## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program 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 plan number CASCADE CANCER CENTER RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CASCADE CANCER CENTERS OF WASHINGTON, P.L.L.C. 91-1901133 (EIN) 2c Sponsor's telephone number 206-779-2717 12303 N.E. 130TH LN., SUITE 120 KIRKLAND, WA 98034 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1901133 CASCADE CANCER CENTERS OF WASHINGTON, 12303 N.E. 130TH LN., SUITE 120 P.L.L.C. KIRKLAND, WA 98034 3c Administrator's telephone number 206-779-2717 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 46 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 46 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1567366 1700936 Total plan assets..... 7a 7b Total plan liabilities..... 1567366 1700936 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 87579 8a(1) (1) Employers ..... 99648 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -24463 **b** Other income (loss)..... 8b 162764 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 29194 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 29194 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h

8i

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

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**Plan Characteristics** 

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**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

Part IV

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
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 fidelity bond, that was caused by fraud or dishonesty?		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	Х					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl 5500))	lete S	Sched	lule SE	3 (Form	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or sec	tion (	302 of	ERISA?	Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		. oa	
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 (enter a minus sign to the left of negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
I3a	Has a resolution to terminate the plan been adopted in any plan year?			\	′es X No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un					□ Yes	X No
С	of the PBGC?					Ц 100	110
	which assets or liabilities were transferred. (See instructions.)	, p.a.	(0) 10			•	
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	<b>)</b> PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establ	ished.	1	
Jnde SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re it is true, correct, and complete.	n/rep	ort, ir	ncludin	g, if applica		
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re		,		·	,	

SIGN	Filed with authorized/valid electronic signature.	06/04/2012	CAROL M. VANHAELST
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		Identification Informat	ion	-		
For	alendar plan year 2011 or fis	cal plan year beginning 0	1/01/2011	and ending	12/31/	2011
Α 7	his return/report is for:	X a single-employer plan	a multipl	e-employer plan (not multiemploye	r)	a one-participant plan
Вп	his return/report is:	the first return/report	the final	return/report		
1.000	The total areport to.	an amended return/repor	H	an year return/report (less than 12	months'	<b>S</b>
<u> </u>	Mark I and the Pitter and the Committee of the Committee	Form 5558		c extension		DFVC program
	Check box if filing under:		السا	Cexterision		U bi ve program
		special extension (enter o				
- 0		rmation—enter all requeste	d information	THE STATE OF THE S	Tat.	
	Name of plan	State of the Late of the State			מו	Three-digit plan number
CASC	CADE CANCER CENTER RE	TIREMENT PLAN				(PN) ▶ 001
					1c	Effective date of plan
						01/01/2005
2a	Plan sponsor's name and add	dress; include room or suite no DF WASHINGTON, P.L.L.C.	umber (employer,	if for a single-employer plan)	2b	Employer Identification Number
UAS:	LADE CANCER CENTERS C	JF WASHINGTON, P.L.L.G.				(EIN) 91-1901133
					2c	Sponsor's telephone number
1230	3 N.E. 1301H LN., SUITE 120	O				206-779-2717
KHRK	LANS WA 98034				2d	Business code (see instructions)
200				Vic.		621111
		nd address (if same as plan sp	onsor, enter "Sam	e")	36	Administrator's EIN 91-1901133
SAM	60				3c	Administrator's telephone number
						206-779-2717
4				/report filed for this plan, enter the	4b	EIN
		mber from the last return/repor	rt.			
	Sponsor's name					PN
-	185 8	NAME (2011 NO 1001)				48
b					5b	46
C		account balances as of the en		(defined benefit plans do not	5c	46
6a	Were all of the plan's assets	during the plan year invested	d in eligible assets	? (See instructions.)		X Yes No
b				endent qualified public accountant (		
		A SECULIAR CONTROL OF THE PARTY	TO-OUT ALSO ALL MODES - COMMITTEE STATE OF THE PARTY OF THE	itions.)		X Yes ∐ No
Pa	rt III Financial Inform		ot use Form 5500	)-SF and must instead use Form	<del>5500.</del>	
7	Plan Assets and Liabilities	nation	T	(a) Parincipa of Year	O MARION PARA	/L\ F1 -£\/
87			7-	(a) Beginning of Year	366	(b) End of Year 1700936
8		,	1	1007.	000	1700330
b	TATE NAME AND ARROWS AND STREET AND ARROWS A		A STATE OF THE PARTY OF T	1567	288	1700936
	por the second s	e 7b from line 7a)	7c	· · · · · · · · · · · · · · · · · · ·	-	
8	Income, Expenses, and Tran Contributions received or rec		4 YAUT	(a) Amount	-	(b) Total
а			8a(1)	87	579	
				99	548	
		ers)	VALUE 1, 1 MAY 10 MAY 1		97	
b	27 1/2/2 20 (53)			-24	163	
С	THE PROPERTY OF THE PROPERTY O	l), 8a(2), 8a(3), and 8b)	****	and the second s		162764
ď		ct rollovers and insurance pre	The street of th			- Committee - Comm
57				29	194	
е	Certain deemed and/or corre	ective distributions (see instru	ctions) 8e			
f	Administrative service provide	ders (salaries, fees, commissi	ons) 8f			
g	Other expenses		8g			
h	Total expenses (add lines 80	d, 8e, 8f, and 8g)	g			29194
i		line 8h from line 8c)	AMARIA SANCOSANA			133570
j	Transfers to (from) the plan	(see instructions)				

