	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employe	e 2009					
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6058(a)           Imployee Benefits Security Administration         Internal Revenue Code (the Code).					the This Form is Open to P					
Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 550						Inspection				
	Part I         Annual Report Identification Information           For calendar plan year 2009 or fiscal plan year beginning         01/01/2009         and ending         12/31/2009									
_		single-employer plan		mployer plan (not multiemployer)	2/01/1	one-participant plan				
	This return/report is for:	first return/report	final retur							
		an amended return/report		) year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558		extension	/	DFVC program				
	g	special extension (enter descriptio	n)							
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation							
	Name of plan				1b	Three-digit				
PEDI	ATRIC CRITICAL CARE ASSO	CIATES 401(K) PLAN				plan number (PN) ▶ 002				
					1c	Effective date of plan				
22	Plan ananaar'a name and addr	ess (employer, if for single-employer			2h	01/01/1996 Employer Identification Number				
	ATRIC CRITICAL CARE ASSO		pian)		20	(EIN) 91-1603823				
					2c	Plan sponsor's telephone number				
	VEST - 8TH AVENUE KANE, WA 99204				2d	509-458-5233 Business code (see instructions) 621111				
	Plan administrator's name and ATRIC CRITICAL CARE ASSO	address (if same as Plan sponsor, er CIATES, P.S. 101 WEST - 6			3b	Administrator's EIN 91-1603823				
FLDI	ATRIC CRITICAL CARE A550	SPOKANE, V			3c	Administrator's telephone number				
4	f the name and/or FIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	509-458-5233 EIN				
		r from the last return/report. Sponso			4c PN					
52	Total number of participants at	the beginning of the plan year								
b		the end of the plan year			5a 5b	6				
		th account balances as of the end of			50	0				
			, ,	, , , , , , , , , , , , , , , , , , ,	5c	6				
-	•	uring the plan year invested in eligibl		, ,		X Yes No				
a		e annual examination and report of a See instructions on waiver eligibility a								
<b>D</b> -		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.					
	rt III Financial Informa	ation								
7	Plan Assets and Liabilities		70	(a) Beginning of Year	2	(b) End of Year 3302906				
a b	•				86					
C	•	b from line 7a)		2220993		3302906				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or recei		<b>•</b> (1)	17100						
	., .,		8a(1)	93500	-					
			8a(2) 8a(3)	55500	4					
b				826652	2					
С	· · · ·	8a(2), 8a(3), and 8b)	-			1092056				
d	Benefits paid (including direct i	ollovers and insurance premiums	8d							
е	, ,	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f	10143	3					
g	Other expenses		8g							
h		3e, 8f, and 8g)				10143				
i		8h from line 8c)				1081913				
J	i ransiers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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## 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 instructions: 2E 2G 2J 2K 2R 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	An	nount	
а	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)			х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
С	Was the plan covered by a fidelity bond?	10c	Х				250000
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			X			
e	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.)	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				5116
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
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	10i					
Part	VI Pension Funding Compliance						
11							
12							× No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
lf y	ou 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							
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 during the plan year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	L		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)				-	-	
13c(1) Name of plan(s):				:(2) EII	N(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ise is i	establi	ished		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/24/2010	PETER W GRAVES, M.D.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Benefit Plan           Description of the plan           Description of the plan index action 104 and 005 of the Engloyce The term in the comp discount           Part I Annual Report Meterial Income Security Act of 9074 (ERISA), and section 0058(a) of the The term income of term plan term income Security Act of 9074 (ERISA), and section 0058(a) of the The term income of term plan term income Security Act of 9074 (ERISA), and section 0058(a) of the The term income of the of the plan term income Security Act of 9074 (ERISA), and section 0058(a) of the The term income of the of the plan term income Security Act of 9074 (ERISA), and section 0058(b) of the The term income of the of the plan term income Security Act of 9074 (ERISA), and section 0058(b) of the The term income of the of the plan term income Security Act of 9074 (ERISA), and section 0058(b) of the The term income of the of the plan term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and section 0058(b) of the term income Security Act of 9074 (ERISA), and secon 9074 (ERISA), and security Act of 9074 (ERISA), a		Form 5500-SF	1210-0							
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A This return/report is for:       Image: single-employer plan       multiple-employer plan       multiple-employer plan       multiple-employer plan       multiple-employer plan         B This return/report       an amended return/report       mane to file return/report       mode plan       DFVC program         C Check box if filing under:       Form 5558       Jutomatic extension       DFVC program         Part II       Basic Plan Informationenter al requested information       1b Three-digit plan number       002         1a Name of Dan       Pediatric Critical Care Associates 401 (k) Plan       002       02         2a Plag poteod's name address (employer, if for alnge-employer plan)       2b Enployer identification Number       020 Protociates (address)         3a Plan address (address (frame as Plan sponsor, enter "Same")       3b Administrator's number       02 Protociates (address)         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's file plan sponsor has of the end of the plan sponsor is of the		art I Annual Report Id	entification Information	uance wit	in the mistructions to the Form 5500	- <u>ə</u> г.				
