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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	ctions to the Form 550	0-SF.		spection
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013	
	turn/report is for:	a single-employer plan		lan (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	∐a short plan year returi	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558 special extension (enter descript	automatic extension			DFVC progra	am
Part II	Racio Dian Infor	mation—enter all requested inform	<u>, </u>				
		mation—enter all requested inform	nation		1h	Three-digit	1
1a Name	•	ONS, P.S. DEFINED BENEFIT PLA	N		טו	plan number	
UNULUGIC	NORTHWEST SURGE	JNS, F.S. DEFINED BENEFIT FEA	IN			(PN) ▶	002
					1c	Effective date of	f plan
							/2010
	ponsor's name and addi NORTHWEST SURGE	ress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Ident (EIN) 91-21	fication Number 78541
316 S MAD	TIN LUTHER KING JR S	STE 312			2c	Sponsor's telep	
TACOMA, V		712 312			2d	Business code 5411	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
name		plan sponsor has changed since the ber from the last return/report.	last return/report filed fo	or this plan, enter the	4b 4c	EIN PN	
		at the beginning of the plan year			5a		6
_		at the end of the plan year			5b		6
C Numb	er of participants with a	ccount balances as of the end of the	plan year (defined bene	efit plans do not	5c		0
	•						X Yes No
b Are you under	ou claiming a waiver of to 29 CFR 2520.104-46?	during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility	f an independent qualifient and conditions.)	ed public accountant (IQ	PA)		X Yes No
•		her line 6a or line 6b, the plan can plan, is it covered under the PBGC			_		Not determined
Caution: 4	nenalty for the late of	r incomplete filing of this return/re	anort will be assessed	unless reasonable cau	ısa is	established	
Under pen	alties of perjury and other	er penalties set forth in the instruction disigned by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	port, ir	ncluding, if applic	
SIGN	Filed with authorized/va	alid electronic signature.	10/01/2014	FRANCIS KIM			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual siç	gning as plan adı	ministrator
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; inclu	ide room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	21438				(2) =		327379)
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	21438	6				3	327379)
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) Amount				(15)	TOtal		
	(1) Employers	8a(1)	7162	2						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4458	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	16209	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	321	6						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3216)
i	Net income (loss) (subtract line 8h from line 8c)	8i							112993	3
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, oj								
9a	If the plan provides pension benefits, enter the applicable pension 1C	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions	s:	
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 instruc	ctions:		
Dor	V Compliance Questions									
Par					Vaa	l Na	I			
10	During the plan year:	4:	- 46 41	1	Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		X				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С					X					00707
				10c						32737
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		Χ				
	Did the plan have any participant loans? (If "Yes," enter amount a	e of year o	and)			X				
<u>g</u> h	<u> </u>		· · · · · · · · · · · · · · · · · · ·	10g						
	2520.101-3.)			10h		X				
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. [Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding						FRISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					JUL 01		· _	1	<u> </u>
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter tl Dav	ne date of	the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		1 50	<u> </u>	
	Enter the minimum required contribution for this plan year	•			T	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		
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?	. 🔲 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 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) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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OMB No. 1210-0110

