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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	 Complete all entries in accordance 	rdance wit	h the instructions to the Form 550	0-SF.				
		ntification Information							
For	calendar plan year 2010 or fiscal p	plan year beginning 01/01/20	10	and ending	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
В	Γhis return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:					DFVC progra	ım		
	ř	ے special extension (enter descripti	ion)						
Da		tion—enter all requested inform	,						
	Name of plan	ttion—enter all requested inform	nation		1h	Three-digit			
	THWEST UROLOGY CENTER, P.	S. 401(K) PROFIT SHARING PL	LAN AND T	RUST	10	plan number	004		
					4 -	(PN) •			
					10	Effective date of 01/01/1	•		
2a	Plan sponsor's name and address	(employer, if for single-employe	r plan)		2b	Employer Identif		umber	
	THWEST UROLOGY CENTER, P.		1 - 7			(EIN) 91-1090			
1221	NORTH SUNSET DRIVE				2c	Plan sponsor's t	elephone	number	
	DMA, WA 98406				24	Business code (etions)	
					Zu	621111		Clions)	
3a	Plan administrator's name and ad	dress (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's I			
NOR	THWEST UROLOGY CENTER, P.	.S. 1231 NORT TACOMA, V		DRIVE	2-	91-1090			
					3C	Administrator's t		number	
4 I	the name and/or EIN of the plan s	sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN			
-	name, EIN, and the plan number fr	om the last return/report. Spons	or's name						
	Total asserbase of manticipants at the					4c PN			
					5a			15	
b		• •			5b			4	
С	Total number of participants with complete this item)			vear (defined benefit plans do not	5c			4	
6a	Were all of the plan's assets duri	ng the plan year invested in eligil	ble assets?	(See instructions.)			X Yes	s No	
b				ndent qualified public accountant (IQ				П.,	
	,	• •		ions.)			^ Yes	s No	
Do	rt III Financial Informati		-orm 5500-	SF and must instead use Form 55	00.				
		OH		I					
7	Plan Assets and Liabilities			(a) Beginning of Year	7	(b) End	of Year	13123	
	Total plan assets		7a						
b	Total plan liabilities			4909				1740	
<u>C</u>	Net plan assets (subtract line 7b f		7с	118310	2			11383	
8	Income, Expenses, and Transfers			(a) Amount		(b) T	otal		
а	Contributions received or receival (1) Employers	ble from:	8a(1)						
	(2) Participants		` '		-				
	(3) Others (including rollovers)		` '		-				
b	Other income (loss)		` '	9149	1				
	Total income (add lines 8a(1), 8a(91491	
c d	Benefits paid (including direct rolle	, , , , , , , , , , , , , , , , , , , ,	60						
u	to provide benefits)		8d	1248252	2				
е	Certain deemed and/or corrective	distributions (see instructions)	8e		_				
f	Administrative service providers (salaries, fees, commissions)	8f	1495	8				
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e,	8f, and 8g)	8h					1263210	
i	Net income (loss) (subtract line 8	h from line 8c)	8i					1171719	
j	Transfers to (from) the plan (see i								

	Form 5500-SF 2010 Page 2-					00000
ır	rt IV Plan Characteristics					
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 3D 2E 2H 2J 2K 2R	acteris	tic Co	des in	the instructions:	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Coc	les in t	he instructions:	
rt	t V Compliance Questions					
	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		
C	Was the plan covered by a fidelity bond?	10c	X		200000	

Χ

Χ

Χ

Yes X No

10d

10e

10g

10h

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Yes No (If "Yes," complete 12a or 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 this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day 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

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Will the minimum funding amount reported on line 12d be met by the funding deadline?

Part VII Plan Terminations and Transfers of Assets

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud

or dishonesty?

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.)

f Has the plan failed to provide any benefit when due under the plan?
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)......

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

Pension Funding Compliance

Part VI

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)

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.	09/15/2011	KEVIN BOERCKER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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)

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						
For	calendar plan year 2010 or fiscal plan year be		01/01/2	2010 and ending		12/31/2010	
Α	This return/report is for:	oyer plan	multiple-	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	eport	final retu	m/report		_	
	an amended	l return/report	short pla	n year return/report (less than 12 mo	nths)		
C	Check box if filing under: X Form 5558	Ī	automati	c extension		DFVC program	
		ا nsion (enter descrip	⊔ tion)				
P	art II Basic Plan Information—ente						
	Name of plan	r an requesteu mon	induon		1b	Three-digit	
-	Northwest Urology Center, P	.S.			1	plan number	
	401(k) Profit Sharing Plan	and Trust				(1.17)	04
					10	Effective date of plan 01/01/1988	
2a	Plan enonsor's name and address (employer	if for single-employe	ar nian)		2h	Employer Identification Nu	ımber
-	Plan sponsor's name and address (employer, Northwest Urology Center, P	.S.	zi piani,			(EIN) 91-1090571	
					2c	Plan sponsor's telephone	number
	1231 North Sunset Drive				0-1	(253) 460-1357	-4'>
	Tacoma			WA 98406	20	Business code (see instru 621111	ctions)
3a	Plan administrator's name and address (if sam	ne as Plan sponsor,	enter "Sam		3b	Administrator's EIN	
	Same						
					3C	Administrator's telephone	number
4	f the name and/or EIN of the plan sponsor has	changed since the I	ast return/re	eport filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last i						
					4c	PN	
5a	Total number of participants at the beginning				5a 5b		15
D	b Total number of participants at the end of the plan year						4
C	Total number of participants with account bala complete this item)				5c		4
6a	Were all of the plan's assets during the plan					X Yes	No
b							
	under 29 CFR 2520.104-46? (See instruction					X Yes	s ∐ No
D-	If you answered "No" to either 6a or 6b, the irt III Financial Information	e plan cannot use	Form 5500-	SF and must instead use Form 55	10.		
7	Plan Assets and Liabilities			(a) Parlaning of Year	\top	(b) End of Year	······
a	Total plan assets		7a	(a) Beginning of Year	7		13,123
h	Total plan liabilities			4,90	_		1,740
C	Net plan assets (subtract line 7b from line 7a).			1,183,10			11,383
	Income, Expenses, and Transfers for this Plan			(a) Amount	+	(b) Total	
-	Contributions received or receivable from:			fal. modern		(3)	
	(1) Employers		8a(1)				
	(2) Participants		8a(2)				
	(3) Others (including rollovers)		8a(3)				
b	Other income (loss)		8b	91,49	1		A. C.
C	Total income (add lines 8a(1), 8a(2), 8a(3), an		8c			CARLO AND THE CONTROL OF THE CONTROL	91,491
d	Benefits paid (including direct rollovers and inst to provide benefits)		0.4	1,248,25	2		
				1 1/270/23			
			8d		7		
e	Certain deemed and/or corrective distributions	(see instructions)	8e	14 05	8		
f	Certain deemed and/or corrective distributions Administrative service providers (salaries, fee	s (see instructions)s, commissions)	8e 8f	14,95	8		
f g	Certain deemed and/or corrective distributions Administrative service providers (salaries, fees Other expenses	s (see instructions) s, commissions)	8e 8f 8g	14,95	8	1 2	63,210
f	Certain deemed and/or corrective distributions Administrative service providers (salaries, fees Other expenses	(see instructions) s, commissions)	8e 8f 8g 8h	14,95	8		63,210 1.719)
f g	Certain deemed and/or corrective distributions Administrative service providers (salaries, fees Other expenses	s (see instructions) s, commissions)	8e 8f 8g 8h 8i	14,95	8		63,210 1,719)