B       This return/report       Inst return/report       Inst return/report       Inst return/report         C       Check box if filing under:       Inst return/report       Inst return/report       Inst return/report         Part II       Basic Plan Information-ener all roquestor information       Interport       Interport       IDPVC program         Pert II       Basic Plan Information-ener all roquestor information       IDPVC program       002         12       Pert II       Basic Plan Information-ener all roquestor information       IDPVC program         Pert II       Basic Plan Information-ener all roquestor information       IDPVC program         24       Plan gooner's name grid stiftees (employer, if for single-employer plan)       25       26       Plan gooner's telephone number         35       JDI Mest - 8th Avenue       IDPVC program       IDPVC program       26       21       21       21       26       26       23       26       26       23       26       24       25       25       25       23       24       26       26       26       23       23       26       26       23       23       24       26       26       23       23       24       26       26       23       23       24       26       26	For			01/01/2	2009 and ending		12/31/2009			
C Check box if filing under:       an amonded return/report       ishort plan year return/report (less than 12 months)       DFVC program         Pert II       Basic Plan Information—enter all requested information       information       002         1a Name of plan       Decial axtension (infor description)       002         2a Plan geometric append address (employer, If for single-employer plan)       2b Employer dualitation Number       002         2a Plan geometric append address (employer, If for single-employer plan)       2c Plan geometric appendix dide of plan       0.02         3a Plan doministrator's name and address (frame as Plan sponsor, enter 'Same')       3b Administrator's tellsphone number         3b Administrator's name and address (if same as Plan sponsor, enter 'Same')       3b Administrator's tellsphone number         4 If the name and/or EN of the plan sponsor has changed since the last return/report fluid for this plan, enter the name. EN, and the plan number of participants at the beginning of the plan year.       5a         5a Total number of participants at the and of the plan year.       5a       5b         6a Total number of participants at the annual examination and report of an independent qualified public accountant (IOPA)       W Yes No         9 Mere all of the plan sesset.       7a       (a) Beginning of Year       (b) End of Year         7 Plan Assets and Utabilities       7a       (a) Beginning of Year       (b) End of Year	Α	This return/report is for:		multiple-	employer plan (not multiemployer)		one-participant plan			
C Check box if filing under:       Form 5556       automatic extension       DFVC program         Parti II       Basic Plan Information—enter all receiption)       DFVC program         Parti II       Basic Plan Information—enter all receiption)       DFVC program         Parti II       Basic Plan Information—enter all receiption)       DTVE-endigition         Parti II       Basic Classical Care Associates 401 (k) Plan       DTVE-endigition         Parti II       Care Associates 401 (k) Plan       DTVE-endigition         2a       Plan sponsor's name and address (if same as Plan Sponsor, enter "Same")       2b       Endigition (kin) 91-1638233         2d       Businstator's telephone number       (kin) 91-1638233       2d       Businstator's telephone number         3d       Plan ponsor has changed since the last return/report. Sponsor is name       WA 93204       3c       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name of participants at the beginning of the plan year       5a       5a       6         5a       Total number of participants at the beginning of the plan year       5a       5c       6         6a       Were all of the plan spears of has of the glan year invested in independent upditing public accountant (OPA)       Were lin)       Were lin) <t< th=""><th>в</th><th>This return/report is for:</th><th></th><th>3</th><th>•</th><th></th><th></th></t<>	в	This return/report is for:		3	•					
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Pediatric Critical Care Associates 401 (k) Plan			mation-enter all requested inform	lation		1h	Three-digit			
2a       Play sponsor's name and address (smoleyer, if for single-employer plan) Ped Latziti C Trilical CATE Associates, P.S.       2b       Employer identification Number (EN) 91-1603823         101 West - 8th Avenue       2c       Plan sponsor's leptone number (S09) 458-5233       2c       Plan sponsor's leptone number (S09) 458-5233         3a       Plan administrator's name and address (if same as Plan sponsor, enter "same")       3b       Administrator's EIN 3c         3a       Plan administrator's name and address (if same as Plan sponsor, enter "same")       3b       Administrator's telephone number (S09) 458-5233         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report Sponsor's name       4c       PN         6a       Total number of participants at the beginning of the plan year.       5a       5b       6         6a       Total number of participants at the plan year invested in eligible assets? (See instructions).       Xer PI       No         9d       Wes all the plan seets       7a       2,222,9,079       3,302,906         6a       Yes and Liabilities       7a       2,222,9,079       3,302,906         7       Plan Assets and Liabilities       7a       2,222,9,079       3,302,906         8       Interplan seets       7a       2,222,9,079			Care Associates 401(k	k) Plan		10	<u> </u>			
2a       Plag sponsor's name and address (employer, if for single-employer plan) As sociates, 7, 5, 5       2b         101 West - 8th Avenue       2b         Spokane       WA 99204         3a       Plag administrator's name and address (if same as Plan sponsor, enter "Same")       3b         3a       Plag administrator's name and address (if same as Plan sponsor, enter "Same")       3b         3a       Plag administrator's name and address (if same as Plan sponsor, enter "Same")       3b         3a       Administrator's talephone number       4b         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number (form the last return/report Sponsor's name)       4b         5a       Total number of participants at the beginning of the plan year.       5a         5a       Total number of participants at the of the plan year.       5a         6a       Were all of the plan sested during the plan year invested in eligible sests? (See instructions).       Gives ]         6a       Were all of the plan sested during the plan cannot use Form 5500.       Gives ]       Ne         Part out all information       7a       2,229,079       3,302,906         7       Plan Assets (sublicities 7 of the plan cannot use Form 5500.       Gives ]       Ne         Part out alight instition receivable					-		······································			
2a       Plan goonsor's name and address (amployer, if for single-employer plan)       2b       Employer Identification Number (EIN) 91-1603823         Associates, P.S.       101 West - Bth Avenue       2b       Employer Identification Number (S09) 458-5233         3a       Plan goonsor's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's talephone number (S09) 458-5233         3a       Plan goonsor's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's talephone number (S09) 458-5233         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number form the last return/report. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year.       5a       6a         5a       Total number of participants at the end of the plan year.       5a       6a         6a       Were all of the plan seasts during the plan year invester eligibility and conditions.)       Were No       Vere No         6a       Were all of the plan seasts during the plan year invester eligibility and conditions.)       Were No       Vere No         6a       Were all of the plan seasts during the plan year invester eligibility and conditions.)       Were No       Vere No         6a       Were all of the plan seasts during the plan year investere form S00-5 <td< th=""><th></th><th></th><th></th><th></th><th></th><th>10</th><th></th></td<>						10				
Associates, P.S.       Image: Cell of the plan sponsor and address (if same as Plan sponsor, enter "Same")       Image: Cell of the plan sponsor address (if same as Plan sponsor, enter "Same")         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year.       5a       6c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Image: Sponsor has changed since the last return/report.         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Image: Sponsor has changed since the plan year (defined benefit plan do not complete this tem)       Image: Sponsor has changed since the plan year (defined benefit plan do not complete this tem)         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Image: Yes [] No         9 Are you during a water of the mula assets of the plan conditions and the plan number of participants with account base form \$500-SF and must instead use Form \$500.       Yes [] No         11 Financial information       7a       2,220,793       3,302,906         7 Plan Assets and Liabilities       7a       2,220,993       3,302,906         8 Income. Exp	2a	Plan sponsor's name and addre	ess (employer, if for single-employer	pian)		2b				
101 West - 8th Avenue       (509) 458-5233         Spokane       WA 99204         33 Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN         34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report filed for this plan, enter the fast of participants at the beginning of the plan year.       5a         5a Total number of participants at the beginning of the plan year.       5a       5a         6a Were all of the plan sponsor that changed since the last return/report filed for this plan, enter the instant or participants with account balances as of the end of the plan year (defined benefit plans do not complete this them)       5a         6a Were all of the plan sestet during the plan year invested in eligible assets? (See instructions).       W Yes I       No         b Are you claiming a value rot of the annual examination and report of an independent qualified public accountant (IQPA)       W Yes I       No         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       (b) End of Year         7 total plan assets.       7a       2,229,079       3,302,906         8 total plan issets (subtract line 7b from line 7a).       7c       2,220,993       3,302,906         9 totat plan isabilities       7a       2,220,993 <th></th> <th></th> <th>Guro</th> <th></th> <th>-</th> <th>20</th> <th></th>			Guro		-	20				