2013

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				► File as	an attachme	nt to Form	5500 or :	5500-SF.					
Fo	r calendar	plan year 2013	3 or fiscal plan y	ear beginning (01/01/2013			and en	ding 1	2/31/20 ⁻	13		
•	Round of	f amounts to	nearest dollar.										
•	Caution:	A penalty of \$1	1,000 will be ass	sessed for late filing	of this report u	ınless reas	onable ca	use is establis	hed.			T	
	Name of p		SURGEONS, P	.S. DEFINED BENE	FIT PLAN			B Three-o	·	• 10		002	
•								plan nu	mber (P	N)	<u> </u>		
С	Plan spons	sor's name as	shown on line 2	a of Form 5500 or 55	500-SF			D Employe	r Identifi	cation N	lumber ((EIN)	
			SURGEONS, P					, ,	91-2	178541		,	
									0.2	110011			
Ε	Type of pla	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size: 🔀	100 or fewer	101	1-500	More t	than 500	
Р	art I	Basic Inforr	mation										
1		e valuation dat		Month12	Day31	Year _	2013	_					
2	Assets:							<u>-</u>					
	a Marke	t value							2a	1			255757
	b Actua	rial value							2k)			255757
3	Funding	target/particip	ant count break	down:			(1) N	umber of parti	cipants		(2)	Funding Targe	t
	a For re	tired participar	nts and beneficia	aries receiving paym	ent	3a				0			C
	b For te	rminated veste	ed participants			3b				0			C
	C For a	ctive participan	ts:			L							
	(1)	Non-vested I	benefits			3c(1)							C
	(2)	Vested bene	efits			3c(2)							191423
	(3)	Total active.				3c(3)				6			191423
	d Total.					3d				6			191423
4	If the pla	an is in at-risk s	status, check the	e box and complete	lines (a) and (b	b)		П					
	a Fundi	ng target disre	garding prescrib	ed at-risk assumption	ons			<u> </u>	4a	1			
				umptions, but disreg					4t	,			
				onsecutive years an									
5	Effective	e interest rate .											6.01 %
6									6				58665
Sta	To the best o		e information supplied	d in this schedule and acco									
	,	offer my best estima	ate of anticipated exp	perience under the plan.									
	SIGN												
ŀ	HERE										09/23/2	2014	
			Signa	ture of actuary							Date		
DA	NIEL J. VA	N MIEGHEM									14-02	290	
			Type or pr	int name of actuary					Mos	st recent	enrollm	ent number	
PY	RAMID PE	NSION SERVI	CES								805-84	15-1630	
D /	D. BOX 808	20	F	irm name					Telephor	ne numb	oer (inclu	uding area code	e)
	DLETA, CA												
			Add	ress of the firm				_					
f th	e actuary h	as not fully ref	lected any requi	ation or ruling promu	ulgated under	the statute	in comple	eting this sche	dule, che	eck the h	oox and	see	П
	ructions						compic		, 0110		and		\sqcup

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Schedule SB (Form 5500) 2013

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding	Bal	ances						
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior									(b)	Prefundi	ng balance		
		_	•		cable adjustments (line 1		•			0			0
8				•	unding requirement (line					0			0
9	Amount	remainii	ng (line 7 minus li	ne 8)						0			0
10	Interest	on line 9	using prior year's	actual ret	urn of <u>0.58</u> %					0			0
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:								
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)								40011
	b Interest on (a) using prior year's effective interest rate as otherwise provided (see instructions)												0
	C Total	available	at beginning of cur	rent plan ye	ar to add to prefunding ba	lanc	e						40011
	d Portion of (c) to be added to p			efunding ba	lance								0
12	Other re	eductions	s in balances due	to elections	or deemed elections					0			0
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line	12).				0			0
Pa	art III	Fun	ding Percenta	ages									
14	Funding	target a	ttainment percent	age								14	133.60 %
15	Adjuste	d funding	g target attainmen	t percentag	e							15	129.75 %
16					of determining whether of) 	16	123.34 %
17	If the cu	ırrent val	ue of the assets o	f the plan is	the plan is less than 70 percent of the funding target, enter such percentage							17	%
Pa	art IV	Con	tributions an	d Liquidi	ity Shortfalls								
18	Contrib				ear by employer(s) and e	mplo	oyees:						
	(a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Dat	(b) Amount paid by employer(s)			(c) Amount paid by employees		
	/14/2014		employen			_	(IVIIVI-DD-T	111)	employen	5)		еттрі	Dyees
09	/14/2014	•		71622		0							
						-							
						-							
						+							
				<u> </u>			Totals ▶	18(b)		71622	18(c)		0
19	Discour	ited emn	lover contributions	s – see inst	ructions for small plan wi	th a	valuation da	` ` /	ne beginning of the		` '	1	
			-		mum required contribution					19a			0
					justed to valuation date.					19b			0
					, uired contribution for currer					19c			68739
20			outions and liquidit										
		-		-	he prior year?								Yes X No
		-	_		installments for the curr							<u> </u>	Yes No
					mplete the following table			-)					<u>. L </u>
			.,		Liquidity shortfall as o			of this plan	n year				
		(1) 19	st		(2) 2nd				3rd			(4) 4th	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost								
21	Discou	nt rate:											
	a Seg	ment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment 7.16 %		N/A, fu	ıll yield	curv	e used			
	b Appl	icable month (enter code)			21b							
22	Weight	ed average ret	tirement age			22							
23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te						
Pa	rt VI	Miscellane	ous Items										
24				tuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired	t				
		-							Yes	X No			
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attach	chment			Yes	X No			
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No			
27		•	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27							
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years								
28	Unpaid		-	years		28				0			
29				d unpaid minimum required contrib		29							
	(line 19	9a)								0			
30	Remaii	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0			
Pa	rt VIII	Minimum	Required Contribution	For Current Year									
31	Target	normal cost a	nd excess assets (see instruct	tions):									
	a Targe	et normal cost	(line 6)			31a				58665			
	b Exce	ess assets, if ap	pplicable, but not greater than	line 31a		31b				58665			
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	lı	nstallm	ient				
	a Net s	shortfall amorti	zation installment			0				0			
	b Waiv	er amortization	n installment			0				0			
33				ter the date of the ruling letter grar) and the waived amount		33							
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0			
				Carryover balance	Prefunding bala	nce	To	tal bal	ance				
35			use to offset funding							0			
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0			
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				68739			
38	•	,	ess contributions for current ye										
			<u> </u>			38a				68739			
				prefunding and funding standard c		38b				0			
39				ear (excess, if any, of line 36 over		39				0			
40	-			3		40				0			
	rt IX			Pension Relief Act of 2010		l							
			de to use PRA 2010 funding re		(Occ mon donons	,							
							2 plus 7 yea	ars [715	years			
				41a was made				2010		2011			
12			,			42			<u>' </u>	2011			
				d over to future plan years		43							
TJ	∟∧∪ €55	motallinelit dC	coloration amount to be calle	a over to ruture plan years		. 70							

Urologic Northwest Surgeons, P.S.

Defined Benefit Plan Plan Year: 12/31/2013

Plan Number: 002

EIN: 91-2178541

Statement of Actuarial Assumptions/Methods

Schedule SB, Part V

1. Funding Method As Prescribed in IRC Section 430

2. Interest Rates for Funding 4 Lookback Months Prior to End of Plan Year

		<u>Current</u>	<u>Average</u>	or Minimum	
Years 0-5	Segment Rate 1	1.39%	5.81%	5.23%	
Years 6-20	Segment Rate 2	4.05%	7.23%	6.51%	
Years Over 20	Segment Rate 3	5.08%	7.95%	7.16%	

3. Mortality for Funding

Pre-Retirement None

Post-Retirement Projection Based on Projection Scale AA

and the RP-2000 Static Combined Male and Static Combined Female Mortality Table

4. Interest Rates per Internal Revenue Code 12 Lookback Months Prior to End of Plan Year

 Years 0-5
 Segment Rate 1
 1.00%

 Years 6-20
 Segment Rate 2
 3.57%

 Years > 20
 Segment Rate 3
 4.77%

5. Mortality per Internal Revenue Code

Pre-Retirement None

Post-Retirement Applicable Mortality Table from Rev. Rul. 2006-67 - Unisex

6. Interest Rates for Plan Actuarial Equivalence

Pre-Retirement 5.00% Post-Retirement 5.00%

7. Mortality for Plan Actuarial Equivalence

Pre-Retirement None

Post-Retirement GAR 94 Projected to 2002 with Scale AA - 50% Male/50% Female

8. Assumptions for 410(b) and 401(a)(4) Testing and Compliance

Pre-Retirement Interest 8.50%
Post-Retirement Interest 8.50%
Pre-Retirement Mortality None

