For	rm 5500-SF	Short Form Annual Ret	turn/Report o enefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	DC This form is required to be filed u		nd 4065 of the Employe	e	of This Form is Open to Public Inspection		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058				
Pension Be	enefit Guaranty Corporation	Complete all entries in accordance	nce with the instruc	tions to the Form 550	0-SF.	ins	spection	
Part I		entification Information			0/04/			
For calenda	ar plan year 2012 or fisca				2/31/2			
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan	
B This ret	turn/report is:		e final return/report					
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)	-		
C Check I	box if filing under:	Form 5558a	utomatic extension			DFVC progra	am	
		special extension (enter description)						
Part II		nation—enter all requested information	on					
1a Name	•		NI		1b	Three-digit plan number		
SPOKANE V		NE, P.S RETIREMENT SAVINGS PLA	lin .			(PN)	001	
					1c	Effective date o	f plan	
						01/01	/1993	
	ponsor's name and addre	ess; include room or suite number (emp INE, P.S	oloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-15	fication Number 39323	
13102 EAST	MISSION AVE.				2c	Sponsor's telep 509-92		
SPOKANE,	WA 99216				2d	Business code (62111	(see instructions)	
	dministrator's name and a			Sponsor Address	3b	Administrator's 91-15	EIN 539323	
		lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	or this plan, enter the	4b	EIN		
· _ ·	or's name				4c	PN		
		the beginning of the plan year			5a		46	
		the end of the plan year			5b		0	
		count balances as of the end of the pla			5c		0	
		uring the plan year invested in eligible					X Yes No	
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (\$	e annual examination and report of an See instructions on waiver eligibility and	independent qualified do not the second s	d public accountant (IQI	PA)		X Yes No	
		er line 6a or line 6b, the plan cannot						
		incomplete filing of this return/repor r penalties set forth in the instructions,					able o Cobadula	
SB or Sche		signed by an enrolled actuary, as well						
SIGN	Filed with authorized/val	lid electronic signature.	04/10/2013	DAVID LITTLE				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ministrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor	
JODI CALH RANDALL 8	OUN HURLEY, INC. ERSIDE, SUITE 1600	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	barer's telephone	number (optional) 3-5500	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.
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Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year	
a Total plan assets	. 7a	222107	'5				0	
b Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	. 7c	222107	'5				0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al	
a Contributions received or receivable from:		700	-					
(1) Employers		766						
(2) Participants	. 8a(2)	4843	88	_				
(3) Others (including rollovers)		5054	-					
 b Other income (loss) Total income (add lines \$s(1), \$s(2), \$s(2), and \$b) 		5251	5	_			400040	
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_			108618	
to provide benefits)	. 8d	231731	6					
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	8f	1237	7					
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						2329693	
i Net income (loss) (subtract line 8h from line 8c)	. 8i						-2221075	
j Transfers to (from) the plan (see instructions)	. 8j							
Part IV Plan Characteristics								
				Yes	No		mount	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	utions within t	the time period described in	100	Yes	No X	Aı	mount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 	uciary Correct	ction Program) clude transactions reported	10a	Yes		Ai	mount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid 	uciary Correc t? (Do not inc	ction Program) clude transactions reported	10a 10b 10c	Yes	x	A		0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) 	uciary Correct t? (Do not ind s fidelity bond	ction Program) clude transactions reported 	10b		x	Ai		0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 	Luciary Correct t? (Do not ind s fidelity bond her persons to of the benefit	ction Program) clude transactions reported 	10b 10c		X X	A1		00000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	luciary Correct t? (Do not ind s fidelity bond her persons to of the benefit	ction Program) Clude transactions reported L, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x x x x x x x x x x x x x x x x x	A		00000
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) 	Luciary Correct t? (Do not ind s fidelity bond her persons b of the benefit	ction Program) Clude transactions reported L, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x x	A.		00000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	luciary Correct t? (Do not ind s fidelity bond her persons t of the benefit an? as of year end (See instruct	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e	X	x x x x	A		0000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a provide any participant loans? 	Luciary Correct t? (Do not inc s fidelity bond her persons the of the benefit an? (See instruct the required r	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g	X	X X X X X X			00000
