## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

SPOKANE, WA 99201

## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit RIVER CITY ANESTHESIA 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number RIVER CITY ANESTHESIA ASSOCIATES, PLLC (EIN) 87-0696803 Sponsor's telephone number 208-262-2300 1593 E POLSTON AVENUE POST FALLS, ID 83854 Business code (see instructions) 621399 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a Total number of participants at the end of the plan year..... 5b 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 6

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

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

belief, it is t	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	06/30/2015	015 RAYMOND BERTONI					
HERE	Signature of plan administrator	Date	Enter name of individ	er name of individual signing as plan administrator				
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan s					
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r ) (optional)	Preparer's telephone number (optional)				
JODI CALHO	OUN			500,000,5500				
<b>RANDALL 8</b>	k HURLEY, INC			509-838-5500				
<b>601 W RIVE</b>	RSIDE							
SUITE 1600								

5d(2)

5e

6

0

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot f the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA)  <b>Form</b>	5500.			X Ye	es	No No
			orogram (occ Errio/r occilor 40	21).	·····	100		П.	101 001	C1111111	100
Par					1						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year	0400	
	Total plan assets	7a	25561	66					200	0109	
	Total plan liabilities	7b	05504	00					000	0400	
	Net plan assets (subtract line 7b from line 7a)	7c	25561	00	-				200	0109	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(I	o) Tot	al		
	Contributions received or receivable from:  1) Employers	8a(1)	1407	47							
	2) Participants	8a(2)	700	000							
	3) Others (including rollovers)	8a(3)	21	20							
	Other income (loss)	8b	1066	552							
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							31	9519	
	Benefits paid (including direct rollovers and insurance premiums	- 00									
	o provide benefits)	8d	8650	060							
е (	Certain deemed and/or corrective distributions (see instructions)	8e									
f_	Administrative service providers (salaries, fees, commissions)	8f	105	16							
g	Other expenses	8g									
<u>h</u>	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h							87	5576	
<u>i</u> ı	Net income (loss) (subtract line 8h from line 8c)	8i							-55	6057	
j .	Fransfers to (from) the plan (see instructions)	8j									
Part	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension f	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the ins	tructio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	oturo con	les from the List of Dian Charac	ato riot	io Cod	laa ia t	ha inatr	ation			
	ii tile plan provides wellare benefits, efiter tile applicable wellare le	ature coo	les nom the List of Plan Charac	Jensi	ic Coo	es III t	ne msu	uctioi	15.		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Α	moun	t	
а	Was there a failure to transmit to the plan any participant contribut	ions withi	n the time period described in								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of instructions.)	er person of the ben	s by an insurance carrier, nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					X					
	· · · · · · · · · · · · · · · · · · ·			10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as		·	10g		X					
	If this is an individual account plan, was there a blackout period? ( 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 2520.101			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								∏ Ye	es	No
11a	Enter the unpaid minimum required contribution for current year from					11a					
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA	?	Ye	es 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 bein granting the waiver.	g amortiz	ed in this plan year, see instruc		, and e	enter th Day			letter ear	rulin	g