Post-Retirement Mortality 1971 Group Annuity Table - Male Rates

Testing Age Normal Retirement Age
Permissively Aggregated Plans Tested as Single Plan

Note: These Assumptions are Utilized to Determine Compliance and, in Order to Pass Testing Might be Changed for This Plan Year or any Other Plan Year

9. Benefit Form for Funding Lump Sum

Assumed Retirement Age Normal Retirement Age

11. Effective Interest Rate

This Year 6.01% Last Year 6.23%

12. Actual Interest Rate

This Year 25.44% Last Year 0.58%

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	al Report Identification Information				
For calendar plan ye	······································	/01/2013	and ending	12/31/2013	
A This return/repor	is for:	a multiple-employer pl	an (not multiemployer)	a one-participant plan	
B This return/repor	is: the first return/report	the final return/report			
	an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check box if filing	under: X Form 5558	automatic extension		DFVC program	
	special extension (enter description	1)			
Part II Basic	Plan Information—enter all requested informa	tion		n:	
1a Name of plan				1b Three-digit	
UROLOGIC NOF	THWEST SURGEONS, P.S. DEFINED	BENEFIT PLAN		plan number (PN) > 002	
				1c Effective date of plan	
				01/01/2010	
	name and address; include room or suite number (er	nployer, if for a single-	employer plan)	2b Employer Identification Numbe	:r
UROLOGIC NOF	THWEST SURGEONS, P.S.			(EIN) 91-2178541	
316 G MARTIN	LUTHER KING JR STE 312			2c Sponsor's telephone number 253-383-4404	
JIO D MARTIN	HOTTILK KING OK BIL 312			2d Business code (see instruction	
TACOMA	WA 98466			541110	-,
3a Plan administra	or's name and address XSame as Plan Sponsor N	ame XSame as Plan	Sponsor Address	3b Administrator's EIN	
				3c Administrator's telephone num	ber
4 If the name and	or EIN of the plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN	
	the plan number from the last return/report.	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	TO LIN	
a Sponsor's name				4c PN	
	participants at the beginning of the plan year				6
	participants at the end of the plan year			5b	6
	cipants with account balances as of the end of the permitted			5c	
	plan's assets during the plan year invested in eligible				No
	g a waiver of the annual examination and report of a 2520.104-46? (See instructions on waiver eligibility a				No
	ed "No" to either line 6a or line 6b, the plan cann	•		20.000000000000000000000000000000000000	1
•	efined benefit plan, is it covered under the PBGC in				ed
	for the late or incomplete filing of this return/reperjury and other penalties set forth in the instructions				ıle
SB or Schedule MB belief, it is true, corr	completed and signed by an enrolled actuary, as we	Il as the electronic ver	sion of this return/report	t, and to the best of my knowledge an	d
SIGN	MM	9/11/14	Francis Kim		
HERE	o olan administrator	Date	Enter name of individ	lual signing as plan administrator	
SIGN					
HERE	us of small marketen and see	Date	Enter name of individ	lual signing as employer or plan spons	sor
Preparer's name (in	ire of employer/plan sponsor				
	ure of employer/plan sponsor cluding firm name, if applicable) and address; includ	e room or suite numbe	r (optional)	Preparer's telephone number (optio	nal)
	re or employer/plan sponsor cluding firm name, if applicable) and address; includ	e room or suite numbe	r (optional)	Preparer's telephone number (optio	nal)
	re of employer/plan sponsor cluding firm name, if applicable) and address; includ	e room or suite numbe	r (optional)	Preparer's telephone number (optio	nal)
	re or employer/plan sponsor cluding firm name, if applicable) and address; includ	e room or suite numbe	r (optional)	Preparer's telephone number (optio	enal)

Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	•
а	Total plan assets	7a		1438	6				327379
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	2:	1438	6				327379
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
а	Contributions received or receivable from:			7162	2				
	(1) Employers	. 8a(1)		7102	-	-			
	(2) Participants	8a(2)			╁				_
	(3) Others (including rollovers)	8a(3)		4458	7			-	_
	Other income (loss)	8b		1430	+				116209
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_	+			III IV	110209
	to provide benefits)	. 8d							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		321	6			L H	
g	Other expenses	8g					V-1		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							3216
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i							112993
<u>. j</u>	Transfers to (from) the plan (see instructions)	- 8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension ${\tt 1C}$	feature code	s from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Plan Charac	cteristi	c Coc	les in t	he instructi	ons:	
Par	t V Compliance Questions								
10									
	During the plan year:				Yes	No		Amou	nt
а	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a	Yes	No X		Amou	nt
	Was there a failure to transmit to the plan any participant contribu	uciary Correct? (Do not inc	ction Program)	10a	Yes			Amou	nt
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correct t? (Do not inc	tion Program)	10b	Yes	Х		Amou	nt 32737
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correct t? (Do not inc	clude transactions reported			Х		Amou	
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	tion Program)	10b 10c		x		Amou	
b	Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all	t? (Do not income t) (Do not income t? (Do not income t) (Do not income t? (Do not income t) (Do not i	tion Program)	10b 10c 10d		X X		Amou	
d e	Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the plantage	t? (Do not income to the control of the benefit an?	tion Program)	10b 10c 10d 10e 10f		x x x		Amou	
b	Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	t? (Do not income side income	tion Program)	10b 10c 10d 10e 10f 10g		x x x		Amou	
d e	Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to	t? (Do not income the persons to the benefit an? See instruct the required	tion Program)	10b 10c 10d 10e 10f 10g 10h		x x x x x x		Amou	
e f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	t? (Do not income the persons to the benefit an? See instruct the required	tion Program)	10b 10c 10d 10e 10f 10g		x x x x x x		Amou	
d e	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	t? (Do not income the persons to the benefit the benefit the required round the	tion Program)	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X Adule SE	3 (Form		
e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	t? (Do not income the persons to the benefit an? See instruct the required roll-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE	3 (Form		32737
e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	uciary Correct? (Do not income street income	clude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See cl.) ions and 29 CFR notice or one of the es," see instructions and come e SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X Adule SE	3 (Form		32737
e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year the strip and the subject to the minimum funding to the subject to the minimum funding to the subject to the minimum funding the subject to the subje	uciary Correct? (Do not income the control of the benefit an? as of year end (See instruct the required roll-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X Adule SE	3 (Form		32737 Yes 🕱 No
6 d d d d d d d d d d d d d d d d d d d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	uciary Correct? (Do not income the continuous still fill fill fill fill fill fill fill	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X A X A A A A A A A A A A A A	3 (Form ERISA?		32737 Yes X No
6 d d d d d d d d d d d d d d d d d d d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was an individual account plan subject to minimum funding required to a defined benefit plan subject to the minimum funding in 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 being the participant to the plan in the plan waiver of the minimum funding standard for a prior year is being the provided to the plan waiver of the minimum funding standard for a prior year is being the provided to the plan waiver of the minimum funding standard for a prior year is being the provided to the plan waiver of the minimum funding standard for a prior year is being the plan waiver of the minimum funding standard for a prior year is being the plan waiver of the minimum funding standard for a prior year is being the plan waiver of the minimum funding standard for a prior year is being the plan waiver of the minimum funding standard for a prior year is being the plan waiver of the minimum funding the plan waiver of the mini	uciary Correct? (Do not income the continuous of the benefit and the benefit and the required round the round the required round the required round the round th	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X Autule SE	3 (Form ERISA?	he lette	32737 Yes X No

	Form 5500-SF 2013		Page 3 -					
С	Enter the amount contributed by the employer t	to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amour negative amount)				12d			
е	Will the minimum funding amount reported on li	ine 12d be met by the funding	g deadline?			Yes	No N/A	4
Part	VII Plan Terminations and Transfe	ers of Assets						
13a	Has a resolution to terminate the plan been adopted	ed in any plan year?			☐ Y	res X No)	
	If "Yes," enter the amount of any plan assets th	at reverted to the employer the	his year		13a			
b	Were all the plan assets distributed to participa of the PBGC?						Yes X N	lo
С	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (Se		an to another plan(s), identify	y the plan(s)	to			
1	3c(1) Name of plan(s):			1	3c(2) El	N(s)	13c(3) PN(s)	_
								_
							 	_

