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).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information			1/00/00/17	
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2017	and ending 0	4/30/2017	
_		🔀 a single-employer plan		lan (not multiemployer)		
A This ret	urn/report is for:	a one-participant plan		ccordance with the fo	rm instructions.)	
		a one-participant plan	a foreign plan			
D Th:	/	the first return/report	the final return/report			
B This retu	ırn/report is	H			(1 \)	
		an amended return/report	X a short plan year retu	rn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	cription)		_	
Part II	Basic Plan Inf	ormation—enter all requested in				
1a Name		one an equesto			1b Three-digit	
		OF SEATTLE, LLC 401(K) PLAN			plan number	
					(PN) ▶	002
					1c Effective date	
					01/	01/2014
	, ,	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O Roy)		2b Employer Ider	
		on, apt., suite no. and street, or F.v nce, country, and ZIP or foreign pos		tructions)	(=::1)	4095976
PROSTATE CANCER CENTER OF SEATTLE, LLC					2c Sponsor's tele	ephone number 53-2992
					2d Business code	
9730 3RD A\	/E, NE #208			1111		
SEATTLE, W			02	1111		
3a Plan a	dministrator's name a		3b Administrator's EIN			
					0	
					3c Administrator's	s telephone number
					3c Administrator's	s telephone number
					3c Administrator's	s telephone number
•						s telephone number
		he plan sponsor has changed since	the last return/report filed	for this plan, enter the	3c Administrator's 4b EIN	s telephone number
name,	EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the		s telephone number
name, a Sponso	, EIN, and the plan no or's name	umber from the last return/report.	·		4b EIN 4c PN	
a Sponso	EIN, and the plan nor's name	umber from the last return/report. ts at the beginning of the plan year.			4b EIN 4c PN 5a	2
a Sponso 5a Total r b Total r	EIN, and the plan nor's name number of participant number of participant	umber from the last return/report. ts at the beginning of the plan yearts at the end of the plan year			4b EIN 4c PN 5a 5b	2
name, a Sponse 5a Total r b Total r c Numbe	EIN, and the plan no or's name number of participant number of participant er of participants with	umber from the last return/report. ts at the beginning of the plan year. ts at the end of the plan year h account balances as of the end of	the plan year (only defined	d contribution plans	4b EIN 4c PN 5a	2
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	umber from the last return/report. ts at the beginning of the plan year. ts at the end of the plan year h account balances as of the end of	f the plan year (only defined	d contribution plans	4b EIN 4c PN 5a 5b 5c	2 0 0
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name, a Sponsor b Total r c Number complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is to	EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the poarticipants at the end of the plan year terminated employment during the poarticipants at the end of the plan year terminated employment during the poarticipants at the end of the plan year terminated employment during the poarticipants at the end of the plan year terminated employment during the poarticipants at the end of the plan year terminated employment during the poarticipants at the end of the plan year.	the plan year (only defined blan yeareare plan year with accrued be confreport will be assessed	d contribution plans enefits that were less d unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	2 0 0 0
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	Were all of the plan's assets during the plan year invested in eligib		,						X	Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes	No	Not	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	d of Year	
a	Total plan assets	plan assets								0
b	Total plan liabilities	7b		0)					0
С	Net plan assets (subtract line 7b from line 7a)	et plan assets (subtract line 7b from line 7a)								0
8	Income, Expenses, and Transfers for this Plan Year	come, Expenses, and Transfers for this Plan Year (a) Amou						(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		567	,					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								567
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12379						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		165						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				12544				2544
i	Net income (loss) (subtract line 8h from line 8c)	8i				-11977				1977
j	Transfers to (from) the plan (see instructions)	8i		C)					
Pai	rt IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3B 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	structions	:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he inst	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	-	-	10a		X				
b	· ·	t? (Do not	include transactions	10b		X				
				10c	X					400000
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X				
е				10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
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 to exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A
Part	VII	Plan Terminations and Transfers of Assets		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
-								
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [erior y test	/ear" ADP
			IП '	"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No	
	the le		-					
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [No	

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information	1		04/00/003	7					
For calenda	ar plan year 2016 or	fiscal plan year beginning	01/01/2017	and ending	04/30/201						
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer plan list of participating emp	(not multiemployer) (F loyer information in acc	Filers checking this to cordance with the fo	oox must attach a rm instructions.)					
