## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I			accordance with the instruc				
3	Annual Report I	dentification Information	n				
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/0	1/2013	and ending	12/31/	2013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	urn/report is:	the first return/report	x the final return/report				
		nonths	)				
C Check I	oox if filing under:	Form 5558	automatic extension			X DFVC progra	am
		special extension (enter des	cription)			_	
Part II	Basic Plan Infor	mation—enter all requested in	nformation				
1a Name	of plan				1b	Three-digit	
PENINSULA	CANCER CENTER LL	LC 401(K) PROFIT SHARING PL	LAN & TRUST			plan number	004
					10	(PN)	001
					10	Effective date of	
	ponsor's name and add	dress; include room or suite numl	ber (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
LIMINOOLI	CONTROLIC DEIVIER E	-0			20	(=::1)	80895
19917 7TH /	AVE NE STE 100				20	Sponsor's telep	
	WA 98370-6555				2d	Business code (	see instructions)
					1	62111	
3a Plan a	dministrator's name an	d address XSame as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the r	name and/or FIN of the	plan sponsor has changed since	a the last return/report filed fo	or this plan enter the	4h	EIN	
		nber from the last return/report.	e the last return/report filed it	ir triis piari, eriter trie	40	EIN	
<b>a</b> Spons		·			4c	PN	
<b>5a</b> Total r	number of participants	-44			<b>-</b>		
_		at the beginning of the plan year			- 5a		13
<b>b</b> Total r	number of participants	at the beginning of the plan year			5a 5b		13
<b>c</b> Numb	er of participants with a		f the plan year (defined bene	fit plans do not			
C Numb compl	er of participants with a ete this item)	at the end of the plan year	f the plan year (defined bene	fit plans do not	5b 5c		0
c Numb compl	er of participants with a ete this item)all of the plan's assets	at the end of the plan year	f the plan year (defined bene eligible assets? (See instruc	fit plans do not	5b 5c		0
c Numb compl  6a Were b Are younder	er of participants with a ete this item)all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in the annual examination and repo	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie ibility and conditions.)	fit plans do not tions.)d public accountant (IC	5b 5c		0
c Numb complete State St	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eliginate in the factors of the plan year invested in the annual examination and report (See instructions on waiver eliginate in the factors of the plan in the pla	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie ibility and conditions.)	fit plans do not tions.)d public accountant (IC	5b 5c 2PA)	5500.	0 0 No No No
c Numb complete State St	er of participants with a ete this item)	during the plan year invested in the annual examination and repo	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie ibility and conditions.)	fit plans do not tions.)d public accountant (IC	5b 5c 2PA)	5500.	0 0 X Yes No
C Numb compl  6a Were b Are younder If you c If the p	er of participants with a ete this item)all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit	during the plan year invested in the annual examination and report (See instructions on waiver eliginate in the factors of the plan year invested in the annual examination and report (See instructions on waiver eliginate in the factors of the plan in the pla	eligible assets? (See instruction of an independent qualifier ibility and conditions.)	fit plans do not tions.)d public accountant (IC and must instead use ERISA section 4021)?	5b 5c SPA)	5500. Yes No	0 0 No No No
C Numb complete Service Servic	er of participants with a ete this item)	at the end of the plan year	f the plan year (defined bene- eligible assets? (See instruction of an independent qualifier ibility and conditions.)	fit plans do not  tions.) d public accountant (IC  and must instead use ERISA section 4021)?  unless reasonable ca examined this return/re	5b 5c PPA) Form use is	Yes No established.	O  X Yes No X Yes No Not determined  able, a Schedule
C Numb complete Service Servic	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eliging ther line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return the penalties set forth in the instructions of the plan to plan, is it covered under the PB or incomplete filing of this return the penalties set forth in the instruction of the plan to penalties set forth in the instruction of the plan to plan the plan year invested in the plan year	f the plan year (defined bene- eligible assets? (See instruction of an independent qualifier ibility and conditions.)	fit plans do not  tions.) d public accountant (IC  and must instead use ERISA section 4021)?  unless reasonable ca examined this return/re	5b 5c PPA) Form use is	Yes No established.	O  X Yes No X Yes No Not determined  able, a Schedule
C Numb complement of the policy of the polic	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eliging ther line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return the penalties set forth in the instructions of the plan to plan, is it covered under the PB or incomplete filing of this return the penalties set forth in the instruction of the plan to penalties set forth in the instruction of the plan to plan the plan year invested in the plan year	f the plan year (defined bene- eligible assets? (See instruction of an independent qualifier ibility and conditions.)	fit plans do not  tions.) d public accountant (IC  and must instead use ERISA section 4021)?  unless reasonable ca examined this return/re	Span Span Span Span Span Span Span Span	Yes No established.	O  X Yes No X Yes No Not determined  able, a Schedule
6a Were b Are younder If you c If the p  Caution: A  Under pena SB or Sche belief, it is to	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return of signed by an enrolled actuary, lete.	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	fit plans do not  tions.)	PA)  Form  Seport, irrt, and	yes No setablished.  ncluding, if applicate the best of my	O  V Yes No  Not determined  able, a Schedule knowledge and
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return of signed by an enrolled actuary, lete.	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	fit plans do not  tions.)	PA)  Form  Seport, irrt, and	yes No setablished.  ncluding, if applicate the best of my	O  V Yes No  Not determined  able, a Schedule knowledge and
C Numb complement of the policy of the polic	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eliginate in the Ga or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return or penalties set forth in the instructions on waiver eliginate penalties set forth in the instruction of the plan is incomplete filing of this return or penalties set forth in the instruction of the plan is incomplete filing of this return or penalties set forth in the instruction of the plan in the instruction of the plan in the instruction of the plan in the	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	fit plans do not  tions.)	PA)  Form  use is port, ir t, and dual signal	yes No established.  ncluding, if applicate to the best of my	O  Not determined  Able, a Schedule knowledge and
C Numb complement of the process of	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return of signed by an enrolled actuary, elete.  Idministrator	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	fit plans do not  tions.)	Sport, irrt, and	yes No sestablished.  ncluding, if applicate the best of my  gning as plan adm	O  No Yes No No Not determined  able, a Schedule knowledge and
C Numb compl  6a Were b Are younder If you C If the p  Caution: A Under pena SB or Sche belief, it is to  SIGN HERE  Preparer's JODI CALH	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eliginate in the Ga or line 6b, the plan to plan, is it covered under the PB or incomplete filing of this return or penalties set forth in the instructions on waiver eliginate penalties set forth in the instruction of the plan is incomplete filing of this return or penalties set forth in the instruction of the plan is incomplete filing of this return or penalties set forth in the instruction of the plan in the instruction of the plan in the instruction of the plan in the	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	fit plans do not  tions.)	Sport, irrt, and	established.  cluding, if applicate to the best of my  gning as plan adm  gning as employed parer's telephone	O  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  Prinistrator  Per or plan sponsor number (optional)
C Numb complement of the property of the prope	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plan in the plan i	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	fit plans do not  tions.)	Sport, irrt, and	yes No sestablished.  ncluding, if applicate the best of my  gning as plan adm	O  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  Prinistrator  Per or plan sponsor number (optional)
C Numb complement of the property of the prope	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plan in the plan i	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	fit plans do not  tions.)	Sport, irrt, and	established.  cluding, if applicate to the best of my  gning as plan adm  gning as employed parer's telephone	O  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  Prinistrator  Per or plan sponsor number (optional)
C Numb complement of the property of the prope	er of participants with a ete this item)	during the plan year invested in the annual examination and report (See instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instructions on waiver eligither line 6a or line 6b, the plan the plan, is it covered under the PB or incomplete filing of this returner penalties set forth in the instruction of the plan in the plan i	eligible assets? (See instructor of an independent qualifier ibility and conditions.)	fit plans do not  tions.)	Sport, irrt, and	established.  cluding, if applicate to the best of my  gning as plan adm  gning as employed parer's telephone	O  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  Prinistrator  Per or plan sponsor number (optional)

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities (a) Beginning of Yo				(b) End of Year						
	otal plan assets						(b) Liiu	<i>)</i> 1 1		)	
	otal plan liabilities									)	
	et plan assets (subtract line 7b from line 7a)								(	)	
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(6) 1	Jiai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1456	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14568	}	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	tain deemed and/or corrective distributions (see instructions) 8e									
f	Administrative service providers (salaries, fees, commissions)	8f	21	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21	5	
i	Net income (loss) (subtract line 8h from line 8c)	8i							14353	3	
j	Transfers to (from) the plan (see instructions)	8j	-36277	'3							
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2S 2T 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	ions	i		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	les in t	he instruction	ons:			
Par	V Compliance Questions										
10				I	Yes	No		A		—	
	<ul><li>During the plan year:</li><li>Was there a failure to transmit to the plan any participant contributions within the time period described</li></ul>					NO		Amo	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		Х					
V	on line 10a.)	`	•	10b		X					
				10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X					
	or dishonesty?			10d						—	
E	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	Χ						
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			10i	Χ						
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	<u> </u>	No
110	5500) and line 11a below)								, 03	ш	. 40
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICA:	_	Voc		Na
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 Of	EKISA?	L	Yes	^	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			ctions	and a	anter th	e date of the	ne la	tter ru	ling	
	granting the waiver.		Mon		anu t	Day		Yea		ıg	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				461				_	
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
гаус	J		

Enter the amount contributed by the employer to the plan for this plan year	12c				
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				
		Yes	No	N/A	
VII Plan Terminations and Transfers of Assets					
Has a resolution to terminate the plan been adopted in any plan year?	. X	′es N	lo		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0	
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e control X Yes			No	
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				
13c(1) Name of plan(s):	3c(2) El	N(s)	<b>13c(3)</b> PN(s)		
HINGTON RADIATION ONCOLOGY PHYSICIANS PLLC 401(K) PLAN  26-44	92442		001		
VIII Trust Information (optional)					
Name of trust	14b Trust's EIN				
	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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?  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.)	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  I has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EI  HINGTON RADIATION ONCOLOGY PHYSICIANS PLLC 401(K) PLAN  26-4492442	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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	

## 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.

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	dar plan year 2013 or fi	r	01/01/2013	and ending	12/31/2	013			
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-pa	articipant plan			
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report						
		an amended return/report	=	rn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		X DFVC pr	rogram			
-		special extension (enter descrip			E	ogram			
Part II	Basic Plan Info	rmation—enter all requested info	<b>'</b>		<u></u>				
1a Name		THIRDIT CHAIR OF TOGODOG AND	IIIauon		1b Three-digit				
	•	NTER LLC 401(K) PROFI	T SHARING PLAN	& TRUST	plan numbe	er			
					(PN) •	001			
					1c Effective da 01/01/20				
2a Plans PENINS	sponsor's name and ad SULA CANCER CE	ddress; include room or suite number NTER LLC	(employer, if for a single	-employer plan)	2b Employer Id (EIN) 26-4	dentification Number 4480895			
						elephone number			
19917	7TH AVE NE ST	E 100			206-755				
ביייז מם	.~	00070 0007			<b>I</b>	ode (see instructions)			
POULSB		WA 98370-6555			621111	<u> </u>			
Ja Plana	administrator s name ai	nd address 🏻 Same as Plan Sponso	r Name XSame as Plai	n Sponsor Address	<b>3b</b> Administrate				
					3c Administrate	or's telephone number			
		e plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b EIN				
		mber from the last return/report.							
· · · · · · · · · · · · · · · · · · ·	sor's name	at the harianing of the plan year	<u> </u>		4c PN	- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14			
		at the beginning of the plan year				13			
		at the end of the plan year			5b	0			
comp	lete this item)	account balances as of the end of the		· · · · · · · · · · · · · · · · · · ·	5c	0			
		s during the plan year invested in elig				🛛 Yes 🗌 No			
<b>b</b> Are yo	ou claiming a waiver of - 29 CER 2520 104-460	f the annual examination and report on the control of the control	of an independent qualifie	ed public accountant (IQI	PA)	X Yes ∏ No			
lf you	answered "No" to ei	ther line 6a or line 6b, the plan car	.y anu conditions.; nnot use Form 5500-SF	and must instead use	Form 5500.	. M 163   140			
		it plan, is it covered under the PBGC				Not determined			
				· · · · · · · · · · · · · · · · · · ·		L-d			
		or incomplete filing of this return/r							
SB or Sche	alties of perjury and ou ∍dule MB completed ar	her penalties set forth in the instruction nd signed by an enrolled actuary, as	ons, I declare that I have a well as the electronic ver	examined this return/rep sion of this return/report.	oort, including, if ap	plicable, a Schedule			
belief, it is t	true, correct, and comp	olete.	Train we are a constant	and the state of t	, and to the but I.	my knowloago and			
SIGN	MAS	11/2	16-8-15	Richard Hsi					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing as plan	administrator			
SIGN									
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual signing as empl	over or plan sponsor			
	name (including firm na	ame, if applicable) and address; inclu		r (optional)		one number (optional)			
JODI CA				1		38-5500			
	l & Hurley, In								
OUT M.	Riverside Ave	e., Suite 1600		Ļ					
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Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
a	Total plan assets	7a		4842	0		(5) =	<u> </u>	<del></del>	0
	Total plan liabilities	7b	-1234567890123	45	0		1234	567	8901	0
	Net plan assets (subtract line 7b from line 7a)	7c	3.	4842	0		-1234	567	890	0
8	Income, Expenses, and Transfers for this Plan Year							Total		
a	Contributions received or receivable from:		(a) Amount				(6)	Otai		
	(1) Employers	8a(1)	-12345678901234	45						
	(2) Participants	8a(2)	-12345678901234	45						
	(3) Others (including rollovers)	8a(3)	-1234567890123	45						
b	Other income (loss)	8b	-1234567890123	1456	8					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-1234	567	8901	14568
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	-1234567890123	45						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	-1234567890123	45						
f	Administrative service providers (salaries, fees, commissions)	8f	-1234567890123	21	.5					
g	Other expenses	8g	-1234567890123	45						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-1234	567	8901	215
i	Net income (loss) (subtract line 8h from line 8c)	8i					-1234	567	8901	14353
j	Transfers to (from) the plan (see instructions)	8j	-3	6277	'3					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2S 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instru	ctions	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	nunt	
	Was there a failure to transmit to the plan any participant contribu	tions withir	n the time period described in					AIII	Juni	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		Х	-123	456	7890	12345
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	_122			
	·			100		37				
				10c		Х	-123	456	7890	12345
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	-123	456	7890	12345
е	Were any fees or commissions paid to any brokers, agents, or oth	•	•							
	insurance service, or other organization that provides some or all instructions.)		• •	10e		X	-123			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	_122	456	7000	19945
						Х				1001
9		•		10g		Λ				
	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	•		10i	X					
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	☐ No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	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 beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and	enter th	ne date of	the le Yea		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					<u>.                                    </u>		. 00	-	
	Enter the minimum required contribution for this plan year	•				12b	-1234	567	8901	12345