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

	▶ File as an attachme		1 5500 or	5500-SF.			•
	calendar plan year 2013 or fiscal plan year beginning 01/01/	2013		and ending	3	12/31/2	2013
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report						
	Name of plan	uriless reas	sonable ca	1_			***************************************
	UROLOGIC NORTHWEST SURGEONS, P.S. DEFINED BE	ENEFIT	PLAN	B Three-digit plan number)	002
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer Id	entificat	ion Number (FIN)
	UROLOGIC NORTHWEST SURGEONS, P.S.			91-2178541			-ii 1)
E	ype of plan: 🗵 Single 📗 Multiple-A 📗 Multiple-B 📙 🖡 F	Prior year pl	an size: X	100 or fewer	101-50	00 More ti	han 500
Pa	art I Basic Information						
1	Enter the valuation date: Month 12 Day 31	Year	2013	+			
2	Assets:						
	a Market value		*************	[2a		255757
	b Actuarial value				2b		255757
3	Funding target/participant count breakdown:		(1) N	umber of participa	nts	(2) F	Funding Target
	a For retired participants and beneficiaries receiving payment	3a	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Pantopa	0	(-/.	O
	b For terminated vested participants	3b			0		0
	C For active participants:		405 4		20		
	(1) Non-vested benefits	3c(1)	FIR				0
	(2) Vested benefits				76		191423
	(3) Total active	3c(3)		and the second s	6		191423
	d Total	3d			6		191423
4	If the plan is in at-risk status, check the box and complete lines (a) and (i	b)					
	a Funding target disregarding prescribed at-risk assumptions				4a		77.77
	b Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding	on rule for r	lans that t	nave heen in	4b		
5	Effective interest rate				5		6.01%
6	Target normal cost				6		58665
	ement by Enrolled Actuary						
	o the best of my knowledge, the information supplied in this schedule and accompanying schedule ccordance with applicable law and regulations. In my opinion, each other assumption is reasonable ombination, offer my best estimate of anticipated experience under the plan.	es, statements e (taking into a	and attachme ccount the ex	nts, if any, is complete a perience of the plan and	and accura d reasonat	ate. Each prescribe le expectations) a	ed assumption was applied in and such other assumptions, in
	IGN DTVU					09/23/20)14
	Signature of actuary					Date	
Dan:	iel J. Van Mieghem					140229	0
?yra	Type or print name of actuary			:		cent enrollme 05-845-1	nt number
	Firm name			Tele			
₽.0.	Box 8088			ı elep	onone n	umber (includ	ling area code)
Gole	eta CA 93118			*			
	Address of the firm						
f the	actuary has not fully reflected any regulation or ruling promulgated under t	ho otet te !	n commit to	ing this	-1 1		F-1
nstru	ctions	iic statutė l	n completi	ing this schedule,	cneck t	ne box and se	ee