Par	the same of the sa									
9a	1 1 1	ature codes from the List of Plan Cha	aracteri	stic Co	des in	the instruc	ction	s:		
b		ature codes from the List of Plan Cha	racteris	tic Co	des in	the instruct	tion	3 :		
Part	V Compliance Questions									
10	**** **			Yes	No		An	nount		•••••
а	Was there a failure to transmit to the plan any participant contributio		10a		Х		2,40,2	- Carre		
b			10b		Х					
C	Was the plan covered by a fidelity bond?		10c	Х				2	00,	000
d			10d		Х					
е	insurance service or other organization that provides some or all of t	the benefits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan?		10f		Х					
a	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)	100		У					
h	If this is an individual account plan, was there a blackout period? (Se	ee instructions and 29 CFR	10g		X					
i		7	10i							
Part	VI Pension Funding Compliance	1111				F				
11								Yes	· 🛛	No
12								Yes	s X	No
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plan year, see instr	nth							_
				Г	42b					
				├ -						
	negative amount)					U Von	7	No.		
		runding deadline?				162		NO		WA
Part								1		
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year?					X	Yes	i	No
										0
	of the PBGC?				ntrol			Yes	X	No
С	which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify	me piai				_			
1;	ic(1) Name of plan(s):			13c	(2) EI	N(s)		13c(3) PN	(s)
										···
	the pian provides pension benefits, either the applicable pension feature codes from the List of Pian Characteristic Codes in the instructions: Compliance Questions									
SB or										
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SIGN						nlan admi	niet	cator		
						prom dum	1100	ALUI		
SIGN		1.4				employer	or p	lan sr	onsc	OF T

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Form 5500-SF 2010

Form 5558 (Rev. January 2008) Department of the Treasury Internal Flevenue Service

Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Pai	t I Identification									
A	Name of filer, plan administrator, or plan sponsor (see instructions) Northwest Urology Center, P.S.	B	B Filter's identifying number (see instructions). Employer identification number (EIN).							
	Number, street, and room or suite no. (If a P.O. box, see instructions)		91-1090571							
	1231 North Sunset Drive City or town, state, and ZIP code:		Socia	security	number (SSN)					
	Tacoma WA 98406									
			Plan	,	Dian	year ending				
C	Plan name		numb		MIM	DD.	YYYY			
			P() P()	:	4 111 11					
1	Northwest Urology 401(k)	0	0	4	12	31	2010			
			1							
2										
			Egil Egil Egil	E .						
3										
Par	t III Extension of Time to File Form 5500 or Form 5500-E	Z (see ins	struci	ions)						
1	I request an extension of time until 10 / 15 / 2011 to file	Form 5500	or Fo	orm 550	00-EZ.					
	The application is automatically approved to the date shown on line normal due date of Form 5500 or 5500-EZ for which this extension is months after the normal due date.									
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.									
lote.	A signature is not required if you are requesting an extension to file Form 5	500 or Form	n 5500	EZ.						
The Control of Control										
l di	Extension of Time to File Form 5330 (see instructions)									
No. Processor										
2	I request an extension of time until	Form: 5330								
	You may be approved for up to a six (6) month extension to file Form 5330,			due dat	e of Form 53	30.				
a	Enter the Code section(s) imposing the tax		a							
b	Enter the payment amount attached	4 4 4		4 6		b				
	For excise taxes under section 4980 or 4980F of the Code, enter the revers State in detail why you need the extension:	ion/amend	ment (date .	▶	С				
	电电池电路电池电池电池电池电池电池电池电池电池电池电池电池电池电池电池电池电池		S-5-16-10-E-16	· · · · · · · · · · · · · · · · · · ·	io Mo		p. 16-16-16-16-16-16-16-16-16-16-16-			
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	penaities of perjury, I declare that to the best of my knowledge and belief, the statem zed to prepare this application.	roms mage (at (INS	iomi are	TURN, COFFECT,	and complete,	and that I a			
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