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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan
B This re	turn/report is:	the first return/report	the final return/repor	i			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	rmation—enter all requested inf	ormation				
1a Name		one an requested in	omaton		1b	Three-digit	
		ALISTS RETIREMENT PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	f plan
						01/01	/2010
	ponsor's name and ad AM UROLOGY SPECI	dress; include room or suite number ALISTS, PLLC	er (employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 20-38	fication Number 52254
					2c	Sponsor's telep	hone number
340 BIRCH\	WOOD AVE.					360-67	
BELLINGHA	AM, WA 98225				2d	Business code (see instructions)
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	
					-		
					3C	Administrator's	telephone number
4 If the	name and/or FIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan enter the	4h	EIN	
		mber from the last return/report.	ine last return/report med	ioi tilis piari, criter trie	40	EIIN	
a Spons	or's name	·			4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		18
b Total	number of participants	at the end of the plan year			5b		23
		account balances as of the end of t					
			. , ,	•	5c		19
6a Were	all of the plan's asset	s during the plan year invested in e	ligible assets? (See instru	ctions.)			X Yes No
		f the annual examination and repor					
		? (See instructions on waiver eligib					X Yes No
lf you	ı answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	and must instead use	Form	5500.	
		or incomplete filing of this returr	•				
		her penalties set forth in the instruc					
	true, correct, and com	nd signed by an enrolled actuary, a olete.	s well as the electronic ve	ersion of this return/report	., and i	to the best of my	knowledge and
				T			
SIGN	Filed with authorized/	valid electronic signature.	07/09/2013	JOHN PETTIT			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ne of individual signing as plan administrator		
SIGN							
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer.						ining as employe	er or plan sponsor
Preparer's	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						number (optional)
						•	,

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End	of Ye	ar		
<u>.</u>	Total plan assets				(b) End of Year					a	
	plan liabilities								0120		
	Net plan assets (subtract line 7b from line 7a)	· · · · · · · · · · · · · · · · · · ·					354239				
	Income, Expenses, and Transfers for this Plan Year	,,,		200341			(b) T		10420	<u> </u>	
	Contributions received or receivable from:		(a) Amount				(b) T	Jlai			
	(1) Employers	8a(1)	5303	1							
	(2) Participants	8a(2)	8664	17							
	(3) Others (including rollovers)										
b	Other income (loss)	8b	3281	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	72490)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1859	12							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1859	2	
	Net income (loss) (subtract line 8h from line 8c)	8i							5389	8	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	_ <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Dan	V Compliance Questions										
Par	•				V	Na	1	_			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono within	n the time neried described in	ı	Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					35	5424
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person:	s by an insurance carrier,								
	instructions.)			10e		X					
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 e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	,										
Part						-					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No
112											
12											
14							-110				
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Yea	·		
	Enter the minimum required contribution for this plan year	•	•		Ī	12b					
,,,											

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	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

