Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Penefit Guaranty Corporation Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		
Part I	Annual Report Identification Information					
For calenda	ar plan year 2013 or fiscal plan year beginning 07/01/2013		and ending 0	7/05/2	2013	
A This ret	urn/report is for:	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is: the first return/report	ne final return/report			_	
		short plan year returr	n/report (less than 12 mg	onths)		
C Check I	box if filing under: Form 5558	utomatic extension		,	DFVC progra	am
• onoon	special extension (enter description)					
Part II	Basic Plan Information—enter all requested informati					
1a Name	·	OII		1h	Three-digit	
	INVESTMENT NETWORK SAVINGS PLAN			וט	plan number	
TAIRTINEIRO	INVESTMENT NETWORK ONVINCES I DAY				(PN) ▶	001
				1c	Effective date o	f plan
					07/01	/1991
	ponsor's name and address; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	
PARTNERS	INVESTMENT NETWORK				(=::+)	07407
				2c	Sponsor's telep	
601 W. RIVE SPOKANE,	ERSIDE AVE., SUITE 940			24	509-83	
OI OIVAIVE,	WA 33201			2 a	Business code ((see instructions)
33 Plan a	dministrator's name and address Same as Plan Sponsor Nai	ma Deama as Blan	Sponsor Address	3h	Administrator's	
		<u>—</u>	·	35		107407
ARTNERS II	NVESTMENT NETWORK 601 W. RIVERSI SPOKANE, WAS	DE AVE., SUITE 940 99201		3с	Administrator's	telephone number
					509-838	8-4432
4 If the r	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan number from the last return/report.			4 c	PN	
a Spons	or's name			4c	PN	7
a Spons	or's name number of participants at the beginning of the plan year			5a	PN	
a Spons5a Total rb Total r	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year				PN	
a Sponsor 5a Total of b Total of c Numb	or's name number of participants at the beginning of the plan year	ın year (defined bene	fit plans do not	5a	PN	
a Sponso 5a Total r b Total r c Numb compl	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item)	ın year (defined bene	fit plans do not	5a 5b 5c		0
a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an	an year (defined bene assets? (See instruc	fit plans do not tions.)d public accountant (IQI	5a 5b 5c		0 0 X Yes No
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and	assets? (See instruc independent qualified d conditions.)	fit plans do not tions.) d public accountant (IQI	5a 5b 5c		0
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot	assets? (See instruction independent qualifier d conditions.)	fit plans do not tions.)d public accountant (IQI	5a 5b 5c PA)	5500.	0 0 X Yes No
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and	assets? (See instruction independent qualifier d conditions.)	fit plans do not tions.)d public accountant (IQI	5a 5b 5c PA)	5500.	X Yes No
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder if you c If the p	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC instructions.	assets? (See instruction independent qualifier do conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	5a 5b 5c PA)	5500. Yes No	0 X Yes No Yes No
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insurpression as the late or incomplete filing of this return/repo	assets? (See instruction independent qualified conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	5a 5b 5c PA) Form	5500. Yes No established.	0 X Yes No X Yes No Not determined
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insurpendities of perjury and other penalties set forth in the instructions, edule MB completed and signed by an enrolled actuary, as well	assets? (See instruction independent qualified conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	5a 5b 5c PA) Form see is	5500. Yes No established. Including, if applic	O Ves No Ves No Not determined able, a Schedule
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insumplements of perjury and other penalties set forth in the instructions,	assets? (See instruction independent qualified conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	5a 5b 5c PA) Form see is	5500. Yes No established. Including, if applic	O Ves No Ves No Not determined able, a Schedule
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insurpendities of perjury and other penalties set forth in the instructions, edule MB completed and signed by an enrolled actuary, as well	assets? (See instruction independent qualified conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	5a 5b 5c PA) Form see is	5500. Yes No established. Including, if applic	O Ves No Ves No Not determined able, a Schedule
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC instance of perjury and other penalties set forth in the instructions, edule MB completed and signed by an enrolled actuary, as well true, correct, and complete. Filed with authorized/valid electronic signature.	assets? (See instruction independent qualified conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep sion of this return/report	5a 5b 5c PA) Form see is soort, irr, , and	5500. Yes No established. Including, if applicate the best of my	O V Yes No V Yes No Not determined Able, a Schedule knowledge and
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to	or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC instructions of perjury and other penalties set forth in the instructions, edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	assets? (See instruction independent qualified conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	5a 5b 5c PA) Form see is soort, irr, , and	5500. Yes No established. Including, if applicate the best of my	O X Yes No X Yes No Not determined able, a Schedule knowledge and
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a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	or's name number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	5a 5b 5c PA) Form see is soort, irring and sigual sigual	5500. Yes No established. Including, if applicate the best of my	O X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	or's name number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	5a 5b 5c PA) Form see is soort, irring and sigual sigual	5500. Yes No established. Including, if applicate the best of my	O Very No Very No Not determined Able, a Schedule of knowledge and
a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	or's name number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	5a 5b 5c PA) Form see is soort, irring and sigual sigual	5500. Yes No established. Including, if applicate the best of my	O X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor
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a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	or's name number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)	5a 5b 5c PA) Form see is soort, irring and sigual sigual	5500. Yes No established. Including, if applicate the best of my	O X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Da	t III Financial Information									
Pa	rt III Financial Information				T				_	
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) Er	nd of Y		2
<u>a</u>	Total plan assets	7a	1419	Ь	-				(0
	Total plan liabilities	7b	1410	6	-					
	Net plan assets (subtract line 7b from line 7a)	7c	1419	0	-)
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
а	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	15	5						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							155	5
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1435	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1435	1
i	Net income (loss) (subtract line 8h from line 8c)	8i							-1419	6
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instru	ictions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					250000
d		fidelity bo	nd, that was caused by fraud	10d		X				200000
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	2520.101-3.)			10h		X				
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	☐ No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter tl Day	ne date d	of the le		ling
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
гаус	J		

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	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 country 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	 Complete all entries in acc 	ordance with the instruction	is to the Form 5500-	SF.	
