Foi	m 5500-SF	Short Form Annual	•	of Small Emplo	yee	OMB No	os. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This forms is required to be fi	Benefit Plan	ad 4005 of the Freedow		2013	
	epartment of Labor enefits Security Administration	This form is required to be fil Retirement Income Security Act the Interr		ctions 6057(b) and 6058		This Form is Open	to Public
	enefit Guaranty Corporation	Complete all entries in account		,	0-SF.	Inspection	n
Part I	Annual Report Id	entification Information					
For calend	ar plan year 2013 or fisca	I plan year beginning 01/01/20)13	and ending	12/31/20	013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)	[a one-participant pla	ın
B This ref	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	
		special extension (enter descript	tion)				
Part II		nation—enter all requested inform	mation		1		
1a Name PEDIATRIC	of plan ASSOCIATES OF SPOK	ANE 401(K) PLAN				Three-digit plan number (PN) ▶ 0	001
						Effective date of plan 01/01/1990	
PEDIATRIC	ponsor's name and addre ASSOCIATES OF SPOR	ess; include room or suite number (KANE PLLC	(employer, if for a single-	employer plan)		Employer Identification (EIN) 20-4589084	Number
ANE 105 W 8TH	AVENUE SUITE 418				2c 3	Sponsor's telephone ni 509-747-3083	umber
SPOKANE,					2d	Business code (see ins 621111	tructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b /	Administrator's EIN 20-4589084	
	•	lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the	4b		
	or's name				4c	PN	
		the beginning of the plan year			5a		33
		the end of the plan year			5b		29
		count balances as of the end of the			5c		29
	•	uring the plan year invested in elig	•	,		×``	Yes No
under If you	29 CFR 2520.104-46? (answered "No" to eith	e annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan car plan, is it covered under the PBGC	y and conditions.) anot use Form 5500-SF	and must instead use	Form	5500.	Yes 🗌 No
				,			
Under pen SB or Sche	alties of perjury and other	penalties set forth in the instruction signed by an enrolled actuary, as te.	ons, I declare that I have	examined this return/re	port, inc	luding, if applicable, a	
SIGN	Filed with authorized/va	id electronic signature.	02/28/2014	ROBERT P. MAIXNE	R, M.D.		
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sigr	ning as plan administrat	tor
SIGN							
HERE	Signature of employe		Date			ning as employer or pla	
JODI CALH RANDALL & 601 W. RIV	OUN & HURLEY, INC. ERSIDE AVE., SUITE 16	ne, if applicable) and address; inclu	ude room or suite number	r (optional)	Prepa	arer's telephone numbe 509-838-5500	r (optional)
SPOKANE,	WA 99201						

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a Total plan assets	7a	(a) Deginning of Tea 179348					2296982	
b Total plan liabilities	7a 7b	335	-				9628	
C Net plan assets (subtract line 7b from line 7a)	7c	179013					2287354	
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	-			(b) To		
a Contributions received or receivable from:							Jiai	
(1) Employers	8a(1)	60212	2					
(2) Participants	8a(2)	10455	9					
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	43683	8					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						601609	
d Benefits paid (including direct rollovers and insurance premiums	0.4	10419	7					
to provide benefits)	8d	10419	/					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f	100	0					
g Other expenses	8g	193	3				40.4000	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						104390	
Net income (loss) (subtract line 8h from line 8c)	8i			_			497219	
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j							
Part V Compliance Questions								
Part V Compliance Questions 10 During the plan year:				Yes	No		Amount	
			10a	Yes	No X		Amount	
During the plan year:a Was there a failure to transmit to the plan any participant contribut	ciary Correc ? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes	-		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correc ? (Do not inc	tion Program) lude transactions reported		Yes	X			:880
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? on line 10a.). 	ciary Correc ? (Do not inc fidelity bond,	tion Program) lude transactions reported 	10b		X			!880
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of the plan bare and the provides some or all of the provides some or all	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c		X X			2880
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu: b Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e		x x x			!880
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n?	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f		× × × ×			2880
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 as h If this is an individual account plan, was there a blackout period? (If the plan have and plan have and plan, was there a blackout period? (If the plan have and plan, was there a blackout period?) 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instructi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		× × × × ×			2880
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or 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 as 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction er required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f		× × × × × × ×			2880
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? 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 to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction er required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×			2880
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction re required n I-3 ents? (If "Yea	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	6 (Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction re required n I-3	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	6 (Form	22	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) 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 as 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 2520.101 Pension Funding Compliance 11 Enter the unpaid minimum required contribution for current year from the second second	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction re required n I-3 ents? (If "Year om Schedule	tion Program) lude transactions reported that was caused by fraud that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	22] N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit as of year end See instruction is required n I-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	22] N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) 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 as 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 2520.101 Part VI Pension Funding Compliance 11 Enter the unpaid minimum required contribution for current year from the second secon	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction required n I-3 com Schedule requirement as applicabl g amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X X Iule SE	3 (Form ERISA?	22] N ₹ N
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or 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 as h If this is an individual account plan, was there a blackout period? (2520.101-3.)	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefit n? s of year end See instruction le required n I-3 ents? (If "Yea om Schedule requirement as applicabl g amortized	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X X Iule SE	3 (Form ERISA?	22	N

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	lame of trust	14b Tru	ust's EIN	

Fo	rm 5500-SF	Short F	orm Annual			of Small Emplo	yee	OMB N	os. 1210-0110 1210-0089
	rtment of the Treasury rnal Revenue Service	This form	n is required to be f		efit Plan	nd 4065 of the Employe		2013	
	epartment of Labor Benefits Security Administration	Retirement I	ncome Security Act	of 1974	(ERISA), and sec nue Code (the C	ctions 6057(b) and 6058	8(a) o		
	enefit Guaranty Corporation	Complete				tions to the Form 550	0-SF.	Inspectio	
Part I	Annual Report Id	lentification	n Information						
For calend	ar plan year 2013 or fisca	-		01/01/	2013	and ending		12/31/2013	
A This re	turn/report is for:	x a single-emp	ployer plan	a mul	tiple-employer pla	an (not multiemployer)		a one-participant pla	an
B This re	turn/report is:	the first retu	rn/report	the fir	nal return/report				
	[an amended	l return/report	a shor	t plan year return	/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558		autom	natic extension			DFVC program	
	[special exter	nsion (enter descrip	otion)					
Part II	Basic Plan Inform	nation-ente	r all requested infor	mation					
1a Name	of plan						1b	Three-digit	
PEDIAT	RIC ASSOCIATES	OF SPOKA	NE 401(K) PI	LAN				plan number	
							10	(PN) Effective date of plan	
								01/01/1990	
2a Plans	ponsor's name and addre	ess; include roo	om or suite number	(employe	er, if for a single-e	employer plan)	2b	Employer Identification	Number
	RIC ASSOCIATES	OF SPOKAL	NE PLLC					(EIN) 20-4589084	
ANE							2c	Sponsor's telephone n	umber
105 W	8TH AVENUE SUIT	'E 418						509-747-3083	
SPOKAN		WA	99204				2d	Business code (see ins	structions)
	dministrator's name and			Nomo		Sponsor Address	3h	621111 Administrator's EIN	
	RIC ASSOCIATES			Iname		Sponsor Address	50	20-4589084	
		or protein					3c	Administrator's telepho	ne number
105 W	8TH AVENUE SUIT	'E 418						509-747-3083	
SPOKAN	E	WA	99204						
4 If the r	name and/or EIN of the p	lan sponsor ha	s changed since the	e last retu	urn/report filed for	r this plan, enter the	4b	EIN	
	, EIN, and the plan numb	er from the las	t return/report.						
