For	rm 5500-SF	Short Form Annual		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury rnal Revenue Service	This form is required to be f	Benefit Plan	nd 4065 of the Employe	۵		2012
	epartment of Labor lenefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058		f This Form is Open to Public	
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.	Ins	spection
Part I		entification Information	012	and anding 1	0/04/	2012	
	ar plan year 2012 or fisca	al plan year beginning 01/01/2		and ending 1 lan (not multiemployer)	2/31/2	a one-partici	oont plop
	turn/report is for:	the first return/report	the final return/report	ian (not multiemployer)			pant plan
		an amended return/report		n/report (less than 12 m	onths	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip					
Part II	Basic Plan Inform	nation—enter all requested info	rmation				
<b>1a</b> Name UROLOGIC/		., P.S. PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ►	002
					1c	Effective date of 11/01	•
	ponsor's name and addre AL CONSULTANTS, INC	ess; include room or suite number D., P.S.	(employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 91-09	fication Number 53294
1901 S. LINI	ION, BUILDING A,SUITE	221			2c	Sponsor's telep 253-57	
TACOMA, V					2d	Business code	(see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponso	r Name Same as Plar	n Sponsor Address	3b	Administrator's	
JROLOGICA	L CONSULTANTS, INC.,	P.S. 1901 S. UNI TACOMA, W	ON, BUILDING A, SUITE	221	30		telephone number
		lan sponsor has changed since th er from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN	
· · · · ·	or's name					PN	
		the beginning of the plan year			5a		8
		the end of the plan year			5b		0
	· ·			•	5c		0
6a Were	all of the plan's assets d	uring the plan year invested in elig	gible assets? (See instruc	ctions.)			🗙 Yes 🗌 No
		e annual examination and report See instructions on waiver eligibili					X Yes 🗌 No
		er line 6a or line 6b, the plan ca	-				
Caution: A	A penalty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable cau	ise is	established.	
SB or Sche		r penalties set forth in the instructi signed by an enrolled actuary, as te.					
SIGN	Filed with authorized/va	lid electronic signature.	01/16/2013	VICTOR KIESLING			
HERE	Signature of plan adn	-	Date	Enter name of individu	ual sic	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm nan	ne, if applicable) and address; incl	lude room or suite numbe	r (optional)	Prep	oarer's telephone	number (optional)
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the i	instructions for Form 5500-	·SF.			Form 5500-SF (2012)

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	155712				0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	155712	1			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	9532	8			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		95328
	to provide benefits)	8d	164994	6			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	250	3			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1652449
i	Net income (loss) (subtract line 8h from line 8c)	8i					-1557121
j	Transfers to (from) the plan (see instructions)	8j					
Par	rt IV Plan Characteristics						
b Part	If the plan provides welfare benefits, enter the applicable welfare fe		s nom the List of Plan Chara	ciensi			
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		x	
С	Was the plan covered by a fidelity bond?			10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefi	ts under the plan? (See	10e	x		83
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		Х	
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 th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
i Part	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
i Part 11	exceptions to providing the notice applied under 29 CFR 2520.10	1-3 ents? (If "Ye	es," see instructions and com	plete			
11	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	1-3 ents? (If "Ye	es," see instructions and com	plete	<u></u>		
11	exceptions to providing the notice applied under 29 CFR 2520.107 <b>VI</b> Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	1-3 ents? (If "Ye	es," see instructions and com	plete		11a	
11 <u>11a</u> 12	exceptions to providing the notice applied under 29 CFR 2520.10*         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         Enter the amount from Schedule SB line 39         Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	1-3 ents? (If "Ye requiremen as applicab	es," see instructions and com ts of section 412 of the Code ole.)	plete or se	ection :	<b>11a</b> 302 of I	ERISA? Yes No