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate plan the plan have any participant loans? (If "Yes," enter amount a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101 	Luciary Correct t? (Do not inc s fidelity bond her persons the of the benefit an? (See instruct the required r	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X			00000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	Luciary Correct t? (Do not ind s fidelity bond her persons t of the benefit an? (See instruct the required r 01-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Form		(
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 	Luciary Correct t? (Do not ind s fidelity bond her persons b of the benefit an? (See instruct the required r)1-3	ction Program) Clude transactions reported Clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Constant of the Cons	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Form	50	(
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.)	luciary Correct at? (Do not ind as fidelity bond her persons b of the benefit an? (See instruct the required r 01-3 nents? (If "Ye	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Form	50	(] No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate plan the plan have any participant loans? (If "Yes," enter amount a blick out period? 2520.101-3.). 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below). 	luciary Correct it? (Do not ind it? (D	ction Program) Clude transactions reported clude transactions reported l, that was caused by fraud by an insurance carrier, ts under the plan? (See clude) d.) tions and 29 CFR motice or one of the es," see instructions and com ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X ule SB (Form	50	0] No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	Luciary Correct t? (Do not ind as fidelity bond her persons b of the benefit an? (See instruct the required r)1-3 nents? (If "Ye g requirement 7, as applicab ing amortized	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR motice or one of the es," see instructions and corr ts of section 412 of the Code cle.) I in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i e or se	X X Schec	X X X X X X X Ule SB (11a 302 of El	Form RISA?	50 Yes Yes X	0] No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	luciary Correct it? (Do not ind is fidelity bond her persons b of the benefit an? as of year end (See instruct the required r)1-3 nents? (If "Ye g requirement /, as applicab ing amortized	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the ces," see instructions and com ts of section 412 of the Code cle.) d in this plan year, see instruc- Mon	10b 10c 10d 10e 10f 10g 10h 10i e or se	X X Schec	X X X X X X X Ule SB (11a 302 of El	Form RISA?	50 Ves Ves letter ruling	00000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.)	luciary Correct it? (Do not ind it? (D	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com ts of section 412 of the Code de.) d in this plan year, see instruc 	10b 10c 10d 10d 10f 10g 10h 10i 	X X Schec	X X X X X X X Ule SB (11a 302 of El nter the	Form RISA?	50 Ves Ves letter ruling] N

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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

For	m 5500-SF	Short Form Annual		f Small Employ	vee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	This form is required to be t	Benefit Plan	d 4065 of the Employee	à		2012	
	partment of Labor nefits Security Administration	Retirement Income Security Act	of 1974 (ERISA), and sec rnal Revenue Code (the Co	tions 6057(b) and 6058	(a) of	This Form is Open to Public Inspection		
Pension Be	nefit Guaranty Corporation	Complete all entries in acc	ordance with the instruc	tions to the Form 5500)-SF.			
Part I		lentification Information	01 (01 (0010			10/21/201	<u></u>	
For calenda	ar plan year 2012 or fisca r		01/01/2012	and ending		12/31/201		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-partici	pant plan	
B This ret	urn/report is:	the first return/report	X the final return/report					
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)			
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am	
	[special extension (enter descri	otion)					
Part II	Basic Plan Inform	nation—enter all requested info	rmation					
1a Name	of plan			.T. 7. 3. T	1b	Three-digit plan number		
SPOKANI	E VALLEY FAMILY	Y MEDICINE, P.S RETI	REMENT SAVINGS F	LAN		(PN)	001	
					1c	Effective date of		
						01/01/1993	3	
		ess; include room or suite number	r (employer, if for a single-	employer plan)	2b		ification Number	
SPOKANE	E VALLEY FAMILY	MEDICINE, P.S				(EIN) 91-153		
12102 1					20	Sponsor's telep 509-928-0		
13102 1	EAST MISSION AV	/ L .			2d		(see instructions)	
SPOKANI	र,	WA 99216				621111	(000 menuonon)	
		address Same as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's		
		MEDICINE, P.S			2-	91-153932		
					SC	Administrator's	telephone number	
13102 H	EAST MISSION AV	/E.				509-928-0	300	
SPOKANI	Ξ	WA 99216						
4 If the r	name and/or EIN of the p	plan sponsor has changed since t	ne last return/report filed fo	r this plan, enter the	4b	EIN		
		per from the last return/report.			4c	PN		
a Sponse		t the beginning of the plan year			5a		46	
		t the end of the plan year			5b		0	
		count balances as of the end of th			00		~	
compl	ete this item)				5c		0	
6a Were	all of the plan's assets of	during the plan year invested in el	igible assets? (See instruct	tions.)			X Yes 🗌 No	
b Are yo	ou claiming a waiver of t	he annual examination and report	of an independent qualifie	d public accountant (IQ	PA)		X Yes 🗌 No	
under If you	29 CFR 2520.104-46?	(See instructions on waiver eligibi her line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Forn	n 5500.		
