-8277			
			2d Business code (see ins						
	H 40TH AVENUE						621210		
YAKIMA, WA	4 96906								
3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	onsor.			3b Administrat	or's EIN		
						3c Administrat	or's telephone number		
		e plan sponsor or the plan name h				4b EIN			
•	ian, enter the pian spo sor's name	nsor's name, EIN, the plan name	and the p	plan number from th	e last return/report.	4d PN			
C Plan N									
5a Total	number of participants	at the beginning of the plan year.				5a	30		
		at the end of the plan year				5b	29		
C Numb	er of participants with	account balances as of the end of	f the plar	year (only defined	contribution plans	5c	29		
•	,	rticipants at the beginning of the p				5d(1)	25		
		rticipants at the end of the plan ye				5d(2)	26		
		terminated employment during th				5e	1		
Caution: A	A penalty for the late	or incomplete filing of this retur	rn/report	t will be assessed i	unless reasonable car	use is establishe	d.		
SB or Scho		her penalties set forth in the instrund signed by an enrolled actuary, plete.							
SIGN	Filed with authorized	/valid electronic signature.		05/01/2018	DAVID PACKARD				
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual signing as plar	n administrator		
SIGN									

Date

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

6a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cann		,					M les No	U
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined	ł
	If "Yes" is checked, enter the My PAA confirmation number from the		-					. (See instructions.)	
Da	<u> </u>	<u> </u>						- ,	_
	rt III Financial Information				1				_
7	Plan Assets and Liabilities	_	(a) Beginning				(b) End	of Year	
<u>a</u>	Total plan assets	7a 	5	17639 0				712549	_
<u>b</u>	Total plan liabilities	7b	5	17639				712549	_
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c					(1-)		_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	IT .			(D)	Total	
a	(1) Employers	8a(1)		62927					
	(2) Participants	8a(2)		84969					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	!	55345					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						203241	
d	Benefits paid (including direct rollovers and insurance premiums	8d		3164					
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e		3104					
f	Administrative service providers (salaries, fees, commissions)	8f		5167					
_ <u>'</u>	Other expenses	8g		0101					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8331	_
-	Net income (loss) (subtract line 8h from line 8c)	8i						194910	_
÷	Transfers to (from) the plan (see instructions)	8j						134310	
Pai	rt IV Plan Characteristics	oj							_
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:	
	2A 2D 2E 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			60000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Χ		00000	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		Χ			
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					

Form 5500-SF 2017	Page 3- 1		
-------------------	------------------	--	--

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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?		Ye	s X N	0
	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 control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti		t identification information	01/01/2017	and ending	12/31/201	7
For caler	ndar plan year 2017 or 11	iscal plan year beginning		<u></u>		
A This	return/report is for:	x a single-employer plan	a list of participating	plan (not multiemployer) (employer information in a	Filers checking thi iccordance with the	e form instructions.)
D :		a one-participant plan	a foreign plan	4		
B This	return/report is:	the first return/report	the final return/repor			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	iontns)	
C Chec	ck box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter desc	ription)			
Part I	Basic Plan Inf	ormation enter all requested	information		1 41	····
1a Nai	me of plan				1b Three-digit	
CR	EEKSIDE DENTAL Y	MAKIMA 401K PROFIT SHARI	NG PLAN		(PN) ►	001
					1c Effective do 01/01/2	•
Ma	ilina Address (include ro	loyer, if for a single-employer plan) nom, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos	O. Box)	etructions)		dentification Number -1596448
-	CKARD & PACKARD		ai code (ii foreign, see in-	structions)	2c Sponsor's	telephone number
PA	CRARD & PACKARD	25			(509) 5	77-8277
						code (see instructions)
15	01 SOUTH 40TH AV	ENUE			621210	
us	YAKIMA WA 98908					
3a Pla	n administrator's name a	and address 🗓 Same as Plan Sp	onsor		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4 If th	ne name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN	
this	plan, enter the plan spo	onsor's name, EIN, the plan name a	nd the plan number from	the last return/report.		
a Spo	onsor's name				4d PN	
C Pla	n Name					
		s at the beginning of the plan year			5a	30
		s at the end of the plan year			5b	29
C Nur	mber of participants with nplete this item)	account balances as of the end of	the plan year (only define	d contribution plans	5c	29
d(1) T	otal number of active pa	articipants at the beginning of the pl	an year		5d(1)	25
d(2) T	otal number of active pa	articipants at the end of the plan yea	ır		5d(2)	26
~		terminated employment during the			5e	1
Cautio	n: A nenalty for the lat	e or incomplete filing of this retu	rn/report will be assesse	ed unless reasonable ca	use is establishe	d.
Under SB or S	penalties of periury and	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I ha	ve examined this return/re	port, including, if a	applicable, a Schedule
	1 1/1/		5/1/15	David Pa	Kard	
SIGN		!!		Enter name of individu	al cigning ac plan	administrator
HERE	Signature of plan at	ministrator	Date			auminouator
SIGN			5/1/18	-	kad	
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing as empl	oyer or plan sponsor

