Fo	rm 5500-SF	Short Form Annual Re	yee	OMB Nos. 1210-0110 1210-0089							
	artment of the Treasury rnal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2012					
Employee I	Department of Labor Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to Public Inspection					
	Benefit Guaranty Corporation	tions to the Form 550	0-SF.	Inspection							
Part I		lentification Information al plan year beginning 01/01/2013		and ending 0	1/01/:	2012					
	ar plan year 2012 or fisca				1/01/2						
	eturn/report is for:			an (not multiemployer)		a one-participant plan					
B This re	eturn/report is:										
0	I	i/report (less than 12 m	ontns	_							
C Check	box if filing under:			DFVC program							
Devit	Desis Dise luíou	special extension (enter description	,								
Part II		mation—enter all requested informat	ion		1h	Three-digit					
1a Name SURGICAI	SPECIALISTS OF SPOK	(ANF, P.S. 401(K) PLAN				plan number					
						(PN) ▶ 001					
					1c	Effective date of plan					
					01	01/01/2005					
	Sponsor's name and addre	ess; include room or suite number (em KANE, P.S.	ployer, if for a single-	employer plan)	20	Employer Identification Number (EIN) 20-1258822					
	AVE., SUITE 7060				2c	Sponsor's telephone number 509-747-6194					
SPOKANE,	WA 99204				2d	Business code (see instructions) 621111					
3a Plan a	administrator's name and	address XSame as Plan Sponsor Na	ime Same as Plan	Sponsor Address	3b	Administrator's EIN					
					20	Administrator's telephone number					
name	e, EIN, and the plan numb	plan sponsor has changed since the late oer from the last return/report.	st return/report filed fo	r this plan, enter the		EIN					
	sor's name	the beginning of the plan year			40 5a	PN 44					
_		the end of the plan year			5a 5b	0					
		count balances as of the end of the pla			50	0					
	· ·			•	5c	0					
		luring the plan year invested in eligible ne annual examination and report of a	,	,							
		See instructions on waiver eligibility ar									
		er line 6a or line 6b, the plan canno									
Under per SB or Sch	alties of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as wel te.	I declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule					
SIGN	Filed with authorized/va	lid electronic signature.	05/03/2013	CRAIG HULT							
HERE	Signature of plan adr	ministrator Date Enter name of individ				vidual signing as plan administrator					
SIGN HERE											
	Signature of employe		Date			gning as employer or plan sponsor					
JODI CALH RANDALL 601 W. RIV		ne, if applicable) and address; include	room of suite humber	(οριιοπαι)	rie,	barer's telephone number (optional) 509-838-5500					

