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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

		Complete all entries in accord	ance with the instruc	tions to the Form 550	JU-5F.								
Part I	Annual Report I	Identification Information											
For calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013							
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan						
B This ret	turn/report is:	the first return/report	the final return/report										
		nonths))										
C Check I	C Check box if filing under: Form 5558 automatic extension						□ DFVC program						
		special extension (enter description	۱)			_							
Part II	Basic Plan Info	rmation—enter all requested informa	tion										
1a Name	of plan	·			1b	Three-digit							
PROSTATE	CANCER CENTER OF	F SEATTLE 401(K) RETIREMENT PLA	N			plan number	004						
					10	(PN)	001						
					10	Effective date of 02/26/							
	ponsor's name and add	dress; include room or suite number (er F SEATTLE, LLC	nployer, if for a single-	employer plan)	2b	Employer Identif							
					2c	Sponsor's telep							
9730 3RD A SEATTLE, V	VE., NE # 208				0-1	206-453							
SLATTLE, V	VA 90113				2a	Business code (62111							
3a Plan a	dministrator's name an	nd address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's I	EIN						
					3c	Administrator's t	telephone number						
A 1641					41								
		e plan sponsor has changed since the la mber from the last return/report.	ist return/report filed fo	or this plan, enter the	4b	EIN							
	or's name	mon the last retain/report.			4c	PN							
5a Total r	number of participants	at the beginning of the plan year			- 5a		8						
b Total r	number of participants	at the end of the plan year			5b		0						
		account balances as of the end of the p	• •	•	. 5c		0						
	,	during the plan year invested in eligible			- 1		X Yes ☐ No						
		the annual examination and report of a											
		? (See instructions on waiver eligibility a					X Yes No						
		ther line 6a or line 6b, the plan canno					_						
C If the p	olan is a defined benefi	it plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes No	Not determined						
Caution: A	penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is	established.							
		ner penalties set forth in the instructions					able, a Schedule						
	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, as we blete.	Il as the electronic vers	sion of this return/repor	t, and	to the best of my	knowledge and						
SIGN	Filed with authorized/v	valid electronic signature.	11/05/2015	PETER GRIMM									
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	dual sig	gning as plan adn	ninistrator						
SIGN													
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual sic	ning as employe	r or plan sponsor						
Preparer's		ame, if applicable) and address; include					number (optional)						
JODI CALH						509-838	8-5500						
	MURLEY, INC.					309-030	, 5000						
		1328 N. WHITMAN LN. LIBERTY LAKE, WA 99019											

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year						
	Total plan assets	7a	(a) Beginning of Tea			(b) End of Teal			Ω		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	76 7c	250110	6					(0	
8	Income, Expenses, and Transfers for this Plan Year	,,,,					(b) Total				
	Contributions received or receivable from:		(a) Amount				(D) I	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6504	65040							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							65040)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	801	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g	7	5							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							809	1	
i	Net income (loss) (subtract line 8h from line 8c)	8i							5694	9	
j	Transfers to (from) the plan (see instructions)	8j	-255805	5							
Pai	rt IV Plan Characteristics	ره ا									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	s:		
	2E 2J 2K 2F 2G 3D 3H										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		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 Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					251	1000
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				Χ						
	instructions.)			10e						1	1568
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						0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	X						
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		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								1 voo	П	No
44	5500) and line 11a below)								Yes	Ш	INU
	Enter the unpaid minimum required contribution for current year fr		,		ı	11a		T -	1		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	LL	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.		Mon		, and e	enter th Day	ne date of t	he le Yea		iling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		1	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					
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)	13c(3)	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

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

	Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.	1113	<u> </u>	
Part I	Annual Report Identification Information						
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013							
A This ret	turn/report is for: X a single-employer plan	a multiple-employer p	an (not multiemployer)	/er) a one-participant plan			
B This ref	This return/report is: the first return/report						
	an amended return/report	onths)					
C Check	C Check box if filling under: Form 5558 automatic extension					ım	
C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description)							
Part II	Basic Plan Information—enter all requested inform						
1a Name		Hation		1b	Three-digit		
Prosta	te Cancer Center of Seattle 401(k)	Retirement Plan	1		plan number		
					(111)	001	
					Effective date of		
2a Dlan o	nancar's name and address include room as with a contract	(amada		-	02/26/2010		
Prosta	ponsor's name and address; include room or suite number (te Cancer Center of Seattle, LLC	employer, it for a single-	employer plan)	1	Employer Identif		
					(EIN) 26-409		
9730 3:	rd Ave., NE # 208				Sponsor's telepi		
				$\overline{}$		see instructions)	
Seattle	Table 1				621111		
3a Plan a	dministrator's name and address Same as Plan Sponsor	Name XSame as Plan	Sponsor Address	3b	Administrator's E	ΞΙΝ	
				_			
				3c	Administrator's t	elephone number	
4 If the r	name and/or EIN of the plan sponsor has changed since the	last return/report filed fo	r this plan, enter the	4b	EIN		
	, EIN, and the plan number from the last return/report.			G			
	or's name number of participants at the beginning of the plan year			4c	PN		
ou Total I	number of participants at the beginning of the plan year			5a		8	
	number of porticionate at the and of the also was	b Total number of participants at the end of the plan year					
b Total r				5b		0	
b Total r	er of participants with account balances as of the end of the	plan year (defined bene	fit plans do not			0	
b Total r c Numb compl	er of participants with account balances as of the end of the lete this item)	plan year (defined bene ble assets? (See instruct	fit plans do not	5c			
b Total r c Numb compl 6a Were b Are yo	er of participants with account balances as of the end of the lete this item) all of the plan's assets during the plan year invested in eligious claiming a waiver of the annual examination and report of	plan year (defined bene ble assets? (See instruct	fit plans do not ions.)	5c		0 X Yes No	
b Total r c Numb compl 6a Were b Are younder	er of participants with account balances as of the end of the lete this item)	plan year (defined bene ble assets? (See instruct f an independent qualifie y and conditions.)	fit plans do not ions.)d public accountant (IC	5c		0	
b Total r c Numb compl 6a Were b Are younder If you	er of participants with account balances as of the end of the lete this item)	plan year (defined bene ble assets? (See instruct f an independent qualifie and conditions.) not use Form 5500-SF	fit plans do not ions.) d public accountant (IG and must instead use	5c PA)	5500.	0 X Yes No	
b Total r c Numb compl 6a Were b Are younder if you c If the p	er of participants with account balances as of the end of the lete this item). all of the plan's assets during the plan year invested in eligipate claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan can plan is a defined benefit plan, is it covered under the PBGC in	plan year (defined bene ble assets? (See instruct f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see	fit plans do not ions.)	5c PA) Form	5500. Yes	0 X Yes No	
b Total r c Numb compl 6a Were b Are younder If you c If the p	er of participants with account balances as of the end of the lete this item)	plan year (defined bene ble assets? (See instruct f an independent qualifie and conditions.) not use Form 5500-SF insurance program (see	fit plans do not ions.)	5c PA) Form	5500. Yes No	0 X Yes ☐ No X Yes ☐ No Not determined	
b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A	er of participants with account balances as of the end of the lete this item)	plan year (defined bene ble assets? (See instruct f an independent qualifie and conditions.) not use Form 5500-SF insurance program (see	fit plans do not ions.)	Form see is e	Yes No sestablished.	0 X Yes No X Yes No Not determined	
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b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is to SIGN HERE	er of participants with account balances as of the end of the lete this item)	plan year (defined bene ble assets? (See instruct f an independent qualifier and conditions.)	fit plans do not ions.)	5c PA) Form use is electric indicated and to	5500. Yes No stablished. cluding, if applicate the best of my	Ves No Vot determined Able, a Schedule knowledge and	
b Total r 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	er of participants with account balances as of the end of the lete this item) all of the plan's assets during the plan year invested in eligical control of the plan's assets during the plan year invested in eligical control of the plan's assets during the plan year invested in eligical plan is 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan can plan is a defined benefit plan, is it covered under the PBGC is a penalty for the late or incomplete filling of this return/restable of perjury and other penalties set forth in the instruction adule MB completed and signed by an enrolled actuary, as we true, correct, and complete. Signature of plan administrator	plan year (defined bene ble assets? (See instruct f an independent qualifile and conditions.)	fit plans do not ions.)	Form use is eport, inc., and to	5500. Yes No established. Cluding, if applicate the best of my	X Yes No X Yes No Not determined Able, a Schedule knowledge and	
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b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's Jodi Ca	er of participants with account balances as of the end of the lete this item) all of the plan's assets during the plan year invested in eligical claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan can plan is a defined benefit plan, is it covered under the PBGC is a penalty for the late or incomplete filling of this return/restable of perjury and other penalties set forth in the instruction adule MB completed and signed by an enrolled actuary, as we true, correct, and complete. Signature of plan administrator Signature of employer/plan sponsor name (including firm name, if applicable) and address; inclused hour	plan year (defined bene ble assets? (See instruct f an independent qualifile and conditions.)	fit plans do not ions.)	Form use is eport, independent in the second	yes No setablished. Cluding, if applicate the best of my ming as plan admining as employer	Not determined Able, a Schedule knowledge and Aninistrator Tor plan sponsor number (optional)	
b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is t SIGN HERE Preparer's Jodi Ca Randal	er of participants with account balances as of the end of the lete this item) all of the plan's assets during the plan year invested in eligical purchasing a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan can plan is a defined benefit plan, is it covered under the PBGC is a penalty for the late or incomplete filing of this return/restation of perjury and other penalties set forth in the instruction adule MB completed and signed by an enrolled actuary, as we true, correct, and complete. Signature of plan administrator Signature of employer/plan sponsor name (including firm name, if applicable) and address; inclusion all thoun 1. & Hurley, Inc.	plan year (defined bene ble assets? (See instruct f an independent qualifile and conditions.)	fit plans do not ions.)	Form use is eport, independent in the second	yes No setablished. Cluding, if applicate the best of my setablished. Indianal setablished in the best of my setablished in	Not determined Able, a Schedule knowledge and Aninistrator Tor plan sponsor number (optional)	
b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche belief, it is t SIGN HERE Preparer's Jodi Ca Randal	er of participants with account balances as of the end of the lete this item) all of the plan's assets during the plan year invested in eligical claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan can plan is a defined benefit plan, is it covered under the PBGC is a penalty for the late or incomplete filling of this return/restable of perjury and other penalties set forth in the instruction adule MB completed and signed by an enrolled actuary, as we true, correct, and complete. Signature of plan administrator Signature of employer/plan sponsor name (including firm name, if applicable) and address; inclused hour	plan year (defined bene ble assets? (See instruct f an independent qualifile and conditions.)	fit plans do not ions.)	Form use is eport, independent in the second	yes No setablished. Cluding, if applicate the best of my setablished. Indianal setablished in the best of my setablished in	Not determined Able, a Schedule knowledge and Aninistrator Tor plan sponsor number (optional)	
b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE Preparer's Jodi Ca Randal	er of participants with account balances as of the end of the lete this item) all of the plan's assets during the plan year invested in eligical control of the plan's assets during the plan year invested in eligical control of the plan's assets during the plan year invested in eligical control of the plan's and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan can plan is a defined benefit plan, is it covered under the PBGC is a penalty for the late or incomplete filing of this return/resolute of perjury and other penalties set forth in the instruction adule MB completed and signed by an enrolled actuary, as we true, correct, and complete. Signature of plan administrator Signature of employer/plan sponsor name (including firm name, if applicable) and address; inclusion in the Hurley, Inc. Whitman Ln.	plan year (defined bene ble assets? (See instruct f an independent qualifile and conditions.)	fit plans do not ions.)	Form use is eport, independent in the second	yes No setablished. Cluding, if applicate the best of my setablished. Indianal setablished in the best of my setablished in	Not determined Able, a Schedule knowledge and Aninistrator T or plan sponsor number (optional)	

Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
a	Total plan assets	7a	250	0110	6						0
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	250	0110	6						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:										T0
	(1) Employers	8a(1)			-	-		_	-	-	
	(2) Participants	8a(2)			-	_		-	-	-	
	(3) Others (including rollovers)	8a(3)		C = O 1		-		-	-	-	
	Other income (loss)	8b		6504	U			_			0.40
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-					65	5040
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		801	6						
	Certain deemed and/or corrective distributions (see instructions)	8e			-		-	-		-	-
f_	Administrative service providers (salaries, fees, commissions)	8f			-			_		-	
	Other expenses	8g		/	5			-			
_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-						3091
	Net income (loss) (subtract line 8h from line 8c)	8i		_						56	5949
<u>j</u>	Transfers to (from) the plan (see instructions)	8j	-25	5805	5				_		
b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension 2E 2J 2K 2F 2G 3D 3H										
					Yes	No		Am	ount		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	163	Х		AIII	ount		
b		? (Do not inc	clude transactions reported	10b		Х					
	Was the plan covered by a fidelity bond?			10c	Х					251	1000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, that was caused by fraud			Х					
_	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other			10d	_	-					
е	insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e	Х					1	L568
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	1)	10g	Х						0
h		(See instruct	tions and 29 CFR	10h	Х					7	
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required r	notice or one of the	10i	Х						
Part		. •				-					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)] Ye	з П	No
112	Enter the unpaid minimum required contribution for current year fr				1	11a			-		
12	Is this a defined contribution plan subject to the minimum funding					_	ERISA?	.] [Ye	s X	No
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			. J. JC	2.011	01				2.5	
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortized	l in this plan year, see instru		, and e	enter the	ne date of	the le		uling	
- If	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
	Enter the minimum required contribution for this plan year					12b					