	or's name	Ale a la avienzia a	-6.46					PN	
	number of participants at	0 0	. ,				5a		33
	number of participants at						5b		29
	er of participants with acc ete this item)				600 COLUMN COLUMN		5c		29
-	all of the plan's assets d	N 62 198						X	Yes 🗌 No
b Are yo	ou claiming a waiver of th	e annual exam	ination and report of	of an inde	pendent qualified	d public accountant (IQ	PA)		
	29 CFR 2520.104-46? (0	,				E=	Yes 🗌 No
	answered "No" to eith						_		
C If the p	plan is a defined benefit p	olan, is it covere	ed under the PBGC	insuranc	e program (see b	ERISA section 4021)?		Yes No Not d	etermined
Caution: A	penalty for the late or	incomplete fil	ing of this return/r	eport wil	II be assessed u	inless reasonable cau	ise is	established.	
	alties of perjury and other edule MB completed and								
	rue, correct, and complete		anoneu actuary, as	wen as ti	le electronic vers		, anu	to the best of my knowle	uge and
	ANAI	3 AAA.	• 2					N D	
SIGN	- Willed	p. Ve	stu		NAFUI	ROBERT P. MAI			
TIERE	Signature of plan adm	ninistrator		Da	ate 2.20 14			ning as plan administra	tor
SIGN	Ablent P	Maya	N			Robert V. P	nar	ther, M.D.	
HERE	Signature of employe				ate 2 2514			ning as employer or pla	
	name (including firm nam	ne, if applicable	e) and address; inclu	ude room	or suite number	(optional)	Prep	arer's telephone numbe	
JODI CA	ALHOUN l & Hurley, Inc	a						509-838-550	0
	Riverside Ave.		600						
Spokane	9	WA	99201						
For Papana	ork Reduction Act Notice a	nd OMB Contro	Numbore coo the in	netruction	e for Form FEOD S	E		Form 55	00-SF (2013)

7	Financial Information Plan Assets and Liabilities		(a) Poginning of V-				(b) E	l of Ve		
a		7.	(a) Beginning of Yea	ar 9348	20		(b) End	of Yea	2290	
b	Total plan assets	. 7a	17	335						
	Net plan assets (subtract line 7b from line 7a)	7b	17	9013					228	962
8		- 7c		9013	55				220	/35
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		2023	La Norac	(b)	Total	-	
u	(1) Employers	8a(1)		6021	12					
	(2) Participants	8a(2)	1	0455	59					
	(3) Others (including rollovers)	8a(3)							No. Contraction	
b	Other income (loss)	8b	4.	3683	38					2
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			33				601	160
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	0419	97					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		19	93					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							104	1390
i	Net income (loss) (subtract line 8h from line 8c)	8i							497	721
j	Transfers to (from) the plan (see instructions)	8j			18				30.8	
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 3B 2T 2F	feature code	es from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions:		
Par	V Compliance Questions									
Part 10	V Compliance Questions During the plan year:				Yes	No		Amou	int	
10				10a	Yes	No X		Amou	int	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	ciary Correction ? (Do not in	ction Program)	10a 10b	Yes			Amou	int	
10 a b	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	ciary Correct ? (Do not in	ction Program)		Yes	X		Amou	228	380
10 a b c	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.)	iciary Correct ? (Do not in fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10b		X		Amou		380
10 a b c d	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	ciary Corre ? (Do not in fidelity bonc ner persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c		X X		Amou		380
10 a b c d	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 insurance service, or other organization that provides some or all	iciary Correct ? (Do not in fidelity bonc her persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		X X X		Amou		380
10 a b c d e	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 insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	Iciary Corree ? (Do not in fidelity bond her persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		X X X X X		Amou		380
10 a b c d e	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 insurance service, or other organization that provides some or all instructions.) 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?	Iciary Corree (Do not in fidelity bond ner persons of the benef n? s of year en (See instruct	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e		x x x x		Amou		380
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