_			001	
Form	55110	-5-	2117	1

Page :	2 -	1

Pa	rt IV	F	Plan	Cha	aract	eristics	
9a	If th	e plar	prov	ides p	pensic	on benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2/4	20	2G	2J	2T	3D	
b	If th	e plar	prov	ides \	welfar	benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

Part	ν	Compliance Questions									
10	Durir	ng the plan year:				Yes	No	March - Livers	Amo	unt	
а		there a failure to transmit to the plan any participant contributions DFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		X			N Offi		
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)		10b		Х					
C	Was	s the plan covered by a fidelity bond?	************		10c		Х				
d											
е											
f	Has	the plan failed to provide any benefit when due under the plan?	***************************************	***************	10f		Х	3			
g	Did (	he plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		Х				
h		s is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		Х			40 AH	
i		h was answered "Yes," check the box if you either provided the re- ptions to providing the notice applied under 29 CFR 2520.101-3			10i			- 1.4			
art	VI	Pension Funding Compliance						•			
11	Is this 5500	s a defined benefit plan subject to minimum funding requirements'	? (If "Yes," see inst	ructions and com	plete	Sched	ule SE	(Form	П	Yes No	
12		is a defined contribution plan subject to the minimum funding requ								Yes X No	
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)								
а	If a w	vaiver of the minimum funding standard for a prior year is being an	nortized in this plan	year, see instruc	tions,	and e	nter th	ie date of	the lett	er ruling	
lf v	gram ou co	ting the waiveromplete lines 3, 9, and 10 of Schedule MB		Moni	ın	9	Day		Year		
		r the minimum required contribution for this plan year	The Name of Street Street Street				12b				
		r the amount contributed by the employer to the plan for this plan y					12c			-1900001	
	Subli	ract the amount in line 12c from the amount in line 12b. Enter the i	result (enter a minu	is sign to the left of	of a		12d				
е		he minimum funding amount reported on line 12d be met by the fu				-		Yes	Пи	ο Π N/A	
art	Victory 1	Plan Terminations and Transfers of Assets						110			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?						res X	No		
		es," enter the amount of any plan assets that reverted to the emplo								- 10	
b	Were	e all the plan assets distributed to participants or beneficiaries, tran					ntrol		П	Yes X No	
С	If dur	ring this plan year, any assets or liabilities were transferred from the hassets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ie plai	n(s) to	••••			.00 🖺 110	
1	3c(1)	Name of plan(s):	COVERED TO	-		130	c(2) EI	N(s)	1	3c(3) PN(s)	
		penalty for the late or incomplete filing of this return/report v									
SB or	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 true, correct, and complete.										
SIGN	X	MANU	5-11	CAROLM. VAN	IHAEL	&T/	11	7400000			
HER	_	ignature of plan administrator	Date	1111	_	1	Vina 2	s plan adr	ninietro	tor	
SIGN	ıL			11/10	VIVIO	wai siyi	mig as	pian adr	mustra	iui	
HERE	=   s	Signature of employer/plan sponsor	Date	Enter name of in	dividu	ıal sigr	ning as	s employe	er or pla	n sponsor	