Part	III Financial Information an Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	of Year	
_	otal plan assets	7a	676141				(0) 2110 0		0
	otal plan liabilities	7b	44						0
	et plan assets (subtract line 7b from line 7a)	7c		6760971					0
-	come, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	ontributions received or receivable from:								
(1) Employers	8a(1)		0					
• •) Participants	8a(2)		0					
) Others (including rollovers)	8a(3)		0					
	ther income (loss)	8b		0					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				0
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		0					
	ertain deemed and/or corrective distributions (see instructions)	8e		U					
f Ac	dministrative service providers (salaries, fees, commissions)	8f		0					
g Ot	ther expenses	8g							
h Τα	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i Ne	et income (loss) (subtract line 8h from line 8c)	8i							0
j Tr	ansfers to (from) the plan (see instructions)	8j	-676097	'1					
Part I	IV Plan Characteristics				•				
b If	the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan Chara	cterist	ic Cod	es in th		JII5.	
b If Part V		eature codes	s from the List of Plan Chara	cterist	ic Cod	es in th		JII5.	
Part V 10 [Compliance Questions During the plan year:			cterist	ic Cod Yes	es in th		Amount	
Part V 10 [a \	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t	the time period described in ction Program)	cterist 10a					
Part V 10 [a \ b \	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within t iciary Correct ? (Do not inc	the time period described in ction Program)			No			
Part V 10 [a \ b \	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	tions within t iciary Correct ? (Do not ind	the time period described in ction Program) clude transactions reported	10a		No X			50000
Part V 10 [a \ b \ c d [Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t iciary Correct ? (Do not ind fidelity bonc	the time period described in ction Program) clude transactions reported	10a 10b	Yes	No X			50000
Part V 10 [a \ b \ c d [c c	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Udd the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or othere.	tions within t iciary Correct ? (Do not ind fidelity bond fidelity bond	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier,	10a 10b 10c	Yes	No X X			50000
Part V 10 [a \ b \ c c d [c c c	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	tions within t iciary Correct ? (Do not ind fidelity bonc fidelity bonc ner persons l of the benefi	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c	Yes	No X X			50000
Part V 10 [] a \ b \ c c d [] c c c	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all of	tions within t iciary Correct ? (Do not ind fidelity bonc fidelity bonc her persons l of the benefi	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No X X X			50000
Part V 10 [a \ b \ c c c c c c f F	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all o nstructions.) Has the plan failed to provide any benefit when due under the plan	tions within t iciary Correct ? (Do not ind fidelity bonc fidelity bonc fidelity bonc fithe benefi	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X			50000
Part V 10 [a \ b \ c c d [c d f i i i f f	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all o nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	tions within t iciary Correct ? (Do not ind fidelity bonc fidelity bonc fidelity bonc ner persons l of the benefit n? s of year end	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No X X X X X X X X X			50000
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Part V 10 [] a \ b \ c c c c c c c c c f h i 2 i i i i i i i i i i i i i	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all o nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	tions within t iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond s of year end (See instruct fidelity bond fidelity fidelity fid	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X			50000
Part V 10 [] a \ b \ c c c d [] i i i Part V Part V	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all or nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a fit his is an individual account plan, was there a blackout period? for the seceptions to providing the notice applied under 29 CFR 2520.107 1 Pension Funding Compliance	tions within t iciary Correct ? (Do not ind fidelity bonc fidelity	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10f 10g 10h 10i	Yes X X X X	No X X X X X X X X X X X			50000
Part V 10 1 a V b V c 0 d 1 f H g 1 i i Part V 11	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all or nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a f this is an individual account plan, was there a blackout period? I Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	tions within t iciary Correct ? (Do not ind fidelity bond fidelity fi	the time period described in ction Program) 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	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Schec	No X X X X X X X X Ulle SB	(Form		
Part V 10 [] a \ b \ c c c c d [] c c c c f H f h [] 2 i i i i i i i i i i i i i	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all on structions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a fit his is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Image: Pension Funding Compliance Image: State and the plan benefit plan subject to minimum funding requirem	tions within t iciary Correct ? (Do not ind fidelity bond fidelity fi	the time period described in ction Program) 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	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Schec	No X X X X X X X X Ulle SB	(Form	Amount	
Part V 10 [] a \ b \ c c c d [] c c c c c f + g [] h 2 i i i i i i i i i i i i i	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all or nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a f this is an individual account plan, was there a blackout period? I Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	tions within t aciary Correct ? (Do not ind fidelity bonc fidelity f	the time period described in ction Program) 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	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X Schec	No X X X X X X Intervention Intervention X X X X X X X X X X X X X X X X X X X		Amount	
Part V 10 [a \ b \ c c d [c c d [f + g [h 2 i f + 2 11 5 11a 5 11a (()	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all or nstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a fit his is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	tions within t iciary Correct ? (Do not ind fidelity bond fidelity fidelit	the time period described in ction Program) 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 corr ts of section 412 of the Code ple.)	10a 10b 10c 10d 10e 10f 10g 10h 10i e or se	Yes X X Schection 3	No X	(Form	Amount	
Part V 10 1 a V b V c 0 d 1 f H g 1 i i i 1 2 1 i 1 i 1 i 1 i 1 i 1 i 1 i 1 i 1 i 1 i 1 i 1 i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i	Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth nsurance service or other organization that provides some or all or nstructions.) Has the plan have any participant loans? (If "Yes," enter amount a fit his is an individual account plan, was there a blackout period? (2520.101-3.) f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Image: Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within t iciary Correct ? (Do not ind fidelity bond fidelity fidel	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) d.) tions and 29 CFR motice or one of the es," see instructions and corr ts of section 412 of the Code ole.) d in this plan year, see instructions	10a 10b 10c 10d 10d 10f 10g 10h 10i e or se	Yes X X Schection 3	No X	(Form ERISA?	Amount	X No

Form 5500-SF 2012

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X Y	/es 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 the of the PBGC?	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(s) which assets or liabilities were transferred. (See instructions.)	to	_		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
SPOK	ANE EAR, NOSE & THROAT, P.S. 401(K) PROFIT SHARING PLAN 91-08	67604		001	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺⊧	rust's EIN		