Spokane         WA         99204         2d Business code (see instructions) 621111           3a Pign administrator's name and address (if same as Plan sponsor, enter 'Same')         3b Administrator's telephone number           4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year.         Sa         Sa         Ge           5a Total number of participants at the and of the plan year.         Sa         Sa         Ge         Ge           6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).         Kers [] No         Yes [] No           9 Are you claiming a vaiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 CFR 2520.104-46? (See instructions on waiver eligibility and conditions).         Kr yes [] No           7 Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           7 C         2.2229, 079         3, 302, 906           8 In toome, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           1 Contributions receivad or rec		101 West - 8th Aven	lue			26	(509) 458 - 5233			
3a       Plan administrator's name and address (if same as Plan sponsor, enter 'Same')       3b       Administrator's EIN         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       6c       5b       6c         5b       Total number of participants at the beginning of the plan year       5c       5c       6c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xere I       Xere I         b       Total number of the annual examination and report of an independent qualified public accountant (QPA)       Xere I       No         b       Total plan assets during the plan cannot use Form 5500-SF and must instead use Form 5500.       Yere I       No         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       (b) End of Year         7       Plan Assets and Liabilities       (a) Amount       (b) Total       (b) Total         7       Plan Assets and Liabilities       7a       2, 229, 079       3, 302, 906         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total						2d	Business code (see instructions)			
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a       Total number of participants at the beginning of the plan year.       5a       6a       6         5b       Cotal number of participants at the end of the plan year.       5b       6         6a       Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc       6         6a       Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xere       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xere       No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Fart (III)       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets (subtract line 7b from line 7a).       7c       2, 229, 079       3, 302, 906         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) End of Year       (b) End of Year         (1)       Employees       Ba(1)       171, 904       (2)       Participants       Ba(2)<	3a		address (if same as Plan sponsor, e	nter "Sam		3b				
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a       Total number of participants at the beginning of the plan year.       5a       6a       6         5b       Total number of participants at the end of the plan year.       5b       6a       6         6a       Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Sc       6         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Xee       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xee       No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         Part III       Financial Information       7a       2, 229, 079       3, 302, 906         7 total plan assets (subtract line 7b from line 7a).       7c       2, 220, 993       3, 302, 906         8 income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       171, 904         (3) Others (including rollovers).       8a(3)       8d       1, 092, 056		Jane			-					
name, EIN, and the plan number from the last return/report. Sponsor's name     4c     PN       5a     Total number of participants at the beginning of the plan year.     5a     6       b     Total number of participants at the end of the plan year.     5a     6       complete this item).     6     6     6       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: See See See See See See See See See S						3C	Administrator's telephone number			
4c     PN       5a     Total number of participants at the beginning of the plan year.     5a     5a     6       b     Total number of participants at the end of the plan year.     5a     6       c     Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     5c     6       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Xer S     Xer S     No       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Xer S     No       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Xer S     No       Part III     Financial Information     Xer S     Yes No     No       7     Plan Assets and Liabilities     7a     2,229,079     3,302,906       6     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) End of Year       a     Contributions received or receivable from:     8a(1)     171,904       (2)     Part III     171,904     3,302,906       b     Other income (loss)     8b     82(6,652       c     Total plan itabilities     1,092,056       b     Other income (loss)     8d     1,0,92,056					port filed for this plan, enter the	4b	EIN			
5a       Total number of participants at the beginning of the plan year	name, EIN, and the plan number from the last return/report. Sponso					4c	2 PN			
b       Total number of participants at the end of the plan year.       5b       6         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       6       6         6       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Complete this item)       Image: Co	5a	Total number of participants at	the beginning of the plan year							