11 11a 12 a	exceptions to providing the notice applied under 29 CFR 2520.10*         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         Enter the amount from Schedule SB line 39         Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ents? (If "Ye requiremen as applicab	es," see instructions and com ts of section 412 of the Code ole.) d in this plan year, see instruction	or se ctions	ection :	<b>11a</b> 302 of I	ERISA? Yes No
11 11a 12 a	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	ents? (If "Ye requiremen as applicab ng amortized e <b>MB (Form</b>	es," see instructions and com ts of section 412 of the Code ole.) d in this plan year, see instruc 	or sections		<b>11a</b> 302 of I	ERISA? Yes No

С	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 a minus sign to the left of a 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			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re	enefit Plan	or Small Emplo	oyee		OMB Nos. 12 12	10-011 10-008
Department of the Treasury Internal Revenue Service	This form is required to be filed	ee		2012			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1 the Internal	ections 6057(b) and 605	8(a) of	This Form is Open to Pub		Public	
Pension Benefil Guaranly Corporation	Complete all entries in accord	ance with the instru	uctions to the Form 550	00-SF.	In	spection	
Part I Annual Report I For calendar plan year 2012 or fise	Identification Information	/01/2012	and andles		10 (01 (001	~	
			and ending		12/31/201		_
B This return/report is:		he final return/report	plan (not multiemployer) t		a one-partic	ipant plan	
		•	rn/report (less than 12 m	onthe)			
C Check box if filing under:		automatic extension	inteport (iess that 12 fr	ionansj	DFVC progra	<b>~</b>	
•	special extension (enter description					am	
Part II Basic Plan Infor	mation—enter all requested informat						
a Name of plan				1b	Three-digit		
UROLOGICAL CONSULTAN	NTS, INC., P.S. PROFIT S	HARING PLAN			plan number	002	
					(PN) 🕨	100 million - 100 million	
				1C	Effective date of 11/01/1975	of plan 5	
a Plan sponsor's name and add	ress; include room or suite number (em	ployer, if for a single	e-employer plan)	-	Employer Identi		ber
JROLOGICAL CONSULTAN	TS, INC., P.S.				(EIN) 91-095		
1901 S. UNION, BUILD:	ING A.SUITE 221				Sponsor's telep		er
, <b></b>					253-572-6		_
FACOMA	WA 98405				Business code 621111	(see instruct	ons)
a Plan administrator's name and	address Same as Plan Sponsor Na	me Same as Pla	n Sponsor Address		Administrator's	EIN	_
JROLOGICAL CONSULTAN	TS, INC., P.S.		•		91-095329		
				3c /	Administrator's	telephone ni	Imbe
1901 S. UNION, BUILD:				3c /		telephone ni	imbe
	ING A, SUITE 221			3c /	Administrator's	telephone ni	imbe
ГАСОМА	ING A,SUITE 221 WA 98405			3c /	Administrator's	telephone ni	imbe
FACOMA	ING A, SUITE 221 WA 98405 plan sponsor has changed since the las	t return/report filed f	or this plan, enter the	3c /	Administrator's 253–572–68	telephone ni	Imbei
ГАСОМА	ING A, SUITE 221 WA 98405 plan sponsor has changed since the las	t return/report filed f	or this plan, enter the	3c /	Administrator's 253-572-68 EIN	telephone ni	imbei
FACOMA If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name	ING A, SUITE 221 WA 98405 plan sponsor has changed since the las ber from the last return/report.			3c / 2 2 4b 4c	Administrator's 253-572-68 EIN	telephone ni	Imbe
<ul> <li>FACOMA</li> <li>If the name and/or EIN of the p name, EIN, and the plan numb</li> <li><b>a</b> Sponsor's name</li> <li><b>a</b> Total number of participants at</li> </ul>	ING A, SUITE 221 WA 98405 plan sponsor has changed since the las ber from the last return/report. t the beginning of the plan year			3c 4b 4c 5a	Administrator's 253-572-68 EIN	telephone ni	Imbe
<ul> <li>FACOMA</li> <li>If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name</li> <li>Total number of participants at b Total number of participants at c Number of participants with ac</li> </ul>	ING A, SUITE 221         WA       98405         plan sponsor has changed since the lass ber from the last return/report.         t the beginning of the plan year	n vear (defined ben		3c / 2 2 4b 4c	Administrator's 253-572-68 EIN	telephone ni	Imbe
<ul> <li>FACOMA</li> <li>If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name</li> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Number of participants with ac complete this item)</li> </ul>	ING A, SUITE 221         WA       98405         plan sponsor has changed since the lass ber from the last return/report.         t the beginning of the plan year	n year (defined bene	efit plans do not	3c 4b 4c 5a 5b 5c	Administrator's 253-572-68 EIN PN	telephone ni	
