For	rm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be filed		nd 4065 of the Employee	e	2012					
	epartment of Labor enefits Security Administration	ctions 6057(b) and 6058 ode).		This Form is Open to Public							
Pension Be	enefit Guaranty Corporation	)-SF.	Ins	pection							
Part I	•	entification Information									
For calend	ar plan year 2012 or fisca			and ending 0	6/30/2	2013					
A This return/report is for:											
<b>B</b> This ret	turn/report is:		he final return/report	1 . <i>1</i>							
•			1 3	n/report (less than 12 mo	onths)	<b>—</b>					
C Check I	box if filing under:		utomatic extension			DFVC progra	m				
		special extension (enter description)									
Part II		nation—enter all requested informati	ion		44						
1a Name	of plan CANCER CENTER RETI				10	Three-digit plan number					
CASCADE C						(PN)	001				
					1c	Effective date of	plan				
						01/01/	2005				
		ess; include room or suite number (em WASHINGTON, P.L.L.C.	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-190					
12040 N F	128TH ST., SUITE 1600				2c	Sponsor's telepl 206-779					
KIRKLAND,					2d	Business code (see instructions) 621111					
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN					
<b>4</b> If the r	name and/or EIN of the p	an sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4h	EIN					
name		er from the last return/report.			<b>4c</b> PN						
		the beginning of the plan year									
		the end of the plan year									
		count balances as of the end of the pla			5b		0				
		sound balances as of the end of the pla			5c		0				
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No				
		e 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									
SB or Sche		penalties set forth in the instructions, signed by an enrolled actuary, as well te.									
SIGN	Filed with authorized/va	id electronic signature.	07/12/2013	CAROL M. VANHAELS	ST						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adm	ninistrator				
SIGN											
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial sid	ning as employe	r or plan sponsor				
Preparer's		ne, if applicable) and address; include					number (optional)				
					·	·	,				
				-							

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a Total plan assets	7a	211216				0		
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	211216	8	С				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	0-(4)							
(1) Employers	8a(1)							
(2) Participants	8a(2)							
(3) Others (including rollovers) b Other income (loss)	8a(3)	11380	0					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	11300	0			442000		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	00					113808		
to provide benefits)	8d	222597	6					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2225976		
Net income (loss) (subtract line 8h from line 8c)	8i					-2112168		
J Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions				0.000				
10 During the plan year:				Yes	No	Amount		
<b>a</b> Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
<b>C</b> Was the plan covered by a fidelity bond?			10c		Х			
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
<b>e</b> Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefits	s under the plan? (See	10e		x			
f Has the plan failed to provide any benefit when due under the plan	n?		10f	I	Х			
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	l.)	10g		Х			
<b>h</b> 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 th 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 requirem 5500) and line 11a below)								
11a Enter the amount from Schedule SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or see	ction 3	302 of I	ERISA? 🛛 Yes 🗙 N		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
<b>a</b> If a waiver of the minimum funding standard for a prior year is bein	ng amortized	in this plan year, see instrue		and e		•		
granting the waiver.			th		Day .	Year		
	e MB (Form	5500), and skip to line 13.			12b	Year		

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 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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Department of the Ti		yee	<b>yee</b> OMB No.				
Internal Revenue S		This form is required to	ee	2	2012		
Department of La Employee Benefits Security Pension Benefit Guaranty	Administration	Retirement Income Security the			s Open to Public		
		Complete all entries in	accordance with the instru	uctions to the Form 55	00-SF.	uis	pection
For calendar plan year		entification Informatio	01/2013	and ending	001001	0040	
A This return/report i	5	1			06/30/2		
<ul> <li>B This return/report i</li> <li>C Check box if filing</li> </ul>	s:	the first return/report an amended return/report Form 5558	$\mathbf{X}$ the final return/report $\mathbf{X}$ a short plan year retu automatic extension			DFVC progra	
Dant II Basia I		special extension (enter de					
Part II Basic I 1a Name of plan	Plan Inform	nation-enter all requested	information		1.00		
CASCADE CANCER C	ENTER RETI	REMENT PLAN				Three-digit plan number (PN) ▶	001
					1c	Effective date o 01/01/2	
2a Plan sponsor's na ASCADE CANCER C	me and addre ENTERS OF	ss; include room or suile nun WASHINGTON, P.L.L.C.	nber (employer, if for a single	e-employer plan)	2b	Employer Identii (EIN) 91-190	fication Number
2040 N.E. 128TH ST.	. SUITE 1600				2c	Sponsor's telep (206) 77	
IRKLAND, WA 98034					2d	Business code ( 621111	
3a Plan administrator	r's name and a	address XSame as Plan Spo	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's I	EIN
					30	Administrate de l	elephone number
name, EIN, and t	or EIN of the pl he plan numb	an sponsor has changed sind er from the last return/report.	ce the last return/report filed	for this plan, enter the	4b	EIN	
a Sponsor's name					4c	PN	
		the beginning of the plan yea			5a		48
		the end of the plan year			5b		0
C Number of partici complete this iter	pants with acc m)	count balances as of the end	of the plan year (defined ben	efit plans do not	5c	10,500	0
6a Were all of the pl b Are you claiming	lan's assels di a waiver of lh	uring the plan year invested in e annual examination and reg	n eligible assets? (See instru	ctions.)			X Yes No
under 29 CFR 25 If you answered	520.104-46? (8   "No" to eithe	See instructions on waiver eliger line 6a or line 6b, the plan	gibility and conditions.) n cannot use Form 5500-SF	and must instead use	Form	5500.	X Yes 🗌 No
Caution: A penalty fo	or the late or i	incomplete filing of this ret	urn/report will be assessed	i uniess reasonable ca	use is e	established.	
Under penalties of per SB or Schedule MB co belief, it is true, correc	singleten and	penalties set forth in the inst signed by an enrolled actuary	ructions, I declare that I have , as well as the electronic ve	e examined this return/re rsion of this return/repor	port, in t, and t	cluding, if applica o the best of my	able, a Schedule knowledge and
SIGN X	IX Q	TUV V	17-8-1	Carol M. vanHaelst			
HERE Signature	e of plan adm	inistrator	Date	Enter name of individ	lual sig	ning as plan adm	inistrator
SIGN					- Harrison Harrison	<u> </u>	
		r/plan sponsor Date Enter name of indivi			fual sig	ning as employe	
Preparer's name (inclu	uding firm nam	ne, if applicable) and address	; include room or suile numb	er (oplional)	Prepa	arer's telephone	number (optional)
For Paperwork Reduction	on Act Notice a	nd OMB Control Numbers, see	the instructions for Form 5500	)-SF.			Form 5500-SF (2012)

2012/02/0712/2518 (858866.0)

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Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	Τ		(b) E	nd of	Voor	
а	Total plan assets	7a	211216		(b) End of Year					0
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	211216	8						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:	100		-	15	14	19	/ 1010	1.12	1916
<del>.</del>	(1) Employers	8a(1)		_					10	
	(2) Participants	8a(2)			12		<u></u>			
	(3) Others (including rollovers)	8a(3)			-	-	<u>, 18 p</u>	1		
	Other income (loss)	8b	11380	8	с. -	4		с. 1		
 d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			14				113808	)
	to provide benefils)	8d	222597	6	ň.,					
e	Certain deemed and/or corrective distributions (see instructions)	8e				8				<u></u>
f	Administrative service providers (salaries, fees, commissions)	8f					1.25	7-515	111	
g	Other expenses	8g		1	107	16		- 11 -	1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		÷۱,1				5	225976	3
i	Net income (loss) (subtract line 8h from line 8c)	8i		1.57					112168	1402517
j	Transfers to (from) the plan (see instructions)	8j							112100	,
Pa	rt IV Plan Characteristics				_				-	
9a	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Char	acleris	lic Co	des in	the instr	uction	s:	1
b	2A 2E 2G 2J 2T 3D									
D	If the plan provides welfare benefits, enter the applicable welfare fe	eature code:	s from the List of Plan Chara	cteristi	c Cod	es in ll	he instru	ctions	:	
Par	t V Compliance Questions									
10	During the plan year:				Vaa	N.		10.1	all de la	
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	lhe lime period described in		Yes	No		Am	ount	
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	iciary Corre	ction Program)	10a	Yes	No X		Am	ount	
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 Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not in	ction Program)	10a	Yes	x		Am	ount	
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 Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Corre ? (Do not in	ction Program) clude transactions reported		Yes			Am	ount	
b c	Was there a failure to transmit to the plan any participant contribut 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?	iciary Corre ? (Do not in	ction Program) clude transactions reported	10a	Yes	x		Am	ount	
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 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	iciary Corre ? (Do not in fidelity bond	ction Program) clude transactions reported	10a 10b 10c	Yes	x x x		Am	ount	
b c d	Was there a failure to transmit to the plan any participant contribut 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?	iciary Corre ? (Do not in fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10a 10b	Yes	x x		Am	ount	
b c d	Was there a failure to transmit to the plan any participant contribut 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 of	iciary Corre ? (Do not in fidelity bond fidelity bond er persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c	Yes	x x x		Am	ount	
d d	Was there a failure to transmit to the plan any participant contribut 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 o instructions.)	iciary Corre ? (Do not in fidelity bond fire persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c	Yes	x x x		Am	ount	
b c d	Was there a failure to transmit to the plan any participant contribut 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 Corre ? (Do not in fidelity bond fidelity bond file benefit n?	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	x x x x		Am	ount	
d d	Was there a failure to transmit to the plan any participant contribut 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 or 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 as	Iciary Corre ? (Do not in fidelity bond fire persons of the benefit n? s of year en	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d 10e	Yes	x x x x x		Am	ount	
a b c d e	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If the plan backout period?)</li> </ul>	Iciary Corre ? (Do not in fidelity bond fidelity bond fine persons of the benefit n? s of year en See instruc	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	x x x x x x x x x		Am	ount	
a b c d e f g	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period? ( 2520.101-3.)</li> </ul>	Iciary Corre ? (Do not in fidelity bond fidelity bond fine benefit n? s of year en See instruc	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes	x x x x x x x		Am	ount	
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a b c d e f g	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> </ul>	iciary Corre ? (Do not in fidelity bond fidelity bond fine persons of the benefit n? s of year en (See instruc ne required	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes	x x x x x x x x x		Am	ount	
a b c d d e f f g h i	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10<sup>-5</sup></li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	Iciary Corre ? (Do not in fidelity bond fidelity bond file benefit n? s of year en (See instruct ne required 1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the	10a 10b 10c 10d 10d 10f 10g 10h 10h		x x x x x x x x x x x x	(Form	Am	ount	
a b c d d e f f g h i i Part	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	Iciary Corre ? (Do not in fidelity bond fidelity bond fine persons of the benefit n? s of year en See instruc ne required 1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Sched	x x x x x x x x x x x x	(Form	Am	ount	No
a b c d d e f f g f h i l Part 11a	<ul> <li>Was there a failure to transmit to the plan any participant contribut 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.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> </ul>	Iciary Corre ? (Do not in fidelity bond fidelity bond file benefit n? s of year en (See instruc he required 1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10h 10i	Gchedu	X X X X X X X X X Ille SB	<u></u>		Yes	
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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)							
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	es No				
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	П No		
С	If during this plan year, any assels or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)		1				
,	3c(1) Name of plan(s):         1	3c(2) El	N(s)	13c(3	) PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			