		incomplete filing of this return						
Under nen:	alties of periury and othe	r penalties set forth in the instruct	tions. I declare that I have	examined this return/rep	oort, i	ncluding, if appli	cable, a Schedule	
SB or Sche	edule MB completed and	I signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/report	, and	to the best of m	y knowledge and	
belief, it is t	true, correct, and comple							
SIGN	DARE		4-8-13	DAVID LITTLE				
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual si	gning as plan ad	Iministrator	
SIGN	Alwall			Philip De	100	14		
HERE	Signature of employ	er/plan sponsor	Date 4-8-13	Enter name of individ	ual si	gning as employ	er or plan sponsor	
	name (including firm na	me, if applicable) and address; in		r (optional)	Pre	parer's telephon	e number (optional)	
Jodi Ca						509-83	8-5500	
	l & Hurley, Ind							
POT M 1	Riverside, Sui	re tonn						
Spokan	٩	WA 99201						
		and OMB Control Numbers, see the	instructions for Form 5500-	SF.	l		Form 5500-SF (2012)	

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End c	f Year	
а	Total plan assets	7a	222	107	5				0
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	222	107	5				(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		766	5				
	(2) Participants	8a(2)	4	843	8				
	(3) Others (including rollovers)								
b	Other income (loss)		5	251	5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							108618
d	Benefits paid (including direct rollovers and insurance premiums		231	.731	6				
	to provide benefits)				<u> </u>				
	Certain deemed and/or corrective distributions (see instructions).		1	.237	7				
	Administrative service providers (salaries, fees, commissions)		بر 	.2.57	/				
	Other expenses								2329693
_	Total expenses (add lines 8d, 8e, 8f, and 8g)								-2221075
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)				_				2221075
J	Transfers to (from) the plan (see instructions)	··· 8j							
9a b	If the plan provides pension benefits, enter the applicable pensio 2G 2J 2K 2E 2F 2A 3D If the plan provides welfare benefits, enter the applicable welfare								
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	nt
a	Was there a failure to transmit to the plan any participant contrib								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi	outions within duciary Corr	n the time period described in rection Program)	10a		х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi Were there any nonexempt transactions with any party-in-intere	duciary Corr st? (Do not i	ection Program) include transactions reported	10a 10b		x x			
	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.) Were there any nonexempt transactions with any party-in-intere on line 10a.) 	duciary Corr st? (Do not i	ection Program) include transactions reported	10b	x				50000
b C C	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Final Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan 	duciary Corr st? (Do not i 's fidelity bo	ection Program) include transactions reported nd, that was caused by fraud		X				50000
c d	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.) Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? 	duciary Corr st? (Do not i 's fidelity bor other person Il of the bene	ection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c	X	Х			50000
c d	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Field Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or communication instructions.) 	duciary Corr st? (Do not i 's fidelity bor other person Il of the bene	ection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	X	x			50000
c d e	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Field Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the plan failed to provide any benefit when due the plan failed to provide any benefit when due the plan failed to provide any benefit when due the plan failed to provide any benefit when due the plan failed to plan	duciary Corr st? (Do not i 's fidelity bo other person Il of the bene	ection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f	x	x x x			50000
c d e f	 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Field Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or compared by the or other organization that provides some or al 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 of this is an individual account plan, was there a blackout period 	duciary Corr st? (Do not i 's fidelity bor other person Il of the bene lan? : as of year e ? (See instru	ection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR	10b 10c 10d 10e		x x x			
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