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<ul> <li>FACOMA</li> <li>If the name and/or EIN of the pname, EIN, and the plan number a Sponsor's name</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants with ac complete this item)</li> <li>Were all of the plan's assets of Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith aution: A penalty for the late or nder penalties of perjury and other B or Schedule MB completed and ellief, it is true, correct, and complete and ellief, it is true, correct, and complete and ellief. Warth Market Warth and the mathematical structure of the structure o</li></ul>	ING A, SUITE 221         WA       98405         plan sponsor has changed since the lass ber from the last return/report.         t the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.). <b>use Form 5500-SF</b> <b>t will be assessed</b> I declare that I have as the electronic ver	efit plans do not stions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report, sion of this return/report, VICTOR KIESLIN	3c         4b         4c         5a         5b         5c         PA)         Form £         se is e         port, inc.         and to         JG	Administrator's 253 – 572 – 68 EIN PN 5500. stablished. cluding, if applica o the best of my	X       Yes         X       Yes         X       Yes         able, a Sche       knowledge a	] N
<ul> <li>If the name and/or EIN of the pname, EIN, and the plan number a Sponsor's name</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants with ac complete this item)</li> <li>Were all of the plan's assets of</li> <li>Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eith aution: A penalty for the late or nder penalties of perjury and other B or Schedule MB completed and elief, it is true, correct, and complete and elief. It is true, correct, and complete and signature of plan adm</li> </ul>	ING A, SUITE 221         WA       98405         plan sponsor has changed since the lass ber from the last return/report.         t the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.) <b>use Form 5500-SF</b> t will be assessed I declare that I have as the electronic ver	efit plans do not tions.) ed public accountant (IQ and must instead use unless reasonable cau examined this return/rep sion of this return/report,	3c         4b         4c         5a         5b         5c         PA)         Form £         se is e         port, inc.         and to         JG	Administrator's 253 – 572 – 68 EIN PN 5500. stablished. cluding, if applica o the best of my	X       Yes         X       Yes         X       Yes         able, a Sche       knowledge a	N
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	Land and the second second							
7 Plan Assets and Liabilities	人的用	(a) BegInning of Yea				(b) End	of Year	
a Total plan assets	7a	15	5712	21				(
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	15	5712	21				(
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b)	otal	
a Contributions received or receivable from: (1) Employers	8a(1)			1				
(2) Participants	8a(2)			155	Harte			
(3) Others (including rollovers)	8a(3)		_	1	21.2			
b Other income (loss)	8b		9532	28		CALL N		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5552		a second		0	532
<b>d</b> Benefits paid (including direct rollovers and insurance premiums			00.7		1			5520
to provide benefits)	8d	16	4994	16	275			
e Certain deemed and/or corrective distributions (see instructions)	8e							1
f Administrative service providers (salaries, fees, commissions)	8f		250	)3		194, # 6Y		7 W.
g Other expenses	8g					a star		TOP
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						165	52449
i Net income (loss) (subtract line 8h from line 8c)	81		(* 1 <sub>2</sub>				-155	5712
j Transfers to (from) the plan (see instructions)	8j			20	anky			$\mathcal{D}^{\mathcal{T}}$
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	ature codes	from the List of Plan Chara	cterist	ic Cod	es in th	ne instruct	ons:	
				Yes	No		Amount	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribut</li></ul>	tions within t	he time period described in tion Program)	10a	Yes	No X		Amount	
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> <li>Were there any nonexempt transactions with any party-in-interest?</li> </ul>	ciary Correct ? (Do not inc	tion Program)	10a 10b	Yes			Amount	
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Page	3 -	
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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 a minus sign to the left of a negative amount).	12d			
e 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?	Х	Yes 🗌	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	1		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	the contro		X Ye	es 🗌 No
C If during this plan year, any assets or llabilities were transferred from this plan to another plan(s), identify the pla which assets or llabilities were transferred. (See instructions.)	n(s) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)	13c	(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust	14b	Trust's Ell	N	