Part I Annual Report I	dentification Information	07/01/0012	and ending	07/05/2	013
For calendar plan year 2013 or fisc	cal plan year beginning	07/01/2013			articipant plan
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer)	☐ a one-pa	articipant plan
B This return/report is:	the first return/report	x the final return/report			
This return report to.	an amended return/report	x a short plan year return/re	port (less than 12 mor	nths)	
• · · · · · · · · · · · · · · · · · · ·	Form 5558	automatic extension		∐ DFVC p	rogram
C Check box if filing under:	special extension (enter descri	otion)			
	mation—enter all requested info	Imation		1b Three-digit	
1a Name of plan	Notwork Carrings Plan			plan numb	er 001
Partners Investment	Network Savings Plan		-	(PN))	
				1c Effective d 07/01/1	
					Identification Number
2a Plan sponsor's name and ad-	dress; include room or suite numbe	r (employer, if for a single-em	ployer plan)		-1407407
Partners Investment	Network	\$	-		telephone number
				509-83	8-4432
601 W. Riverside Ave	e., Suite 940				code (see instructions)
	00001			523120	
Spokane	WA 99201	Name Venne as Plan S	ponsor Address	3b Administra	ator's EIN
3a Plan administrator's name a	nd address XSame as Plan Spons	or Name Doanie as Fian o	policol / lau.		
				3c Administra	ator's telephone number
			uli de entertho	4b EIN	
4 If the name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	this plan, enter the	40 EIN	
name, EIN, and the plan ກເ	mber from the last return/report.			4c PN	
a Sponsor's name	s at the beginning of the plan year.			5a	7
5a Total number of participants	s at the beginning of the plan year.			5b	0
b Total number of participant	s at the end of the plan year	u	t plane do not		
C Number of participants with	account balances as of the end of	the plan year (defined benefit	t plans do not	. 5c	0
complete this item)	ts during the plan year invested in	eligible assets? (See instructi	ons.)		X Yes No
6a Were all of the plan's asse	ts during the plan year invested in of the annual examination and repo	eligible assets: (God invalidation	public accountant (IC	QPA)	X Yes No
b Are you claiming a waiver	of the annual examination and repo 6? (See instructions on waiver eligi	bility and conditions.)			M 163 [] 110
If you answered "No" to	5? (See instructions on waiver eligi either line 6a or line 6b, the plan	cannot use Form 5500-SF a	ind must instead use	e Form souv.	No. Not determined
c. If the plan is a defined ben	either line 6a or line 6b, the plan efit plan, is it covered under the PB	GC insurance program (see E	ERISA section 4021)?	· Yes []	No I Not determined
			intess reasonable ca	ause is establisi	hed
Caution: A penalty for the late	e or incomplete filing of this retu other penalties set forth in the instru	actions. I declare that I have e	xamined this return/re	eport, including,	if applicable, a Schedule
Under penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	as well as the electronic vers	ion of this return/repo	rt, and to the be	st of my knowledge allu
belief, it is true, correct, and co	nplete.				
	\wedge \wedge	9/3/9014	J.D. Allen		
SIGN	V.X		Enter name of indiv	idual signing as	plan administrator
HERE Signature of plan	administrator	Date	Enter name or must		
SIGN					and the second of the second of
HERE	oloyer/plan sponsor	Date	Enter name of indiv	idual signing as	employer or plan sponsor elephone number (optional)
Preparer's name (including firm	name, if applicable) and address;	include room or suite numbe	r (optional)	Fiehalei s le	9-838-5500
Jodi Calhoun					
Randall & Hurley I					
601 W. Riverside A	ve.				
Suite 1600				1	
Gu alaama	мд 99201				= #500 CF /2042

7 Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) End	l of Year
a Total plan assets	7a	(n, = sg.m.m.g o, 1)	141	96		(D) End	i oi rear
b Total plan liabilities	7b			\dashv			
C Net plan assets (subtract line 7b from line 7a)	7с		141	96			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b) 7	Гotal
Contributions received or receivable from: (1) Employers		(-)		\dashv		(D)	l Otal
(1) Employers				0			
(2) Participants				0			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			1	55			
d Benefits paid (including direct rollovers and insurance premiums	8c						1
to provide benefits)	8d		143	51			
e Certain deemed and/or corrective distributions (see instructions)	. 8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			0	·	***	
g Other expenses				0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	\top			143
Net income (loss) (subtract line 8h from line 8c)	8i						-141
j Transfers to (from) the plan (see instructions)	· 8j			_			
Part IV Plan Characteristics				Щ.		_ · _ · _ · _ ·	
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature cod	les from the List of Plan Char	acteri	stic Co	odes in t	the instruct	tions:
b If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan Chara	cteris	ic Cod	des in th	e instruction	ons:
Part V Compliance Questions							
10 During the plan year:				Yes	No		_
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.	itions within	the time period described in		162	No		Amount
	ICIAN/ Corre	ction Program)	40-		X		
Vere there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions reported	10a		X		
on line 10a.)	? (Do not ir	clude transactions reported	10a 10b				
Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	? (Do not ir	clude transactions reported		Х			25000
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?	? (Do not in	d, that was caused by fraud	10b	Х			25000
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 insurance service, or other organization that provides some or all instructions.)	fidelity bonder persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c	X	Х		25000
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 insurance service, or other organization that provides some or all	fidelity bonder persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	Х	х		25000
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