## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accorda	ance with the instruc	tions to the Form 5500	O-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	.013	
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	oant plan
<b>B</b> This ret	turn/report is:	the first return/report	he final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 mo	onths)		
C Check box if filing under: Form 5558 automatic extension DFVC program						am	
David III	Desir Dien leter	special extension (enter description	,				
Part II		mation—enter all requested informat	ion	1	41.		
<b>1a</b> Name BELLINGHA		ISTS RETIREMENT PLAN			10	Three-digit plan number (PN) ▶	001
					1c	Effective date o	
	ponsor's name and add	ress; include room or suite number (em LISTS, PLLC	ployer, if for a single-	employer plan)	2b	Employer Identi	
340 BIRCHW	WOOD AVE				2c	Sponsor's telep	
BELLINGHA	M, WA 98225				2d	Business code (	(see instructions)
3a Plan a	dministrator's name and	l address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN	
<b>5a</b> Total r	number of participants a	t the beginning of the plan year			5a		23
<b>b</b> Total r	number of participants a	t the end of the plan year			5b		24
		ccount balances as of the end of the plants	, ,	•	5c		21
_		during the plan year invested in eligible					X Yes No
under	29 CFR 2520.104-46?	he annual examination and report of an (See instructions on waiver eligibility an	nd conditions.)				X Yes No
-		ner line 6a or line 6b, the plan canno plan, is it covered under the PBGC ins			_		Not determined
				•			1 Hot dotominou
		r incomplete filing of this return/repo					abla a Cabadula
SB or Sche		er penalties set forth in the instructions, I signed by an enrolled actuary, as wel ete.					
SIGN	Filed with authorized/va	alid electronic signature.	06/17/2014	JOHN PETTIT, MD			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ıal sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individu	ıal sig	ning as employe	r or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V			
	Total plan assets	7a	(a) Degining of Tea				(b) Liiu		575609	9	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	35423	9			575609				
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(6) 1	Jiai			
	(1) Employers	8a(1)	5301	0							
	(2) Participants	8a(2)	8748	3							
	(3) Others (including rollovers)	8a(3)	1976	9							
b	Other income (loss)	8b	8378	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	244044		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2267	4							
<u>e</u>	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							2267	4	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						2	221370	)	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
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	des in	the instruc	tions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Ame	ount		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
					Χ					E7	ECO
	, ,			10c				—		37	<b>'560</b>
d	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										
	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	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr								. 03	Ц	. 10
	· · · · · · · · · · · · · · · · · · ·		,			11a	EDICAG		Yes	V	No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	ou≥ of	EKISA?	Щ.	168	^	INO
a	(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			ctions	and 4	enter th	l ne date of t	he le	tter ru	lina	
	granting the waiver.	-			, апа (	Day		Yea		y	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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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		
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			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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