Pa	rt II Begir	ning of Year	Carryov	er Prefunding Baland	ces						
	5.1					(a)	Carryover balance		(p)	Prefund	ing balance
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							0			0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			0
9								0			0
_10	Interest on line 9	using prior year'	s actual re	turn of0.58%				0			0
11	Prior year's exce	ess contributions	to be adde	d to prefunding balance:			EESBE			15.75	
	a Present value	of excess contrib	utions (line	38a from prior year)		10 3 - 10 To 10 10 10 10 10 10 10 10 10 10 10 10 10		2.1			40011
	b Interest on (a) as otherwise) using prior year' provided (see ins	s effective structions).	interest rate of6.23%	except						0
	c Total available	at beginning of cu	rrent plan y	ear to add to prefunding balar	nce			25 755 25 75 25 7			40011
	d Portion of (c)	to be added to pre	efunding b	alance		5#15		Service of the Control of the Contro			0
12	Other reductions	s in balances due	to election	s or deemed elections				0			0
13	Balance at begir	nning of current ye	ear (line 9 ·	+ line 10 + line 11d – line 12)			0			0
Pa	art III Fun	ding Percent	ages		•						
14										14	133.60%
		g target attainmen								15	129.75%
	Prior year's fund	ling percentage fo	r purposes	of determining whether car	ryover/pref	unding bala	nces may be used t	o reduce		16	123.34%
17				s less than 70 percent of the						17	%
Pa	art IV Con	tributions an	d liauidi	tv shortfalls							
Commence of the Commence of th			-	ear by employer(s) and emp	olovees:			•			
	(a) Date	(b) Amount p	aid by	(c) Amount paid by		Date	(b) Amount pai	d by	(4	c) Amou	unt paid by
	M-DD-YYYY)	employer	(s)	employees	(MM-DI	D-YYYY)	employer(s)		emp	loyees
09	0/14/2014		71622	0							
						•					
						·					· · · · · · · · · · · · · · · · · · ·
					*** 1 T - b	400		T1 600	40/ 1	1	
40					Totals >	1	<u> </u>	71622	18(C)		0
19				ructions for small plan with							
	_		•	imum required contributions	•	•	 	19a			0
				djusted to valuation date			·	19b			0
				uired contribution for current y	ear adjusted	d to valuation	n date	19c		Apple 1	68739
	•	utions and liquidit	•					e G		- 12 A 12	
				he prior year?							Yes X No
				tallments for the current yea		a timely mar	nner?	<u> </u>		0.00.00.00.00.00.00.00.00.00.00.00.00.0	Yes No
	C If 20a is "Yes,"	see instructions	and compl	ete the following table as ap						111	
	(1) 1s	t- 1		Liquidity shortfall as of er (2) 2nd	nd of quarte		in year 3rd			(4) 4tl	
	(1) 18	· L		(2) 2nd		(3)	oru	-		\ ~ / 411	1

11 Discount rate:	Pa	rt V Assumption	ns Used to Determine	Funding Target and Targe	et Normal Cost	···				
Description of the plan inquired contributions of all prior that plan insignature required contributions (line 28 minus line 29) 30 31a 55655 28 31b 31b 316 35655 28 32 33b 35655 28 33b 35655 350 33b 35655 350 33b 35655 350 3	21						 			
22 Weighted average retirement age 22 622 33 Mortally table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Prescribed - separate		a Segment rates:					N/A, full yield	d curve	used	
Prescribed - separate Substitute		b Applicable month (e	enter code)			21b			4	
Part VI Miscellaneous Items	22	Weighted average ret	irement age			22			62	
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "yes," see instructions regarding required attachment.	23	Mortality table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	ute			
### State S	Pa									
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required								
Part VII Reconcilitation of Unpaid Minimum Required Contributions For Prior Years 28 0 0 0 0 0 0 0 0 0	25	Has a method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment		Yes	X No	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contributions for all prior years	26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	t	Yes	X No	
28 Unpaid minimum required contributions for all prior years	27					27	_			
29 Discontred employer contributions allocated toward unpaid minimum required contributions (line 28 minus line 29)	Pa	rt VII Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
(line 19a)	28	Unpaid minimum requ	ired contributions for all prior	years		28			0	
Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	29					29			0	
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6)	30	Remaining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			0	
a Target normal cost (line 6)	Pa	rt VIII Minimum I	Required Contribution	For Current Year						
b Excess assets, if applicable, but not greater than line 31a	31	Target normal cost ar	nd excess assets (see instruc	tions):						
Anontization installments: a Net shortfall amortization installment		a Target normal cost (line 6)			31a	58665			
a Net shortfall amortization installment		b Excess assets, if ap	plicable, but not greater than	31b	58665					
b Waiver amortization installment	32	Amortization installme	ents: Outstanding Balance Installment							
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		a Net shortfall amortiz	ation installment			0			0	
Month		b Waiver amortization	ation installment						0	
Carryover balance Prefunding balance Total balance	33									
Balances elected for use to offset funding requirement	34	Total funding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0	
requirement				Carryover balance	Prefunding balar	nce	Total ba	lance		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	35		•						0	
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	36	Additional cash require	ement (line 34 minus line 35).			36			0	
a Total (excess, if any, of line 37 over line 36)		37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 37						68739		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38	38 Present value of excess contributions for current year (see instructions)								
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39 0 40 Unpaid minimum required contributions for all years 40 0 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected 2010 (See Instructions) b Eligible plan year(s) for which the election in line 41a was made 2010 [2010 [2011 2011] 42 Amount of acceleration adjustment 42		a Total (excess, if any	, of line 37 over line 36)			38a			68739	
40 Unpaid minimum required contributions for all years		b Portion included in I								
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	39	Unpaid minimum requ								
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	40	Unpaid minimum requ							0	
a Schedule elected	Pai									
b Eligible plan year(s) for which the election in line 41a was made	41	41 If an election was made to use PRA 2010 funding relief for this plan:								
b Eligible plan year(s) for which the election in line 41a was made										
42 Amount of acceleration adjustment										
	42									
Excess histalifical acceleration amount to be carried over to luture plan years					43					