	•	a one-participant plan	a foreign plan								
B This retu	ırn/report is	the first return/report	X the final return/report								
		an amended return/report	a short plan year return/	report (less than 12 mo	2 months)						
C Check b	oox if filing under:	Form 5558	automatic extension	DFVC program							
		special extension (enter desc	cription)								
Part II	Basic Plan Inf	ormation—enter all requested in	nformation								
1a Name		•			1b Three-digit						
Prostate	e Cancer Cent	er of Seattle, LLC 4	01(k) Plan		plan number (PN) ▶	002					
					1c Effective date 01/01/201						
On Diversi		loyer, if for a single-employer plan)			2b Employer Idea						
Mailing	address (include ro	om, ant., suite no, and street, or P.	O. Box)		(EIN)26-40						
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				ctions)	2c Sponsor's tel						
Prostat	Prostate Cancer Center of Seattle, LLC				206-453-2						
9730 3rd Ave, NE #208						e (see instructions)					
9/30 31	d Ave, NE #2	.00			621111						
Seattle	2	WA 98115									
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator	s EIN					
		_			20 Administrator	s telephone number					
					JC Administrator	3 telephone names					
					Ab su						
4 If the name	name and/or EIN of t . EIN, and the plan r	the plan sponsor has changed since number from the last return/report.	e the last return/report filed to	this plan, enter the	4b EIN						
	or's name				4c PN						
5a Total	number of participan	its at the beginning of the plan year			5a	2					
b Total	number of participan	its at the end of the plan year			5b	C					
c Numb	er of participants wit	th account balances as of the end o	of the plan year (only defined of	contribution plans	5c	(
		participants at the beginning of the			5d(1)	C					
		participants at the beginning of the plan y			5d(2)	(
e Num	ber of participants th	at terminated employment during th	ne plan year with accrued ben	efits that were less	5e	(
41	4000/ wastad				use is established.						
		te or incomplete filing of this retu other penalties set forth in the instr	uctions I declare that I have a	examined this return/re	DOIL IIICIUUIIIG, II ap	piloabio, a concadio					
SB or Sch	edule MB completed	and signed by an enrolled actuary,	as well as the electronic vers	sion of this return/repor	rt, and to the best of	my knowledge and					
belief, it is	true, correct, and co	mplete.		Dawn Winters							
SIGN	Naun (Ontes	09/00/2017			- desinistrator					
HERE	Signature of plan	n administrator	Date /	Enter name of individ	lual signing as plan	administrator					
SIGN											
HERE	Signature of emp	ployer/plan sponsor	Date	Enter name of individ	dual signing as empl Preparer's telepho	oyer or plan sponsor					
Preparer's	name (including firm	n name, if applicable) and address	(include room or suite numbe	r)	Preparer's telephi	ne number					
1											

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									No No ed
	art III Financial Information		-5(
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End	of Year	
	Total plan assets	7a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11,	977					0
	Total plan liabilities	7b			0					0
	Net plan assets (subtract line 7b from line 7a)	7c		11,	977					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) T	otal	
a	Contributions received or receivable from:				0					
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)		-	567					
	Other income (loss)	8b			367					567
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u></u>		\dashv					-
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12,	379				A	
_	Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
	Administrative service providers (salaries, fees, commissions)	. 8f			165					
g		. 8g		0						
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					12,544			
-	Net income (loss) (subtract line 8h from line 8c)	. 8i					-11,97			
÷	Transfers to (from) the plan (see instructions)	- 8i		0						
De	art IV Plan Characteristics	0								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3B 3D 3H	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in	the inst	ructions:	
b		feature cod	des from the List of Plan	n Chara	acterist	ic Cod	les in t	he instru	uctions:	
Pa	art V Compliance Questions									
10					Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary I	Fiduciary Correction	40-		Х				
	Program)	10 (D= ==1	include transactions	10a						
	b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х			400	0.0
	C Was the plan covered by a fidelity bond?			10c	Х				400,	.00
	d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х				
	• Were any fees or commissions paid to any brokers, agents, or or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther person me or all o	ns by an insurance f the benefits under	10e		Х				
	f Has the plan failed to provide any benefit when due under the pl			10f		Х				
_	g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	-end.)	10g		Х				
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
	i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	ed notice or one of the	10i						