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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1		
		dentification Information						
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
Α -	his return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
	his return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
C	Check box if filing under:	X Form 5558	automatio	extension	DFVC program			
		special extension (enter description	on)			_		
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation					
	Name of plan				1b	Three-digit		
	CADE CANCER CENTER RET	TREMENT PLAN				plan number		
					_	(PN) F		
					1C	Effective date of plan 01/01/2005		
2a	Plan sponsor's name and addr		2b	Employer Identification Number				
	CADE CANCER CENTERS OF		1	(EIN) 91-1901133				
					2c	Plan sponsor's telephone number		
	3 N.E. 130TH LN., SUITE 120 LAND, WA 98034				24	206-779-2717		
Turki	27172, 777 00004				Zu	Business code (see instructions) 621111		
3a	Plan administrator's name and	l address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN		
CAS(P.L.L	CADE CANCER CENTERS OF	SUITE 120		91-1901133				
	0.		3c	Administrator's telephone number 206-779-2717				
4 II	the name and/or EIN of the pla	4b EIN						
ı	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		4c PN			
	Total accept on of position and a	t the beginning of the plan was						
		t the beginning of the plan year			5a	43		
b	·	t the end of the plan year			5b	45		
С		vith account balances as of the end o			5с	45		
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No		
b		he annual examination and report of				V vaa □ Na		
		(See instructions on waiver eligibility				X Yes No		
Pa	rt III Financial Inform	ner 6a or 6b, the plan cannot use F	Orm 5500-	SF and must instead use Form 550	υυ.			
		auon		(a) Dentination of Year		(b) Ford of Voca		
7	Plan Assets and Liabilities Total plan assets		7-	(a) Beginning of Year 952511	(b) End of Year 1270655			
a b	. 0.0. p.a 0000.0		. 7a . 7b	332311		1270033		
C	•	7b from line 7a)		952511		1270655		
8	Income, Expenses, and Trans		. 7с	(a) Amount				
а	Contributions received or rece			(a) Amount		(b) Total		
_			. 8a(1)	89065	5_			
	(2) Participants		. 8a(2)	54360				
	(3) Others (including rollovers	5)	. 8a(3)	24200)			
b	Other income (loss)		8b	225927	.7			
C	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			393552		
d		rollovers and insurance premiums	8d	72214	ļ.			
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e					
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g	3194				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				75408		
i		e 8h from line 8c)				318144		
i		ee instructions)						

Part IV	Plan	Charact	eristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2T 3D

	1 1110	e plan provides welfare benefits, enter the applicable welfare featur	e codes nom me i	List of Flatt Charact	CHSt	10 000	163 111	uie iiisuuc	dioris.	
Part	٧	Compliance Questions								
10	Dur	ing the plan year:				Yes	No		Amo	unt
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		0a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Wa	as the plan covered by a fidelity bond?		1	0с		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelit lishonesty?			0d		X			
	insı	re any fees or commissions paid to any brokers, agents, or other pe urance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	0e		X			
f	Has	s the plan failed to provide any benefit when due under the plan?			Of		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	vear end.)		0q		X			
_		is is an individual account plan, was there a blackout period? (See i			ug					
		0.101-3.)			0h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			Oi					
Part '	۷I	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements?	•	•				•		Yes X No
12	ls t	his a defined contribution plan subject to the minimum funding requi	irements of section	n 412 of the Code o	r sed	ction 3	02 of	ERISA?		Yes X No
lf y	grai	waiver of the minimum funding standard for a prior year is being am nting the waiver	(Form 5500), and	Month						
		er the minimum required contribution for this plan year				. +	12c			
		er the amount contributed by the employer to the plan for this plan y				-	120			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the reative amount)					12d	□ v	Пы	- N/A
		the minimum funding amount reported on line 12d be met by the ful	inding deadline?					Yes	No	o N/A
Part \		Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?		r		1		Yes X No
		es," enter the amount of any plan assets that reverted to the employ					13a			
	of th	re all the plan assets distributed to participants or beneficiaries, trans ne PBGC?					ntrol 			Yes X No
	whi	uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	plar				-	
13	3c(1) Name of plan(s):				130	(2) El	N(s)	1	3c(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report w	vill be assessed ι	ınless reasonable	cau	se is	establ	lished.	•	
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	' <u> </u>	iled with authorized/valid electronic signature.	9/24/2010	CAROL M. VANHA	ELS	Т				
HERE		Signature of plan administrator	Date	Enter name of ind	vidu	al sigr	ning as	s plan adm	ninistra	tor

