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).

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

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I		lentification Information					
For calend	dar plan year 2012 or fisc	al plan year beginning 01/01/2012		and ending 1	12/31/2012		
A This re	eturn/report is for:	a single-employer plan	multiple-employer p	lan (not multiemployer)	a one-part	icipant plan	
B This re	eturn/report is:	the first return/report the	ne final return/report				
	Ī	an amended return/report a	short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558 a	utomatic extension		DFVC pro	gram	
special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested informati	on				
1a Name		•			1b Three-digit		
	CANCER CENTER RETI	REMENT PLAN			plan number		
					(PN)	001	
					1c Effective date	e of plan 01/2005	
2a Plan	sponsor's name and addr	ess; include room or suite number (em	ployer, if for a single-	employer plan)	†	ntification Number	
CASCADE	CANCER CENTERS OF	WASHINGTON, P.L.L.C.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1 -7 - 1 7	' '	1901133	
					2c Sponsor's te		
	128TH ST., SUITE 1600					779-2717	
KIRKLAND	, WA 98034					le (see instructions)	
3a Plan	administrator's name and	address X Same as Plan Sponsor Nar	ma Sama as Plar	n Sponsor Address	3b Administrator	1111 'e FIN	
Ju Flaire		address Noame as Flan Oponson Wal	nic Danic as riai	1 Oponsor Address	Administrator	3 LIIV	
					3c Administrator	's telephone number	
4 If the	name and/or EIN of the p	plan sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b EIN		
	•	per from the last return/report.	·	•			
	sor's name				4c PN		
_		the beginning of the plan year			5a	46	
	• •	the end of the plan year			5b	48	
		count balances as of the end of the pla	• •	-	5c	48	
	•	luring the plan year invested in eligible			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	X Yes No	
		ne annual examination and report of an					
		See instructions on waiver eligibility an				X Yes No	
		er line 6a or line 6b, the plan cannot					
		incomplete filing of this return/repo					
		r penalties set forth in the instructions, signed by an enrolled actuary, as well					
	true, correct, and comple				,	,	
SIGN	Filed with authorized/va	lid electronic signature.	04/26/2013	CAROL M. VANHAEL	ST		
HERE						administrator	
	Signature of plan adr	ninistrator	Date	Enter name of individu	luai signing as pian a	administrator	
SIGN HERE							
	Signature of employer	er/plan sponsor me, if applicable) and address; include	Date	Enter name of individual		oyer or plan sponsor ne number (optional)	
riepaiers	s name (including limi) har	ne, ii applicable) and address, include	room or suite numbe	ι (υμιισπαι)	Freparer's telepho	ne number (optional)	

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) En	d of Ye	ar				
a	Total plan assets	7a	` ' -	1700936			2112168					
	Total plan liabilities	7b										
	Net plan assets (subtract line 7b from line 7a)	7c	1700936				21	12168	3			
	ome, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total						
	Contributions received or receivable from:		(a) ranount			(2)	Total					
	(1) Employers	8a(1)	8162	8								
	(2) Participants	8a(2)	15184	-0								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	20989	5								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					4	43363				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2867	2								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	8g	345	9								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32131				
	Net income (loss) (subtract line 8h from line 8c)	8i					4	11232	2			
	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics	٠,										
	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 fe	eature cod	es from the List of Plan Chara	cteristi	c Codes in	the instru	ctions:					
Dor	V Compliance Questions											
Part	•			T	Vec No							
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono with:	n the time naried described in		Yes No		Amo	unt				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a	X							
	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 cinstructions.)	of the bene	efits under the plan? (See	10e	X							
f	Has the plan failed to provide any benefit when due under the plan			10f	X							
g h		(See instru	uctions and 29 CFR	10g	X							
i	2520.101-3.)			10h	^							
D (exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i								
Part												
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						<u>. </u>	Yes		No		
_11a	Enter the amount from Schedule SB line 39				11a		ı —					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 302 c	f ERISA?	. 📗	Yes	X	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and enter Da		the let Year		ing	_		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		ı							
<u>b</u>	Enter the minimum required contribution for this plan year				12b							

	Form 5500-SF 2012	Page 3 - 1						
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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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	Yes	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
	ar plan year 2012 or fiscal plan year beginning 01/01/2012	- NY	and ending	12/31/2	2012			
A This ret	urn/report is for: X a single-employer plan a	multiple-employer pl	an (not multiemployer)		П	- I		
_		e final return/report	an (not maidemployer)		a one-participan	it pian		
e inet-		2.0	n/report (less than 12 m	- (1)	ar			
C Charles			meport (less than 12 mi	ontns				
C Check i		utomatic extension			DFVC program			
Devid II	special extension (enter description)							
Part II 1a Name	Basic Plan Information—enter all requested information	חת		T				
	OT PIAN CANCER CENTER RETIREMENT PLAN			1b	Three-digit			
CHOCHDL (SANCER CEIVIER RETIREMENT FLAM				plan number (PN)	001		
				1c	Effective date of pla	an .		
		The state of the s		the see	01/01/2008			
2a Plan sp	consor's name and address; include room or suite number (emp CANCER CENTERS OF WASHINGTON, P.L.L.C.	loyer, if for a single-	employer plan)	2b	Employer Identification	ilion Number		
UNGUNDE (PANOER CENTERS OF WASHINGTON, F.E.E.C.				(EIN) 91-190113			
				2c Sponsor's telephone number				
12040 N.E.	128TH ST., SUITE 1600			<u></u>	(206) 779-2			
KIRKLAND.	MA DODA			2d	Business code (see 621111	instructions)		
	dministrator's name and address XSame as Plan Sponsor Nam	ne	Sponsor Address	3h	Administrator's EIN			
SEE SEE MANUAL PROPERTY OF THE PARTY OF THE			apolisor Address	30	Administrator s EIIV	ļ		
				3с	Administrator's telej	phone number		
					Section 2 decision and the section of the section o	TENTE STATES AT PERCENT STATES AND STATES AN		
4 If the n	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	or this plan anter the	46				
name,	EIN, and the plan number from the last return/report.	returnreport med to	il tills platt, enter the	4b	EIN			
a Sponso	The state of the s	1981		4c	PN			
	number of participants at the beginning of the plan year		CONTRACTOR OF CO	5a		46		
	number of participants at the end of the plan year			5b		48		
C Number	er of participants with account balances as of the end of the plar	n year (defined bene	fit plans do not	7				
	ete this item)			5c		48		
6a Were	all of the plan's assets during the plan year invested in eligible a	assets? (See instruc	tions.)	*******		X Yes No		
b Are you	ou claiming a waiver of the annual examination and report of an in 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independent qualifie	d public accountant (IQI	PA)	ŗ			
lf you	answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500	X Yes No		
	penalty for the late or incomplete filing of this return/report					THE STATE OF THE S		
Under pena	allies of perjury and other penalties set forth in the instructions. I	declare that I have	evamined this return/rem	- 11 M	-6 di- 25 n 14	Cabadula		
SD OF SCHE	dule Mb completed and signed by an emoliegractuary, as well a	as the electronic ver	sion of this return/report	, and t	o the best of my kno	s, a Scriedule Swiedge and		
Denei, it is t	rue, correct, and complete.				220			
SIGN	* MOLLOU	14.16.13	CAROL M. VANHAEL	ST				
HERE	Signature of plan administrator	Date		7		S		
SIGN	- C	Date	Enter name of individu	uai sigi	ning as plan adminis	strator		
HERE	Citime of amplementation and are							
Preparer's	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include re	Date	Enter name of individu	ual sign	ning as employer or	plan sponsor		
* * TE ==== :	ratio (marcang managan) and dad ode, modele m	DOIN OF SUITE HUITING	r (optional)	Prepa	arer's telephone nun	nber (optional)		

Par	t III Financial Information												
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Yea					(b) End of Year						
a_	Total plan assets					211216							
b	Total plan liabilities	7b							112100				
c	Net plan assets (subtract line 7b from line 7a)	7c	170093	1700936			21						
_8	ome, Expenses, and Transfers for this Plan Year (a) Amount						(h)	Total					
а	Contributions received or receivable from: (1) Employers	ions received or receivable from:						Total					
	(2) Participants	8a(2)	15184	40						TANK TO LEAD TO SERVICE OF THE SERVI			
	(3) Others (including rollovers)								N/II				
b	Other income (loss)	. 8b	20989	5									
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							143363				
d	Benefits paid (including direct rollovers and insurance premiums	4000 cor							140000				
	to provide benefits)	. 8d	28672	2						******			
	Certain deemed and/or corrective distributions (see instructions)	8e					1						
	Administrative service providers (salaries, fees, commissions)	. 8f											
- 28	Other expenses		3459	9									
	Total expenses (add lines 8d, 8e, 8f, and 8g)								32131	1			
	Net income (loss) (subtract line 8h from line 8c)						-	1.	411232	2			
	Transfers to (from) the plan (see instructions)	· 8j		7-10						33.442			
	t IV Plan Characteristics									-			
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Chara	acteris	tic Cod	les in	the instr	uction	S:	7			
	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:												
Pari	Part V Compliance Questions												
10				G.									
10	During the plan year:				Voc	No		★#2555	and the state of t				
- i o	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions within	the time period described in		Yes	No		Am	ount	_			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ction Program)	10a	Yes	No X		Am	ount				
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre t? (Do not in	ction Program) clude transactions reported	10a 10b	Yes			Am	ount				
b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Corre t? (Do not in	ction Program)		Yes	х		Am	ount				
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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?	t? (Do not in	ction Program)	10b	Yes	x x		Am	ount				
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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	t? (Do not in	ction Program)	10b 10c	Yes	x x x		Am	ount				
b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some or all insurance service or other organization that provides some organization that the provides some organizati	t? (Do not in	ction Program)	10b 10c 10d	Yes	x x x		Am	ount				
a b c d	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 of insurance service or other organization that provides some or all instructions.)	t? (Do not in	ction Program)	10b 10c 10d 10e 10e	Yes	x x x x		Am	ount				
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other 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 at this is an individual account plan, was there a blackout period?	t? (Do not in fidelity bond ther persons of the benefit as of year er (See instruction)	ction Program)	10b 10c 10d 10e 10f 10g	Yes	x x x x x		Am	ount				
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 off 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 at this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bone for persons of the benefing as of year er (See instruction	ction Program)	10b 10c 10d 10e 10f 10g 10h	Yes	x x x x		Am	ount				
a b c d e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other 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 at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	fidelity bone for persons of the benefing as of year er (See instruction	ction Program)	10b 10c 10d 10e 10f 10g	Yes	x x x x x		Am	ount				
a b c d e e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 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 at this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	diciary Correct? (Do not in fidelity bond the persons of the benefit as of year er (See instruction the required the fidelity?)	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schedu	X X X X X X X X	(Form	Am		□ No			
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 off 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 at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	diciary Correct? (Do not in fidelity bond fidelity bond fidelity bond fidelity bond fidelity benefit fidelity benefit fidelity benefit fidelity benefit fidelity fide	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schedu	X X X X X X X X X X	(Form	Am	Yes	☐ No			
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other 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 at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	included in the required in th	clion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schedu 1	X X X X X X X A X A A A A A A A A A A A		Ic	Yes				
a b c d e f g h 11a 11a 11a 11a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other 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 at this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	diciary Correct? (Do not in fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond fidelity benefit fidelity benefit fidelity fideli	clion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schedu 1	X X X X X X X A X A A A A A A A A A A A		Ic					
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<u>c</u>	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				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		∏ Ye	es 🗌	No	N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		T -			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		Ī		☐ Yes	N N
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)					ure See

14b Trust's EIN

14a Name of trust