This Form is Open to Public

2012

1210-0089

OMB Nos. 1210-0110

Pension Ber	nefil Guaranly Corporation	▶ Complete all entries in accordance	e with the instruct	ions to the Form 5500	n-SF	Inspection			
Part I	Annual Report I	dentification Information		10110 10 1110 1 01111 0001					
		cal plan year beginning 01/01/2012		and ending 1	2/31/2	2012			
	ırn/report is for: ırn/report is:	the first return/report the	final return/report	n (not multiemployer)		a one-participant plan			
C Check b	ox if filing under:	F F	omalic extension	report (less than 12 mo	onihs)	DFVC program			
Part II	Basic Plan Info	rmation—enter all requested information	1						
1a Name of BELLINGHA	- William we represent representations	ALISTS RETIREMENT PLAN	3-33-		1b	Three-digit plan number (PN) 001			
1					1c Effective date of plan 01/01/2010				
2a Plan sp BELLINGHA	onsor's name and add M UROLOGY SPECIA	dress; include room or suite number (empl ALISTS, PLLC	oyer, if for a single-e	mployer plan)	2b Employer Identification Number (EIN) 20-3852254				
340 BIRCHV	VOOD AVE.					Sponsor's telephone number (360) 671-9197			
BELLINGHA	M, WA 98225	-			2d	Business code (see instructions) 621111			
3a Plan ac	lministrator's name an	d address XSame as Plan Sponsor Nam	e USame as Plan	Spansor Address	3b Administrator's EIN				
					30	Administrator's telephone number			
4 If the n	same and/or FIN of the	plan sponsor has changed since the last	return/report filed for	r this plan, enter the	4h	EIN			
name,	EIN, and the plan nur	nber from the last return/report.	rotalisi opole maa tal	tino pian, enter the	4c				
		at the beginning of the plan year		A COMM	5a	18			
		at the end of the plan year			5b	23			
C Numbe	er of participants with	account balances as of the end of the plan	year (defined benef	fit plans do not	5c	19			
		during the plan year invested in eligible a							
b Are vo	ou claiming a waiver of	the annual examination and report of an i ? (See instructions on waiver eligibility and	ndependent qualified	d public accountant (IQ	PA)				
If you	answered "No" to ei	ther line 6a or line 6b, the plan cannot t	use Form 5500-SF a	and must instead use	Form	5500.			
Under pena SB or Sche	alties of perjury and of	or incomplete filing of this return/report her penalties set forth in the instructions, I nd signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	port, ir	cluding, if applicable, a Schedule			
belief, it is t	rue, correct, and con	olete.	6/20/02	100./	O.C.				
SIGN HERE	uene / //					ning as plan administrator			
SIGN HERE	()								
	Signature of emplo	yer/plan sponsor name, if applicable) and address; include r	Date	Enter name of individ		ning as employer or plan sponsor			
Preparer's	name (incloding irm i		oom or suite Humber	(орионат)	- Frep	arer's telephone number (optional)			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	. 7a	20034				354239
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	20034	1			354239
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0.74				100	TO AND THE STATE OF
(1) Employers	8a(1)	5303		-		
(2) Participants	8a(2)	8664		-		
(3) Others (including rollovers)	8a(3)	0004	5	-		
b Other income (loss)		3281			[15]	LULANCE MILLION CONTRACTOR
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c					172490
to provide benefits)	8d	1859:	2	i i		
e Certain deemed and/or corrective distributions (see instructions)	8e				V .	
f Administrative service providers (salaries, fees, commissions)	8f				K-Minder W.	
g Other expenses	8g			, a		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		V	ď		18592
i Net income (loss) (subtract line 8h from line 8c)	Bi		2.970	III.		153898
j Transfers to (from) the plan (see instructions)	. 8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare						
Part V Compliance Questions			-	V		
During the plan year: a Was there a failure to transmit to the plan any participant contrib	ulione within	the time period described in	_	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.			10a		х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х	
C Was the plan covered by a fidelity bond?			10c	х		35424
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		х	304 <u>2</u> 4
e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al instructions.)	l of the benef	its under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pl	lan?		10f		X	V. V
g Did the plan have any participant loans? (If "Yes," enter amount	as of year er	nd.)	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			10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39	•••••••				11a	
12 Is this a defined contribution plan subject to the minimum fundir	ng requireme	nts of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo				50.55		
If a waiver of the minimum funding standard for a prior year is be granting the waiver.		Mor	ith	, and e	enter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Sched						
b Enter the minimum required contribution for this plan year		***************************************			12b	

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	Enter the amount contributed by the employer to the pla	n for this plan year		12c					
d	Subtract the amount in line 12c from the amount in line negative amount)	MILLERAN FORMAC SOME INCIDENCIAL STREET, MICHIGANIA COMPANION STREET, STREET, STREET, STREET, STREET, STREET,	War interest the factor of the control of the contr	12d					
е	Will the minimum funding amount reported on line 12d b	e met by the funding dead	ine?		Yes	No	N/A		
Part	VII Plan Terminations and Transfers of A	\ssets							
	Has a resolution to terminate the plan been adopted in any	plan year?		Y	es X No	(c)			
	If "Yes," enter the amount of any plan assets that revert	ed to the employer this yea	Г	13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Anna Congression (1985)			
С	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruc		nother plan(s), identify the plan(s) to					
	3c(1) Name of plan(s):	****	420	13c(2) El	N(s)	13c(3) PN(s)		
Part VIII Trust Information (optional)					14b Trust's EIN				
14a	Name of trust			140 Tr	ust's EIN				
				4					

1 . . .