Urologic Northwest Surgeons, P.S.

Defined Benefit Plan

Plan Number: 002

EIN: 91-2178541

2013 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Valuation Date: 12/31/2013

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of their assumed retirement age.

Urologic Northwest Surgeons, P.S. Defined Benefit Plan

Plan Number: 002 Effective Interest Rate: 6.01%

EIN: 91-2178541 Penalty Rate: n/a

2013 Schedule SB, Line 19 - Discounted Employer Contributions

Valuation Date: 12/31/2013

		Quarterly (Contributions Di	Additional	Total Discounted		
Date	Contribution	04/15/2013	07/15/2013	10/15/2013	01/15/2014	Contribution	Contribution
09/14/2014	71.622.00	0.00	0.00	0.00	0.00	68.739.21	68.739.21

Total 68,739.21

Urologic Northwest Surgeons, P.S. Defined Benefit Plan

Plan Number: 002

EIN: 91-2178541

Summary of Plan Provisions

Plan Effective Date January 01, 2010
 Valuation Date December 31, 2013

3. Plan Year From January 01 to December 31

4. Eligibility All Employees not Excluded by Class are eligible to enter on the

January 01 or July 01 Coincident with or Next Following

the Completion of the Following Requirements:

12 Months of Service Attainment of Age 21

Union Employees and Non-Resident Aliens are Excluded.

5. Normal Retirement Age All Participants are Eligible to Retire on the Later of:

Attainment of Age 62 Completion of 5 Years of Participation

6. Normal Retirement Benefit A benefit based upon the Actuarial Equivalent of a Notional Account Balance at Normal

Retirement with 5.0% Notional Interest credited to the following annual rate of contributions.

Schedule SB, Part V

Plan Year: 12/31/2013

The Following Percent of Compensation limited as Indicated by the Dollar Amount

Group	% of Comp		\$ Amount
Group 1	30.00%	Maximum	\$67,500.00
Group 2	10.00%	Maximum	\$500.00
Group 3	2.50%	Maximum	\$1,000.00
Group 4	2.50%	Maximum	\$1,000.00
Group 5	2.50%	Maximum	\$1,000.00

7. Years Excluded Years Prior to a Participant's Entry Date are Excluded

8. Normal Form Of Benefit An Annuity Payable for the Life of the Participant

9. Termination BenefitsUpon Termination of Participation for a Reason other than Death, Disability or Retirement, a Participant is Entitled to a Portion of the Earned to Date

Actuarial Equivalent of the Accrued Benefit in Accordance with

the Following Vesting Schedule:

Credited	Vested
Years	Percent
1	0
2	0
3	100
4	100
5	100
6	100

Credited Years are Plan Years Excluding the Followiing:

Years with Less Than 1000 Hours
Years Before the Effective Date of the Plan

10. Death Benefit 100% of the Actuarial Equivalent of the Accrued Benefit Earned to the Date of Death