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 section 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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information	on						
For	calendar plan year 2010 or fiscal plan year beginning 01	/01/2010	and ending	12/31/2	2010			
Α -	This return/report is for: Single-employer plan	ırn/report is for: single-employer plan multiple-employer plan (not multiemployer) one-participant plan						
В	This return/report is for: first return/report	rn/report	, -					
	an amended return/report	short pla	n year return/report (less than 12 n	nonths)				
			cextension		DFVC program			
	special extension (enter de							
Pa	rt II Basic Plan Information—enter all requested	Linformation						
	Name of plan			1b	Three-digit			
SEAT	TLE UROLOGICAL ASSOCIATES 401(K) PROFIT SHARIN	IG PLAN AND TR	RUST		plan number	002		
				4 -	(PN) •			
				10	Effective date of 01/01/2			
2a	Plan sponsor's name and address (employer, if for single-er	nployer plan)		2b	Employer Identif	ication Number		
SEAT	TLE UROLOGICAL ASSOCIATES, P.L.L.C.	, , ,			(EIN) 91-1142833			
1221	MADISON STREET, SUITE 1210			2c	Plan sponsor's to	elephone number 2-6488		
	TLE, WA 98104			-	Business code (
					621111	oco mondonomo)		
3a	Plan administrator's name and address (if same as Plan spo TLE UROLOGICAL ASSOCIATES, P.L.L.C. 1221	onsor, enter "Sam MADISON STRE	e") ET SUITE 1210	3b	Administrator's E			
JLAI		TLE, WA 98104	L1, 3011L 1210	30		elephone number		
				30	206-292	2-6488		
	the name and/or EIN of the plan sponsor has changed since		eport filed for this plan, enter the	4b	4b EIN			
1	name, EIN, and the plan number from the last return/report.	Sponsor's name		4c	PN			
5a	Total number of participants at the beginning of the plan year	ar			T	19		
	Total number of participants at the end of the plan year		_					
	Total number of participants with account balances as of the	30						
	complete this item)			5c		21		
6a	Were all of the plan's assets during the plan year invested	in eligible assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver eli					X Yes ☐ No		
	If you answered "No" to either 6a or 6b, the plan canno	•	,			☐ 163 ☐ 1 1 0		
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	12724	181		1675986		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	12724	181		1675986		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:	9-(4)	1270	009				
	(1) Employers	` '	805	550				
	(2) Participants	` '						
b	Other income (loss)	` '	1959	946				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					403505		
d	Benefits paid (including direct rollovers and insurance prem							
	to provide benefits)							
е	Certain deemed and/or corrective distributions (see instruct	ions) 8e						
f	Administrative service providers (salaries, fees, commission	ns)8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
i	Net income (loss) (subtract line 8h from line 8c)	8i				403505		
	Transfers to (from) the plan (see instructions)	l						

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) _ w	IV Blow Characteristics						
-	EIV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instruct	ions:	
	2A 2E 2F 2G 2J 2R 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	tic Cod	des in t	he instructi	ons:	
art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))						
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						0
lf y	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				
С	nter 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 a minus sign to the left of negative 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

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) EIN(s)
 13c(3) PN(s)

Yes X

Yes X No

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.

SIGN	Filed with authorized/valid electronic signature.	06/08/2011	JOHN S. MULLEN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/08/2011	JOHN S. MULLEN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor