For	m 5500-SF	Short Form Annu	•	•	oyee	(OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plar		etirement		2015
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	orm is Open to c Inspection
	nefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.		
Part I For calenda	Annual Report IC ar plan year 2015 or fisca	dentification Information		and ending 12	2/31/2015		
		a single-employer plan		r plan (not multiemployer)		king this bo	x must attach a
A This retu	urn/report is for:	a one-participant plan	list of participating	employer information in ac	ccordance w	ith the form	instructions)
B This retu	rn/report is	the first return/report	the final return/repo				
	L	an amended return/report	a short plan year re	turn/report (less than 12 m	onths)		
C Check b	oox if filing under:	Form 5558	automatic extensio	n	[] [DFVC progra	am
		special extension (enter desc	ription)				
Part II	Basic Plan Inforr	mation—enter all requested in	formation		1	1	
1a Name of PROSTATE		SEATTLE, LLC 401(K) PLAN			1b Three plan (PN)	number	002
					. , ,	tive date of	plan
		r, if for a single-employer plan) apt., suite no. and street, or P.0			2b Empl (EIN)	oyer Identifi	/2014 cation Number 195976
City or		country, and ZIP or foreign post		nstructions)			one number
					2d Busir		ee instructions)
O BOX 6236						```	,
	NA 98026-9998					6211	11
3a Plan ac	dministrator's name and	address XSame as Plan Spon	sor.		3b Admi	nistrator's E	IN
					3c Admi	nistrator's te	lephone number
4 If the n	ame and/or EIN of the c	lan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN		
	EIN, and the plan numb	per from the last return/report.			4c PN		
•		the beginning of the plan year.			5a		13
		the end of the plan year			5b		12
C Numbe	er of participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		12
•	,	cipants at the beginning of the p			5d(1)		7
. ,		cipants at the end of the plan ye	-		5d(2)		7
e Numb	er of participants that te	rminated employment during the	e plan year with accrued	benefits that were less	5e		0
		incomplete filing of this retur r penalties set forth in the instru					bla a Schadula
SB or Sche		signed by an enrolled actuary, a					
SIGN	Filed with authorized/va		09/26/2016	DAWN WINTERS			
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual signing a	as plan adm	inistrator
SIGN HERE							
	Signature of employe	er/plan sponsor ne, if applicable) and address (ii	Date	Enter name of individ		as employer telephone r	
Preparer ST	name (including inm nar	ne, il applicable) and address (il	icitide room of suite nun	ider)	Preparers	telephone i	lumber
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 55	00-SF.		F	Form 5500-SF (2015)

			0					
	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a ions.)	accounta	ant (IQ	PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	n of Yea	ar			(b) End of Year
	Total plan assets	7a	(u) Dogining	3935				3735061
	Total plan liabilities	7u 7b						
	Net plan assets (subtract line 7b from line 7a)	70 70		3935	904			3735061
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amou					(b) Total
	Contributions received or receivable from:							
	(1) Employers	8a(1)		46	619			
	(2) Participants	8a(2)		43	275			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		7	160			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						97054
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d		282	209			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		15	688	_		
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						297897
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_		-200843
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3B 3D 3H	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V					х		
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		^		
	reported on line 10a.)			10b		X		
C	, , ,			10c	Х			400000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х			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	he require	d notice or one of the	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 requirements? (If "Yes," see instructions and cor 5500) and line 11a below)			ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	02 of E	RISA?	Yes	× No

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-							
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted 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			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
D		e PBGC?				Yes 🗙	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	IN	
14c	Narr	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No	
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Y€	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A