Part III Financial Information 7 Plan Assets and Liabilities 7 7 8 517,639 b Total plan assets	e instructions.)	No [5500.	orm 5	use F 21)?	tead on 402			Were all of the plan's assets during the plan year invested in eligible	va	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	e instructions.) /ear 712,549	(Se			21)?	n 402	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				
Part III Financial Information Financial Informa	e instructions.) /ear 712,549	(Se	Yes	*******			5500-SF and must ins	t use Forn	If you answered "No" to either line 6a or line 6b, the plan cannot		
Part III Financial Information 7 Plan Assets and Liabilities	/ear 712,549						gram (see ERISA section	surance pro	If the plan is a defined benefit plan, is it covered under the PBGC in	С	
7 Plan Assets and Liabilities 7a 517,639 b Total plan assets	712,549	(b) End of					mium filing for this year	PBGC pre	If "Yes" is checked, enter the My PAA confirmation number from the		
a Total plan assets	712,549	(b) End of							art III Financial Information	Pa	
b Total plan liabilities					r	f Yea	(a) Beginning (Plan Assets and Liabilities	7	
C Net plan assets (subtract line 7b from line 7a)	Ω				39	17,6	5	7a	Total plan assets	а	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	~				0			7b	Total plan liabilities	b	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 62,927 (2) Participants 8a(2) 84,969 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 55,345 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f f Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h i Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8f i Net income (loss) (subtract line 8h from line 8c) 8f if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2A 2D 2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions Part V Compliance Questions 10 During the plan year: Yes No N/A A and Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). X c Was the plan covered by a fidelity bond? 10c K and Dol's Voluntary Endedity bond, that was caused	712,549				39	17,6	5	7c	Net plan assets (subtract line 7b from line 7a)	С	
(1) Employers	•	(b) Tota							Income, Expenses, and Transfers for this Plan Year	8	
(2) Participants										а	
(3) Others (including rollovers)				-					(1) Employers		
b Other income (loss)					69	84,9		8a(2)	(2) Participants		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		-									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)					45	55,3		8b		b	
to provide benefits)	203,241							8c			
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 5,167 g Other expenses					64	3.1		84		a	
f Administrative service providers (salaries, fees, commissions) 8f 5,167 g Other expenses										e	
Solution State S					67	5,1					
h Total expenses (add lines 8d, 8e, 8f, and 8g)								-		_	
i Net income (loss) (subtract line 8h from line 8c)	8,331							1			
Transfers to (from) the plan (see instructions)	194,910									÷	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2A 2D 2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	131,310							-		÷	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2A 2D 2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				1				9	***************************************	Pá	
Described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions of the instructions and DoL's Voluntary Fiduciary Correction Program		instructions	es in the	Code	teristic	haract	from the List of Plan C	ature code			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	'									Jai	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused		instructions:	in the							Ja	
During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			, (Codes	eristic (aracte	from the List of Plan Ch	ture codes	2A 2D 2E 2G 2J 2K 3D		
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				Codes	eristic (aracte	from the List of Plan Ch	ture codes	2A 2D 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare features.	b	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	nount	Am		<u> </u>		aracte	from the List of Plan Ch	ture codes	2A 2D 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea If V Compliance Questions	b	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	ount	Am		<u> </u>		aracte			2A 2D 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea If V Compliance Questions During the plan year:	b Pa	
reported on line 10a.)	nount	An		<u> </u>		aracte	he time period	ions within	2A 2D 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribute.	b Pa	
C Was the plan covered by a fidelity bond?	iount	Ап		No	Yes		he time period ciary Correction	ions within luntary Fidi	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Volume Program)	b Pa	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	iount	Ап		No	Yes	10a	he time period ciary Correction	ions within luntary Fidu	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram) Were there any nonexempt transactions with any party-in-interest	b Pa 10 a	
		An		No	Yes	10a	he time period ciary Correction clude transactions	ions within luntary Fidu	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volence Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	b Pa 10 a	
	60,000	An		No	Yes	10a	he time period ciary Correction	ions within luntary Fidu	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volemon Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	Pa 10 a	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Y		An		No X	Yes	10a 10b 10c	he time period ciary Correction clude transactions	ons within luntary Fidu	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volemon Program) Were there any nonexempt transactions with any party-in-interest reported 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	Pa 10 a	
f Has the plan failed to provide any benefit when due under the plan?		An		No X X	Yes	10a 10b 10c	he time period ciary Correction clude transactions that was caused oy an insurance be benefits under	Ons within luntary Fidu	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribute described in 29 CFR 2510.3-102? (See instructions and DOL's Volemore Program) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	Pa 10 a b	
		An		x x	Yes	10a 10b 10c 10d	he time period ciary Correction clude transactions that was caused by an insurance a benefits under	ions within luntary Fidu (Do not in idelity bonder per persons e or all of th	If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Vorengram) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	b Pa 10 a b c d	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		An		x x x x x	Yes	10a 10b 10c 10d	he time period ciary Correction clude transactions that was caused oy an insurance benefits under	(Do not in idelity boncer persons e or all of the	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volence Program) Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	b Pa 10 a b c d	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		An		x x x x x	Yes	10a 10b 10c 10d	he time period ciary Correction clude transactions that was caused by an insurance be benefits under the control of the co	ions within luntary Fiduluntary Fiduluntar	If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare feature feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. If the pla	b Pate 10 a b c d d e f g	