Date

Enter name of individual signing as employer or plan sponsor

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 section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information										
For	For calendar plan year 2009 or fiscal plan year beginning and ending									
Ат	his return/report is for: x single-employer plan		multiple-er	nployer plan (not multiemployer)		one-participa	nt plan			
Вт	his return/report is for: first return/report		final return	/report		und was				
	an amended return/re	year return/report (less than 12 mor	iths)							
C	Check box if filing under:	extension	DFVC program							
	special extension (ent	ـــ er descriptio	on)							
Pa	rt II Basic Plan Information—enter all reque	0.000 to 0.000 to 0.000	enen•.			7				
2000	Name of plan	sted initial	lation		1h	Three-digit				
	CADE CANCER CENTER RETIREMENT PLAN				ID	plan number				
Char	DADE GANGER GERTER NETWEINT FEAR					(PN) ▶	001			
					1c	Effective date of 01/01/2				
	Plan sponsor's name and address (employer, if for sing		r plan)		2b	Employer Identif	ication Number			
CASC	CADE CANCER CENTERS OF WASHINGTON, P.L.L.C	¥		3	_	(EIN) 91-190				
4000	NEE ADDITION OURTE 400				2C	Plan sponsor's t	elephone number			
	§ N.E. 130TH LN., SUITE 120 LAND WA 98034				2d	Business code (
				100	5757671.07	621111	S. 4.5.V.			
3a SAMI	Plan administrator's name and address (if same as Plar	sponsor, e	enter "Same	")	5-000-000	Administrator's I 91-190	1133			
ar					3с	Administrator's t 206-77	elephone number 9-2717			
	the name and/or EIN of the plan sponsor has changed			port filed for this plan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report. Sponsor's name						PN				
5a Total number of participants at the beginning of the plan year				5a	4					
b Total number of participants at the end of the plan year					5b		45			
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5с		45			
	Were all of the plan's assets during the plan year investigation					•••••••	X Yes No			
b	Are you claiming a waiver of the annual examination at under 29 CFR 2520.104-46? (See instructions on waiv	nd report of	an indepen	dent qualified public accountant (IQI	PA)		U van U Na			
	If you answered "No" to either 6a or 6b, the plan ca						X Yes ∐ No			
Pa	rt III Financial Information		01111 0000	or and must misted use form so						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	**********	7a	952511			1270655			
b	Total plan liabilities		7b							
C	Net plan assets (subtract line 7b from line 7a)			952511			1270655			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	_80	(b) T	otal			
а	Contributions received or receivable from:					(3)				
	(1) Employers			89065						
	(2) Participants		8a(2)	54360	Ц.					
-	(3) Others (including rollovers)		8a(3)	24200	4					
b	Other income (loss)			225927		A. 100				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c				393552			
d	Benefits paid (including direct rollovers and insurance to provide benefits)		8d	72214						
е	Certain deemed and/or corrective distributions (see ins	tructions)	8e	ne vijeme						
f	Administrative service providers (salaries, fees, commi	ssions)	8f							
g	Other expenses		8g	3194						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h	10 7355 5.005530070 5.		100	75408			
i	Net income (loss) (subtract line 8h from line 8c)		8i				318144			
j	Transfers to (from) the plan (see instructions)		8j							

5500	

Page	2-	1

Control of the Contro	1500		
Part IV	Plan	Chara	cteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

					0100000	10,000				
Part	٧	Compliance Questions				2000				
		ing the plan year:			Ye	s No	Aı	mount		
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			0a	x	ac.			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			0ь	×				
С	Wa	as the plan covered by a fidelity bond?		1	0c	Х				
d		the plan have a loss, whether or not reimbursed by the plan's fideli		0d	Х					
е	We	re any fees or commissions paid to any brokers, agents, or other per parance service or other organization that provides some or all of the pructions.)	nce carrier, plan? (See	0e	Х					
f	Has	s the plan failed to provide any benefit when due under the plan?		Of	Х					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)	1	0g	Х				
h		nis is an individual account plan, was there a blackout period? (See 0.101-3.)			0h	Х				
j		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			0i					
Part '	VI	Pension Funding Compliance		11.50 - 1281 H 201 - 1		33277	1000000			
11										
12	ls t	his a defined contribution plan subject to the minimum funding requ	irements of section					Yes	=	
а	lf a grai	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable, waiver of the minimum funding standard for a prior year is being an ating the waiver	nortized in this plan	Month	ons, and	d enter th Day	ne date of the	letter rulii ear	30	
		er the minimum required contribution for this plan year	M 2:	Ä		12b	<u> </u>			
		er the amount contributed by the employer to the plan for this plan				12c				
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minu	us sign to the left of	а	12d		******		
		the minimum funding amount reported on line 12d be met by the fu					Yes	No	N/A	
Part		Plan Terminations and Transfers of Assets							1	
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ar or any prior year	r?		*******	- A. Tournelle, and	Yes	X No	
		es," enter the amount of any plan assets that reverted to the emplo								
	We	re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another					Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	plan(s)	to				
1	3c(1) Name of plan(s):				13c(2) El	N(s)	13c(3)	PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonable	cause	is establ	lished.			
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I d nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have es the electronic vers	examined this return sion of this return/re	/report, port, an	including to the	g, if applicabl best of my kn	e, a Sche owledge a	dule and	
SIGN	,)	(19/22 /2010	CAROLM. VANH	AELST	IVV				
HER		200 March 1997 March 1	Date	Enter name of indi	viduals	signing as	s plan admini	strator		
SIGN				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>V</u>					
HER	Signature of employer/plan sponsor Date Enter name of					individual signing as employer or plan sponsor				