A This return/report is for: Ist of participal a one-participant plan a foreign plan B This return/report is the first return/report a an amended return/report a short plan yee C Check box if filing under: X Form 5558	and ending bloyer plan (not multiemployer) (F sting employer information in acco	12/31/20:	1.5
A This return/report is for: Ist of participation B This return/report is the first return/report B This return/report is the first return/report Image: C Check box if filing under: Form 5558			
a one-participant plan a foreign plan B This return/report is the first return/report the final return/ an amended return/report a short plan yee C Check box if filing under: X Form 5558 automatic externance	ang employer mormation in acco		
B This return/report is the first return/report the final return/report an amended return/report a short plan ye C Check box if filing under: X Form 5558 automatic externance		ruance with the lon	in instructions)
Image: C check box if filing under: Image: C check box if fili			
Image: C Check box if filing under: Image: An amended return/report Image: An amended return/report Image: An amended return/report Image: C Check box if filing under: Image: An amended return/report Image: An amended return/report Image: An amended return/report Image: C Check box if filing under: Image: An amended return/report Image: An amended return/report Image: An amended return/report Image: C Check box if filing under: Image: An amended return/report Image: An amended return/report Image: An amended return/report Image: C Check box if filing under: Image: An amended return/report Image: An amended return/report Image: An amended return/report Image: C Check box if filing under: Image: An amended return/report Image: An amended return/report Image: An amended return/report	report		
C Check box if filing under:	ar return/report (less than 12 mon	the)	
	a return report (leas than 12 mon	(15)	
	nsion	DFVC prog	gram
special extension (enter description)		100	
Part II Basic Plan Information—enter all requested information			
1a Name of plan		1b Three-digit	
Prostate Cancer Center of Seattle, LLC 401(k) Plan		plan number	002
		(PN)	
	1	C Effective date	
		01/01/201	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)		2b Employer Ident	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, s	ee instructions)	(EIN) 26-40	
Prostate Cancer Center of Seattle, LLC		2c Sponsor's tele	
		206-453-2	
PO Box 6236	1	2d Business code 621111	(see instructions)
		U L L L L	
Edmonds WA 98026-9998			
3a Plan administrator's name and address XSame as Plan Sponsor.	3	3b Administrator's	EIN
		3c Administrator's	telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report	t filed for this plan, enter the	4b EIN	
name, EIN, and the plan number from the last return/report.			
a Sponsor's name		C PN	
5a Total number of participants at the beginning of the plan year		5a	
b Total number of participants at the end of the plan year		5b	10.735
	ed benefit plans do not	-	10.735
c Number of participants with account balances as of the end of the plan year (defin		5c	12
C Number of participants with account balances as of the end of the plan year (defin complete this item)			12
 C Number of participants with account balances as of the end of the plan year (defin complete this item) d(1) Total number of active participants at the beginning of the plan year 		5d(1)	12 12 7
 C Number of participants with account balances as of the end of the plan year (defin complete this item) d(1) Total number of active participants at the beginning of the plan year			12 12 7
 C Number of participants with account balances as of the end of the plan year (defin complete this item) d(1) Total number of active participants at the beginning of the plan year	ued benefits that were less	5d(1)	12 12 7 7
 C Number of participants with account balances as of the end of the plan year (defin complete this item) d(1) Total number of active participants at the beginning of the plan year	ued benefits that were less	5d(1) 5d(2) 5e	12 12 7 7
 C Number of participants with account balances as of the end of the plan year (defin complete this item) d(1) Total number of active participants at the beginning of the plan year	ued benefits that were less	5d(1) 5d(2) 5e e is established. rt, including, if appli	12 12 7 7 0 icable, a Schedule
 C Number of participants with account balances as of the end of the plan year (defin complete this item) d(1) Total number of active participants at the beginning of the plan year	ued benefits that were less	5d(1) 5d(2) 5e e is established. rt, including, if appli	12 12 7 7 0 icable, a Schedule
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C Number of participants with account balances as of the end of the plan year (defin complete this item) d(1) Total number of active participants at the beginning of the plan year	ued benefits that were less essed unless reasonable cause Thave examined this return/report, a conic version of this return	5d(1) 5d(2) 5e is established. rt, including, if appliand to the best of m I signing as plan ad I signing as employ	ny knowledge and Iministrator ver or plan sponsor
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C Number of participants with account balances as of the end of the plan year (definic complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with account than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assed Under penalties of perjury and other penalties set forth in the instructions, I declare that SB or Schedule MB completed and signed by an enrolled actuary, as well as the electrobelief, it is true, correct, and complete SIGN Image: Signature of plan administrator HERE Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address (include room or suited) Date	ued benefits that were less ressed unless reasonable cause T have examined this return/report poinc version of this return/report, a 2010 Dawn Winters Enter name of individua Enter name of individua enumber)	5d(1) 5d(2) 5e is established. rt, including, if appliand to the best of m I signing as plan ad I signing as employ	12 12 7 7 0 icable, a Schedule by knowledge and dministrator ver or plan sponsor e number

if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

7	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar			(b) End	of Ves	r
а	Total plan assets	7a	(-/ 3		5,90	4		(6) End		,735,0
	Total plan liabilities	7b				-				, _
	Net plan assets (subtract line 7b from line 7a)	7c		3,93	5,90	4			3	,735,0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b)	Total	
	Contributions received or receivable from:				6 61			<u>, , ,</u>		
	(1) Employers	8a(1)			6,61	-				
	(2) Participants	8a(2)		4	3,27	5				
	(3) Others (including rollovers) Other income (loss)	8a(3)			7 10	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		11253040	7,16	0	112.5			07.0
	Benefits paid (including direct rollovers and insurance premiums	8c			A. C. Sarah	100	1.5.5.5.6		and the second	97,0
	to provide benefits)	8d		28	2,20	9				
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1	5,68	8				
	Other expenses	8g	and the state of the							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								297,8
	Net income (loss) (subtract line 8h from line 8c)	8i								-200,8
1	Transfers to (from) the plan (see instructions)	8j								
Par	IV Plan Characteristics									
Part		eature codes	from the List of Pla	n Chara				e instruc		
Part 10	If the plan provides welfare benefits, enter the applicable welfare ference v Compliance Questions During the plan year:			n Chara	Yes	ic Cod	es in the	e instruc	tions: Amou	unt
Part	If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan contribution of the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's View of the plan and poly of the plan	ions within th	ne time period ciary Correction					e instruc		unt
Part 10 a	If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan control of the plan any participant contribute to transmit to the plan any participant contribute of the plan any participant c	ions within th oluntary Fidu ? (Do not incl	time period ciary Correction ude transactions	n Chara 10a 10b		No		e instruc		unt
Part 10 a b	If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare for the plan and plan plan plan plan plan plan plan plan	ions within th oluntary Fidu ? (Do not incl	e time period ciary Correction ude transactions	10a		No X		e instruc		400,
Part 10 a b	If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare for the plan and plan provides welfare for the plan and plan plan plan plan plan plan plan plan	ions within th oluntary Fidu ? (Do not incl fidelity bond,	that was caused	10a 10b	Yes	No X		e instruc		
Part 10 a b c d	If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare for the plan provid	ions within th oluntary Fidu ? (Do not incl fidelity bond, er persons by e or all of the	that was caused	10a 10b 10c	Yes	No X X		e instruc		
Part IO a b c d e	If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare for the plan provides plan provides p	ions within th oluntary Fidu ? (Do not incl fidelity bond, er persons by e or all of the	that was caused	10a 10b 10c 10d	Yes	No X X X		e instruc		
Part 10 a b c d e	If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan plan plan plan plan plan plan plan	ions within th oluntary Fidu ? (Do not incl fidelity bond, er persons by e or all of the	that was caused	10a 10b 10c 10d	Yes	No X X X X		e instruc		
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