2013

This Form is Open to Public Inspection

THE RESERVE THE PARTY OF THE PA	Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
200					12/31/	2013			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	ployer) a one-participant plan				
B This ref	tum/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	į			
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	n		
		special extension (enter descrip	otion)						
Part II	Basic Plan Info	rmation—enter all requested info	rmation						
1a Name	PARTICIPATE PROPERTY OF THE PR				1b	Three-digit	M/40-4		
BELLINGHA	AM UROLOGY SPECI	ALISTS RETIREMENT PLAN				plan number	004		
					_	(PN)	001		
		1c Effective date of plan 01/01/2010							
2a Plan s BELLINGHA	ponsor's name and ad M UROLOGY SPECI	ldress; include room or suite number ALISTS, PLLC	(employer, if for a single-	employer plan)	2b	Employer Identifi (EIN) 20-3852			
					2c	Sponsor's teleph			
340 BIRCHV	WOOD AVE.					(360) 671	-9197		
					2d	Business code (s	ee instructions)		
	M, WA 98225					621111			
Ja Plan a	aministrators name ai	nd address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	3b	Administrator's E	IN		
					3с	Administrator's te	elephone number		
4 If the r	name and/or EIN of the	e plan sponsor has changed since th	e last return/report filed fo	r this plan, enter the	4b	EIN			
name, EIN, and the plan number from the last return/report.					4c				
		at the beginning of the plan year				PN	23		
		at the end of the plan year				<del></del>			
		account balances as of the end of th			5b		24		
compl	ete this item)		o pian year (denned bene	int plans do not	5c		21		
6a Were	all of the plan's asset	s during the plan year invested in eli	gible assets? (See instruc	tions.)			X Yes No		
<b>b</b> Are yo	ou claiming a waiver of	f the annual examination and report	of an independent qualifie	d public accountant (IC	(PA				
if you	answered "No" to e	? (See instructions on waiver eligibili Ither line 6a or line 6b, the plan ca	ty and conditions.)	and must instead use	Earm		X Yes No		
		it plan, is it covered under the PBG0					Not determined		
		or incomplete filing of this return/							
Under pena	alties of periury and ot	her penalties set forth in the instructi	ons. I declare that I have	examined this return/re	nort in	cluding if applies	ble. a Schedule		
SB or Sche	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as	well as the electronic ver	sion of this return/repor	t, and I	to the best of my l	nowledge and		
Doller, It is	ado, contoc, and com	pioto.		XV	MAL				
SIGN	* John Pe	du tite	5/27/2014	×		~			
HERE	Signature of plan a	dministrator	Date	Enter name of Individ	lual sig	ning as plan admi	nistrator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual sin	ning as employer	or plan enoneor		
Preparer's	name (including firm r	name, if applicable) and address; inc	lude room or suite numbe	r (optional)	Prep	arer's telephone r	number (optional)		
							1845 <b>1</b>		
					E E	THE VERY BUT	The people and the		
For Dananu	ark Daduction Act Notic	e and OMB Control Numbers, see the				The state of the s	r paasilo e		

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
а	Total plan assets	7a	35423				(-/	5756	09
	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	35423	9				57560	9
8	Income, Expenses, and Transfers for this Plan Year	44,21616	(a) Amount				(b) T	otal	
	Contributions received or receivable from: (1) Employers								you are the
	(2) Participants	8a(2)	8748	3	152				
40	(3) Others (including rollovers)	8a(3)	1976	9		Mary III		January January	
b	Other income (loss)	8b	8378	2	II.				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			141			24404	4
	Benefits paid (including direct rollovers and insurance premiums		2007						ar Iwill
0	to provide benefits)	. 8d	2267	4		ing Line			
-	Certain deemed and/or corrective distributions (see instructions)	8e			1996				
Spirit and the	Administrative service providers (salaries, fees, commissions)	. 8f			1143				
	Other expenses	. 8g		Salarine i	7.52		H THE STATE OF THE		BLANK .
100	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			L)			2267	74
	Net income (loss) (subtract line 8h from line 8c)	. 8i	AR 80 - AM AE AR 60 10 12 15 16 16	i digi				22137	70
	Transfers to (from) the plan (see instructions)	8]			A.A				
Par		200							
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	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	ctorict	in Con	on in t	ha inaturati		
186	to the control of the		oo nom tro tiot of Flat Offara	otonat	10 000	65 111 (	iie iiisuucu	ons;	
Part	V Compliance Questions	11-300711							39 39
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions within	n the time period described in ection Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?	•••••	•••••	10c	х				57560
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х		- T	<b>D7000</b>
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e		x			***
f	Has the plan failed to provide any benefit when due under the pla	n?	*******************************	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	ond.)	10a		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
•	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10ì	-==			17:14	
Part		-					EVALVA SASTRAIDE	(ADEALDRING)	MINISTREES.
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	ule SE	3 (Form	∏ Yes	
11a	Enter the unpaid minimum required contribution for current year fi					11a			
12	Is this a defined contribution plan subject to the minimum funding			-		CHARLES TO THE	FRISA2	Пур	No No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			00	Judii (	- Ja. UI	MINION I		M 110
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru	ctions,	and e	nter th	ne date of ti	ne letter n Year	uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					/		. 541	
	Enter the minimum required contribution for this plan year			******		12b			

	^		
Page	3	-	

Form 5500-SF 2013

Enter the amount contributed by the employer to the plan for this plan year	12c			V-7.8-200
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No [	N/A
VII Plan Terminations and Transfers of Assets				0.00
Has a resolution to terminate the plan been adopted in any plan year?	Y	es X	ło	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
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
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			
13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3	) PN(s)
VIII Trust Information (optional)	.9:			
Name of trust	14b Tr	ust's EIN		
	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)	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)	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)	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)