c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       6         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Xes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes       No         fryou answered "No" to either 6a of 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Xer all of the plan's assets and Liabilities       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       7a       2,2229,079       3,302,906         b       Total plan assets (subtract line 7b from line 7a).       7c       2,2220,993       3,302,906         8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         c       Contributions received or receivable from:       8a(1)       171,904         (2)       Participants       8a(2)       93,500       3d(3)         b       Other sincene (loss).       8b       8c       1,092,056         d       Benefits paid (including direct rollovers and insurance premiums to provide service providers (salaries, fees, commissions).       8e       1         g       Other expenses       8f </th <th>b</th> <th colspan="3"></th> <th></th> <th></th> <th></th>	b									
6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction and report of an independent qualified public accountant (IQPA)       Image: Construction and report of an independent qualified public accountant (IDPA)       Image: Construction and report of an independent qualified public accountant (IDPA)       Image: Construction and report of an independent qualified public accountant (IDPA)       Image: Construction and report of an independent qualified public accountant (IDPA)       I	c Total number of participants with account balances as of the end o				ear (defined benefit plans do not					
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF         Part III       Financial Information       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       2, 229, 079       3, 302, 906         b       Total plan liabilities       7c       2, 220, 993       3, 302, 906         c       Net plan assets (subtract line 7b from line 7a)										
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       2,229,079       3,302,906         b Total plan liabilities       7b       8,086         c Net plan assets (subtract line 7b from line 7a)       7c       2,220,993       3,302,906         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       171,904         (2) Participants       8a(2)       93,500         (3) Others (including rollovers)       8a(3)       8b       826,652         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1,092,056         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       10,143         e Certain deemed and/or corrective distributions (see instructions)       8e       10,143         g Other expenses.       8g       10,143       10,143         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,143		Are you claiming a waiver of th	e annual examination and report of	an indepe	ndent qualified public accountant (IQF	PA)				
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a2,229,0793,302,906bTotal plan assets (subtract line 7b from line 7a)7c2,220,9933,302,9068Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)171,904(2)Participants8a(2)93,500(3)Others (including rollovers)8a(3)0bOther income (loss)8b826,652cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c1,092,056dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d10,143gOther expenses8g10,143fAdministrative service providers (salaries, fees, commissions)8f10,143gOther expenses (add lines 8d, 6e, 8f, and 8g)8h10,143iNet income (loss) (subtract line 8h from line 8c)8i1,081,913							X Yes    No			
aTotal plan assets7a2,229,0793,302,906bTotal plan liabilities7b8,0866cNet plan assets (subtract line 7b from line 7a)7c2,220,9933,302,9068Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:171,904(1)Employers8a(1)171,904(2)Participants8a(2)93,500(3)Others (including rollovers)8a(3)bOther income (loss)8b826,652cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c10,1439d10,1439Other expenses8g10,1439Other expenses8g10,1439Other expenses8h10,1439Other expenses8i1,081,913	Pa			01111 0000-	or and mast instead use Form 550	0.	1999 - Marine Mari			
bTotal plan liabilities7b8,086cNet plan assets (subtract line 7b from line 7a)7c2,220,9933,302,9068Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)171,904(2) Participants8a(2)93,500(3) Others (including rollovers)8a(3)bOther income (loss)8a(3)cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cc1,092,056dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8deCertain deemed and/or corrective distributions (see instructions)8efAdministrative service providers (salaries, fees, commissions)8ff10,143gOther expenses8gh10,143iNet income (loss) (subtract line 8d, 8e, 8f, and 8g)8hh10,143iNet income (loss) (subtract line 8h from line 8c)8i	7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
cNet plan assets (subtract line 7b from line 7a)	a	·					3,302,906			
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       171,904         (1)       Employers       8a(1)       171,904         (2)       Participants       8a(2)       93,500         (3)       Others (including rollovers).       8a(3)       8a(3)         b       Other income (loss).       8b       826,652         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1,092,056         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8e       10,143         e       Certain deemed and/or corrective distributions (see instructions).       8e       10,143         g       Other expenses       8g       10,143         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,143         i       Net income (loss) (subtract line 8h from line 8c)       8i       1,081,913		•		<u> </u>	i	<u> </u>				
a Contributions received or receivable from:       (b) Total         (1) Employers       8a(1)       171,904         (2) Participants       8a(2)       93,500         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       826,652         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1,092,056         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       10,143         g Other expenses       8g       10,143         g Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,143         i Net income (loss) (subtract line 8h from line 8c)       8i       1,081,913	<u> </u>			7c		3				
(1) Employers       8a(1)       171,904         (2) Participants       8a(2)       93,500         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       826,652         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1,092,056         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       8d         e Certain deemed and/or corrective distributions (see instructions)       8e       6         f Administrative service providers (salaries, fees, commissions)       8f       10,143         g Other expenses       8g       10,143         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,143         i Net income (loss) (subtract line 8h from line 8c)       8i       1,081,913	-				(a) Amount	+.	(b) Total			
(3) Others (including rollovers)				8a(1)	171,904	ł				
b       Other income (loss)					93,500	2				
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       1,092,056         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       8d         e       Certain deemed and/or corrective distributions (see instructions)       8e       8e         f       Administrative service providers (salaries, fees, commissions)       8f       10,143         g       Other expenses       8g       10,143         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,143         i       Net income (loss) (subtract line 8h from line 8c)       8i       1,081,913	۴.									
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)					826,652	2				
to provide benefits)       8d         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f       10,143         g       Other expenses       8g       10,143         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,143         i       Net income (loss) (subtract line 8h from line 8c)       8i       1,081,913				- <del>8</del> C			1,092,056			
f       Administrative service providers (salaries, fees, commissions)		to provide benefits)		8d						
g         Other expenses         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         10,143           i         Net income (loss) (subtract line 8h from line 8c)	_		· · · ·		· · · · · · · · · · · · · · · · · · ·					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10, 143         i       Net income (loss) (subtract line 8h from line 8c)       8i       1,081,913	-			<u> </u>	10,143	<u>3</u>				
i Net income (loss) (subtract line 8h from line 8c)		,		<u> </u>						
	i					-				
	j		,	L	<u> </u>					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

Part IV	Plan	Characteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 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		Am	nount		
а	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)				x					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				x					
С	Was the plan covered by a fidelity bond?			x				25	50,0	000
d				- , 	X					
e				,	x			····		
f	Has the plan failed to provide any benefit when due under the plan?				x					
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		x				·	5,1	116
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		9 CFR	1	x					
i	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the							
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	is? (If "Yes," see ins	tructions and complete	Scheo	iule SE	3 (Form		Yes	x	No
12	Is this a defined contribution plan subject to the minimum funding rec						_	Yes		No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being a granting the waiver	amortized in this pla	Month	s, and e	enter ti Day	ne date o	f the li _ Ye	etter ru ar	ling	-
	Enter the minimum required contribution for this plan year			Г	12b					
	Enter the amount contributed by the employer to the plan for this plan				12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a min	us sign to the left of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes	Π	No	] N	/A
Part										
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					Yes	X	No
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year			13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
с	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the plane	an(s) to	)					
13c(1) Name of plan(s):				13c(2) EIN(s)				13c(3	) PN(:	s)
Caut	on: A penalty for the late or incomplete filing of this return/report	t will be assessed	uniess reasonable ca	use is	estab	lished.	<u>I</u>		··	
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have	examined this return/re	eport, ir	ncludin	q. if appl	icable y kno	, a Sch wledge	edule and	,
	1/4	9/	Dotor W Gas	- M						
SIGI HER		Data Data	Peter W Grave	individual signing as plan administrator						
	- Signature of plan administrator	Date	Enter name of Individ	uai siğ	ning a	s pian ad	minist	rator		

HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor