Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information						
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2	2015		and ending 12	/31/20	015	
A This ret	X a single-employer plan							
B This retu	urn/report is	X the first return/reportan amended return/report	H	nal return/report ort plan year return	/report (less than 12 mo	onths)		
C Check I	oox if filing under:	Form 5558 special extension (enter descr		matic extension			DFVC progr	am
Part II	Basic Plan Info	ormation—enter all requested inf	formation					
1a Name		·				1b	Three-digit plan number (PN)	001
						1c	Effective date of 01/0	plan 1/2015
Mailing	address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		foreign and instru	untiona)	2b	Employer Identif (EIN) 27-0	ication Number 817171
	ROTON CENTER, LL	ce, country, and ZIP or foreign posta C	iai code (ii	Toreign, see msuc	ictions)	2c	Sponsor's teleph 877-89	none number 97-7628
						2d	Business code (see instructions)
1570 NORTH SEATTLE, W	H 115TH STREET /A 98133						5413	30
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.			3b	Administrator's E	EIN
						3с	Administrator's t	elephone number
		e plan sponsor has changed since imber from the last return/report.	the last re	eturn/report filed fo	r this plan, enter the	4b	EIN	
a Spons	or's name					4c	PN	
5a Total r	number of participants	s at the beginning of the plan year				5	a	76
b Total r	number of participants	s at the end of the plan year				51	0	79
	er of participants with ete this item)	account balances as of the end of	the plan y	ear (defined bene	fit plans do not	5	c	67
d(1) Tota	al number of active pa	articipants at the beginning of the plant	lan year			5d((1)	76
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar			5d((2)	76
than	100% vested	t terminated employment during the				5		3
		or incomplete filing of this return						ahla a Cabadula
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and lete.						
SIGN	Filed with authorized	I/valid electronic signature.	(06/24/2016	ANNA ANDREWS			
HERE	Signature of plan	administrator		Date	Enter name of individu	ıal sig	ning as plan adn	ninistrator

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan cannot be a superficient of the plan cannot be a superficient of the plan cannot be a superficient of the plan in the plan	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not d	letermined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	d of Yea	
a Total plan assets	7a			0					807567
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7c			0					807567
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)		54	195					
(2) Participants	8a(2)		110	771					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-7	422					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								157544
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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								
i Net income (loss) (subtract line 8h from line 8c)	8i								157544
j Transfers to (from) the plan (see instructions)	8j		650	023					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in tl	he instru	uctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instru	rtions.	
	odiaio oodi	oo nom the Election had	- Onar	20101101			o motra	, iioiio.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a	X					114
b Were there any nonexempt transactions with any party-in-interest					V				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					8075
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of t	by an insurance he benefits under			X				
the plan? (See instructions.)			10e						
f Has the plan failed to provide any benefit when due under the pla			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	X					4576
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						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			•						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes X N
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?.		Yes X N

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	Γrust's EIN	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP		
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For calendar plan year 2015 or fiscal plan year beginning

Annual Report Identification Information

Part I

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 section 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.

01/01/2015

and ending

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

12/31/2015

_	This return/report is for: This return/report is:	a one-participant plan a foreign plan								
С	Check box if filing under:	☐ Form 5558 ☐	automatic extension	sion DFVC program						
	Check box if filling dilucer.	special extension (enter description			Пы	i vo progra	(1)			
P	art II Basic Plan Inf	ormation enter all requested inform								
	Name of plan	Simulation — circl an requested infor	nation		1b Thre	e-diait				
	Seattle Proton Cen	ter, LLC 401(k) Plan			plan	number	001			
					1c Effec	ctive date of				
20	Diameter de la constant de la consta					01/2015				
za	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O. Box ce, country, and ZIP or foreign postal coo		ructions)		loyer Identif) 27-081	fication Number L7171			
	Seattle Proton Cen	ter, LLC		,	2c Sponsor's telephone number (877) 897-7628					
	1570 North 115th S	treet			2d Busir 541:		see instructions)			
2-	US Seattle WA 98133	[]								
зa	Plan administrator's name a	nd address X Same as Plan Sponsor	Name		3b Admi	inistrator's E	EIN			
- 4	If the name and/or EIN of th	e plan sponsor has changed since the la	st return/report filed f	or this plan, enter the	3c Admi	inistrator's to	elephone number			
		mber from the last return/report.			=					
	Sponsor's name				4c PN	•				
5a b		at the beginning of the plan year			5a		76			
C		at the end of the plan yearaccount balances as of the end of the pla			5b		79			
					5c		67			
d(1) Total number of active par	ticipants at the beginning of the plan yea	r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(1)		76			
d(ticipants at the end of the plan year			5d(2)		76			
е		terminated employment during the plan y			5e		3			
Ca						lichod				
Un SB	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
s	GN LALLQ	ggetagerromaticheren et to lieder 1970 et 1970 sligg	6-24-16	Anna Andrews						
H	ERE Signature of plan adn	ninistrator	Date	Enter name of individua	l signing as	plan admin	istrator			
sı	GN UKa Q	Maritimeter experience and the contract of the	6-24-16	Anna Andrews						
A20000000	ERE Signature of employe		Date	Enter name of individua	l signing as	employer o	r plan sponsor			
Pre	parer's name (including firm	name, if applicable) and address; include	eroom or suite numbe	er	Preparer's	telephone r	number			

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	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)						X Yes No
	Are you claiming a waiver of the annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						•••••		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must inste						
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	ram (see ERISA section	4021)? .		Yes	∐ No [Not determined
Pa	rt III Financial Information						•		
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End of	Year
а	Total plan assets	7a			0				807,567
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c			0	_			807,567
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			15082004000	Modali is 2000.	(b) To	tal
a	Contributions received or receivable from: (1) Employers	8a(1)	5	4,19	95				
	(2) Participants	8a(2)	11	0,77	71				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	(7	, 422	2)				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							157,544
••	Benefits paid (including direct rollovers and insurance premiums	0.4							
	to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e 8f					100		
	Administrative service providers (salaries, fees, commissions)	8g							
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	3				600,000			(2) 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Net income (loss) (subtract line 8h from line 8c)	. 8i							157,544
	Transfers to (from) the plan (see instructions)		65	0,02	23				
2007056204	rt IV Plan Characteristics	· I							
3111111,112,00	If the plan provides pension benefits, enter the applicable pension for	eature codes	from the List of Plan Ch	aracte	eristic	Code	es in the	instruction	ns:
Ju	2F 2G 2J 2K 2T 3D	J							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes f	rom the List of Plan Cha	racte	ristic (Codes	in the	instructions	:
	If the plan provides wellare benefits, effer the applicable wellare tec								
Ps	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Δ	mount
a		tions within t	he time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fidu	ciary Correction						
	Program)			10a	Х				1,140
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		х			
				10c	х				80,757
c									
	by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other	ner nersons b	ov an insurance	1 1		ļ.	120211101500E		
	corrier incurrence consider or other organization that provides som	ne or all of the	e henefits under						
	carrier, insurance service, or other organization that provides som	ne or all of the	e benefits under	10e		x			
f	carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	ne or all of the	e benefits under	10e 10f		x			
	carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	ne or all of the	e benefits under		x	 			4,576
	carrier, insurance service, or other organization that provides som the plan? (See 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 a	ne or all of the	e benefits under	10f	х	 			4,576
	carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)	ne or all of the	d.)ions and 29 CFR	10f	X	 			4,576
	carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	ne or all of the	d.)	10f 10g	x	х			4,576
	carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lif 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 plan?	ne or all of the	d.)ions and 29 CFR	10f 10g 10h	X	х			4,576
g h	carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plate plate 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	ne or all of the	d.)ions and 29 CFR	10f 10g 10h 10i	x	х			4,576
g h	carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lif 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 Did the plan trust incur unrelated business taxable income?	ne or all of the	d.)	10f 10g 10h 10i 10j	olete S	x	lule SB	(Form	4,576 4,576 Yes ▼ No
j Pa	carrier, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lifthis 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 Did the plan trust incur unrelated business taxable income?	ne or all of the	d.)	10f 10g 10h 10i 10j	olete S	x	lule SB	(Form	

Form 5500-SF 2015	Page 3-		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	this plan year, see instructions, a Month	nd enter th Day	ne date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b Enter the minimum required contribution for this plan year		12b	
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 negative amount)	-	12d	
e Will the minimum funding amount reported on line 12d be met by the funding dead	ine?		Yes No 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?		🗆 Y	es X No
If "Yes," enter the amount of any plan assets that reverted to the employer this yea	r	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?			Yes X No
c If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan(s)	to	
13c(1) Name of plan(s):		13c(2) EIN	(s) 13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b ⊺	rust's EIN
14c Name of trustee or custodian	10.00		rustee or custodian's
		tele	phone number
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:			s 🔲 No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for er	onlovee deferrals and employer		esign- sed safe
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	rbor test
		me	ethod
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usi		☐ Ye	s 🔲 No
testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(I			
2(0)(2)(1)):			atio
16a Check the box to indicate the method used by the plan to satisfy the coverage requ			rcentage
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) a this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by combining	🗆 Ye	es No
17a Has the Plan been timely amended for all required law changes?		\ \ \ \ \ Ye	es No N/A
17b Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).			able code (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voladvisory letter, enter the date of that favorable letter/ and	ume submitter plan that is subjec the letter's serial number.	t to a favor	able IRS opinion or
17d If the plan is an individually-designed plan and recieved a favorable determination letter / /		late of plar	s's last favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island		☐ Ye	es 🔲 No
19 Were in-service distributions made during the plan year?			es No
If Yes, enter amount		19	
Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?	1/2 (regardless of whether or		es No N/A