Form 5500-SF	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).					2012		
Department of Labor Employee Benefits Security Administration					8(a) of This Form is Open to P Inspection			
Pension Benefit Guaranty Corporation	tions to the Form 5500	D-SF.	spection					
	Identification Information				01/01/001			
For calendar plan year 2012 or t		1/2013	and ending		01/01/201			
A This return/report is for:	X a single-employer plan	nultiple-employer pla	an (not multiemployer)		a one-partici	pant plan		
B This return/report is:		final return/report						
	an amended return/report X a s	hort plan year return	/report (less than 12 mo	onths)	-			
C Check box if filing under:	☐ Form 5558	tomatic extension		DFVC program				
	special extension (enter description)							
Part II Basic Plan Info	ormation—enter all requested informatio	n				1		
1a Name of plan				1b	Three-digit plan number			
Surgical Specialists of Spokane, P.S. 401(k) Plan					(PN)	001		
			Effective date of 01/01/2005					
2a Plan sponsor's name and a Surgical Specialist	ddress; include room or suite number (empless of Spokane, P.S.	oyer, if for a single-	employer plan)	2b	Employer Ident (EIN) 20-125	ification Number		
105 W. 8th Ave., Suite 7060				2c	phone number 194			
105 W. Oth Met., St				2d		(see instructions)		
Spokane	WA 99204				621111			
3a Plan administrator's name a	and address X Same as Plan Sponsor Nam	ie XSame as Plan	Sponsor Address	3b	Administrator's	EIN		
4 If the name and/or EIN of the name, EIN, and the plan n	ne plan sponsor has changed since the last umber from the last return/report.	return/report filed fo	or this plan, enter the	4b EIN				
a Sponsor's name				4c				
• • •	s at the beginning of the plan year			<u>5a</u>		44		
	s at the end of the plan year			5b		0		
	n account balances as of the end of the plar			5c		0		
	ets during the plan year invested in eligible a					X Yes No		
b Are you claiming a waiver under 29 CFR 2520.104-4	of the annual examination and report of an 6? (See instructions on waiver eligibility and	independent qualifie I conditions.)	d public accountant (IQ	PA)		X Yes 🗌 No		
	either line 6a or line 6b, the plan cannot							
Caution: A penalty for the late	e or incomplete filing of this return/repor other penalties set forth in the instructions, I	t will be assessed	examined this return/rel	nort i	ncluding if appli	cable, a Schedule		
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actuary, as well a	as the electronic ver	sion of this return/report	t, and	to the best of m	y knowledge and		
SIGN Aray	SIGN Main 4/30/13 Craig Hult							
HERE Signature of plan	administrator	Date	Enter name of individ	lividual signing as plan administrator				
SIGN								
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ					
Preparer's name (including firm Jodi Calhoun Randall & Hurley,	name, if applicable) and address; include r	oom or suite numbe	r (optional)	Preparer's telephone number (optional) 509-838-5500				
601 W. Riverside A								
Spokane	WA 99201	ations for Form 5500	05			Form 5500-SF (2012)		

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

Form 5500-SF 2012

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities (a) Beginning of Yea			ar	(b) End of Year					
a	Total plan assets	7a					(2)			0
	Total plan liabilities	7b		44	0					0
	Net plan assets (subtract line 7b from line 7a)				1					0
8		ncome, Expenses, and Transfers for this Plan Year (a) Amount					(h) 1	otal		
a	Contributions received or receivable from:							otai		
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)									
b	Other income (loss)	8b			0					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			0					
<u> </u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i								0
j	Transfers to (from) the plan (see instructions)	8j	-67	6097	'1					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D 2A	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruc	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	c Coo	les in t	the instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:		and a second		Yes	No		Amou	nt	
a				10a		x		Anou		
b	 Were there any nonexempt transactions with any party-in-interest on line 10a.) 	? (Do not i	nclude transactions reported	10a		x				
					Х				EC	0000
				10c					50	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		x				
							1			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	s of year e (See instru	nd.)	10g	X	x x				
g	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	s of year e (See instru	nd.) Inctions and 29 CFR	10g 10h	x					
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9 h 11 11a 12 a	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the standard for a prior	s of year e (See instru- ne required 1-3 nents? (If " requireme , as applicing amortize	ind.) ictions and 29 CFR I notice or one of the Yes," see instructions and com ents of section 412 of the Code able.) ed in this plan year, see instru-	10g 10h 10i nplete e or se ctions	X Scher	X dule SE 11a 302 of	ERISA?	the lette	Yes	X No