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning								
For calendar plan year 2014 or fiscal plan year beginning	01/01/2014	and ending	12	/31/2014				
A This return/report is for:								
B This return/report is the first return/report	the final return/report							
an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)					
C Check box if filing under: Form 5558  special extension (enter description)	automatic extension			DFVC program				
Part II Basic Plan Information—enter all requested inf	formation							
1a Name of plan River City Anesthesia 401(k) Profit Shar	ing Plan		1b Three plan	number 001				
				ctive date of plan / 01/2004				
2a Plan sponsor's name and address; include room or suite number RIVER CITY ANESTHESIA ASSOCIATES, PLLC	er (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 87-0696803					
1593 E POLSTON AVENUE				onsor's telephone number 3 - 262 - 2300				
DOCE DALLO			1	iness code (see instructions)				
POST FALLS ID 83854  3a Plan administrator's name and address XSame as Plan Spons	eor.		ATT. 100	.399 ninistrator's EIN				
Train administrator s frame and address Donne as Fran Opone	501.		OD Aun	illistrator S EIIV				
,			3c Adm	ninistrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since			1					
	the last return/report filed for	or this plan, enter the	4h FIN					
name, EIN, and the plan number from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
name, EIN, and the plan number from the last return/report.  a Sponsor's name			4c PN					
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year			4c PN 5a	7				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year			4c PN 5a	7 6				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the complete this item)	the plan year (defined bene	ifit plans do not	4c PN 5a					
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year	the plan year (defined bene	ifit plans do not	4c PN 5a 5b	6				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the complete this item)	the plan year (defined bene an year	efit plans do not	4c PN 5a 5b 5c	6				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the complete this item)	the plan year (defined bene an yeararararar	efit plans do not	4c PN 5a 5b 5c 5d(1)	6 6 6				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the plans than 100% vested  Caution: A penalty for the late or incomplete filing of this return.	the plan year (defined bene an yearar	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal	6 6 6 6 0 0				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the pless than 100% vested  Caution: A penalty for the late or incomplete filing of this return  Under penalties of perjury and other penalties set forth in the instruction of Schedule MB completed and signed by an enrolled actuary, as	the plan year (defined benear ) an year	efit plans do not efits that were unless reasonable cale	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal	6 6 6 6 0 blished.				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the pless than 100% vested  Caution: A penalty for the late or incomplete filing of this return Under penalties of perjury and other penalties set forth in the instruction of the plan year of schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete	an year	efit plans do not efits that were unless reasonable cale	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	6 6 6 6 0 blished.				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the plans than 100% vested  Caution: A penalty for the late or incomplete filing of this return Under penalties of perjury and other penalties set forth in the instructions of Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete	the plan year (defined benear year	efit plans do not  efits that were  unless reasonable cal examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	6 6 6 0 blished. ing, if applicable, a Schedule best of my knowledge and				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the pless than 100% vested	an year (defined beneated an year with accrued beneated b	efit plans do not  efits that were  unless reasonable cal examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	6 6 6 6 0 blished.				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the plans than 100% vested  Caution: A penalty for the late or incomplete filing of this return Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete  SIGN  HERE  SIGN  HERE	an year (defined beneated an year ar an ar	efits that were  unless reasonable cale examined this return/repor  RAYMOND BERTO  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	6 6 6 6 0 bilished. ing, if applicable, a Schedule best of my knowledge and as plan administrator				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the pless than 100% vested  Caution: A penalty for the late or incomplete filing of this return  Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete  Sign  HERE  Signature of plan administrator	the plan year (defined benear year	efit plans do not  efits that were  unless reasonable carexamined this return/repor  RAYMOND BERTO  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	6 6 6 0 blished. ing, if applicable, a Schedule best of my knowledge and				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the plans than 100% vested  Caution: A penalty for the late or incomplete filing of this return.  Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete.  SIGN HERE  Signature of plan administrator  Preparer's name (including firm name, if applicable) and address (in Jodi Calhoun	the plan year (defined benear year	efit plans do not  efits that were  unless reasonable carexamined this return/repor  RAYMOND BERTO  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	6 6 6 6 0 blished. ing, if applicable, a Schedule best of my knowledge and as plan administrator as employer or plan sponsor stelephone number (optional)				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the pless than 100% vested  Caution: A penalty for the late or incomplete filing of this return.  Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete.  SIGN  HERE  Signature of employer/plan sponsor  Preparer's name (including firm name, if applicable) and address (in Jodi Calhoun Randall & Hurley, Inc	the plan year (defined benear year	efit plans do not  efits that were  unless reasonable carexamined this return/repor  RAYMOND BERTO  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	6 6 6 6 0 blished. ing, if applicable, a Schedule best of my knowledge and as plan administrator as employer or plan sponsor				
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of complete this item)  d(1) Total number of active participants at the beginning of the plan year  e Number of participants that terminated employment during the plans than 100% vested  Caution: A penalty for the late or incomplete filing of this return.  Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, correct, and complete.  SIGN HERE  Signature of plan administrator  Preparer's name (including firm name, if applicable) and address (in Jodi Calhoun	the plan year (defined benear year	efit plans do not  efits that were  unless reasonable carexamined this return/repor  RAYMOND BERTO  Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is estal port, includit, and to the	6 6 6 6 0 blished. ing, if applicable, a Schedule best of my knowledge and as plan administrator as employer or plan sponsor stelephone number (optional)				

D	20	_	2
г	au		_

	Were all of the plan's assets during the plan year invested in eligible.  Are you claiming a waiver of the annual examination and report of a							X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?	[	Yes	_No _	Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	$\Box$		(b) End	of Year
a	Total plan assets	7a		5616	6			2000109
b	Total plan liabilities	7b				·		
С	Net plan assets (subtract line 7b from line 7a)	7c	255	5616	6			2000109
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		1074	17			
	(2) Participants	8a(2)		7000	0			
	(3) Others (including rollovers)	8a(3)		212	+-			
	Other income (loss)	8b	1	0665	<del></del>			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1		-			319519
<del>d</del>	Benefits paid (including direct rollovers and insurance premiums	00			+			313313
	to provide benefits)	8d	80	5506	50			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			4			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	:	1051	.6			
<u>g</u>	Other expenses	8g			_			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						875576
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-556057
<u>_</u> j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	cteris	stic Co	des in	the instruct	tions:
b	2A 2E 2F 2G 2J 2K 2R 3B 3D  If the plan provides welfare benefits, enter the applicable welfare fe		on from the List of Disa Charac	do do d	in Cod	aa in 41	ha inatavati	
	in the plan provides werrare benefits, enter the applicable werrare re	sature cou	es nom the cist of Flam Charac	YC I I ST	ic Cou	<b>CS</b> III U	ile irisii uciii	uns.
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		х		
ŀ	Were there any nonexempt transactions with any party-in-interest on line 10a.)		=	10b		х		
C	Was the plan covered by a fidelity bond?			10c		Х		
- (	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	_	-	10d		х		
	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 ben	efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		х		
ŀ	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х	- · · -	
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	ne required	notice or one of the	10i				
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes ☐ No
118	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	nter th	e date of th	ne letter ruling Year
	g. a. a. g. a.		Wioit			Day		1001