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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit UROLOGIC NORTHWEST SURGEONS, P.S. 401(K) RETIREMENT PLAN plan number (PN) ▶ 001 1c Effective date of plan 04/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number UROLOGIC NORTHWEST SURGEONS, P.S. 91-2178541 (EIN) Sponsor's telephone number 253-383-4404 316 S. MLK JR. WAY, SUITE 312 TACOMA, WA 98405-4260 Business code (see instructions) 541110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 9 **b** Total number of participants at the end of the plan year..... 5b 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 9 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 6 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 08/14/2015 FRANCIS KIM **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

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b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a cunder 29 CFR 2520.104-46? (See instructions on waiver eligibility at a f you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to be a second to the plan cannot want to the plan cannot want to be a second to the plan cannot want t	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information	I					
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Total plan assets	7a	9149	909	_		963139
	Total plan liabilities	7b	04.46	200	_		0
	Net plan assets (subtract line 7b from line 7a)	7c	9149	909	-		963139
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	14	132			
	2) Participants	8a(2)	18	891			
	3) Others (including rollovers)	8a(3)					
-	Other income (loss)	8b	592	279			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					62602
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	38	300			
_ e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	105	0/2			
<u>g</u> (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14372
	Net income (loss) (subtract line 8h from line 8c)	8i					48230
_ J	Fransfers to (from) the plan (see instructions)	8j					
b	2A 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		96309
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 instructions.)	of the ber	efits under the plan? (See	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 as	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	uctions and 29 CFR	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 2520.102			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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 N	10	
	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 PBGC?	e 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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For calendar plan year 2014 o								
	r fiscal plan year beginning	01/01/2014	and ending	12/31/2	014			
A This return/report is for:	x a single-employer plan	of participating employer information in accordance with the form instructions)						
B This return/report is								
an amended return/report a short plan year return/report (less than 12 months)								
C Check box if filing under:	X Form 5558	automatic extension	ension DFVC program					
	special extension (enter descript	ion)						
Part II Basic Plan In	formation—enter all requested inform	mation						
1a Name of plan	SURGEONS, P.S. 401(K) F			1b Three-digit plan number (PN) ▶	001			
				1c Effective dat 04/01/2				
2a Plan sponsor's name and UROLOGIC NORTHWEST	address; include room or suite number (SURGEONS, P.S.	employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-2178541				
316 S. MLK JR. WAY	, SUITE 312			2c Sponsor's te	•			
TACOMA	WA 98405-4260			2d Business co 541110	de (see instructions)			
3a Plan administrator's name	and address XSame as Plan Sponsor	¥,		3b Administrator's EIN				
				3c Administrator's telephone number				
				JC Administrato	a s telephone number			
A								
	the plan sponsor has changed since the							
		e last return/report filed fo	r this plan, enter the	4b EIN				
a Sponsor's name	number from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN 4c PN				
a Sponsor's name		·		4c PN	9			
a Sponsor's name 5a Total number of participal	number from the last return/report.			4c PN . 5a	9			
 a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants with 	number from the last return/report.	e plan year (defined bene	fit plans do not	4c PN . 5a				
a Sponsor's name Total number of participal D Total number of participal Number of participants with complete this item)	number from the last return/report. Ints at the beginning of the plan year Ints at the end of the plan year Ith account balances as of the end of the	e plan year (defined bene	fit plans do not	4c PN 5a 5b	9			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants with complete this item) d(1) Total number of active d(2) Total number of active	number from the last return/report. Ints at the beginning of the plan year Ints at the end of the plan year Ith account balances as of the end of the plan year at the beginning of the plan year	e plan year (defined bene year	fit plans do not	4c PN 5a 5b 5c	9			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants with complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that	number from the last return/report. Ints at the beginning of the plan year Ints at the end of the plan year Ith account balances as of the end of the plan year participants at the beginning of the plan	year with accrued bene	fit plans do not	4c PN 5a 5b 5c 5d(1)	9 9 6			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants will complete this item)	number from the last return/report. Ints at the beginning of the plan year Ints at the end of the plan year Ith account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year It terminated employment during the plan to the plan year It terminated employment during the plan year	e plan year (defined bene year n year with accrued bene eport will be assessed	fit plans do not fits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	9 9 6 0 0			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants will complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the la	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year Into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account the plan year into acc	year year (defined bene year year with accrued bene eport will be assessed	fit plans do not fits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap	9 6 0 0			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants wi complete this item)	number from the last return/report. Into at the beginning of the plan year Into at the end of the plan year Into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account balances as of the end of the plan year into account the plan year into acc	year year (defined bene year year with accrued bene eport will be assessed	fit plans do not fits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap	9 6 0 0			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants wi complete this item)	nts at the beginning of the plan year thats at the end of the plan year that account balances as of the end of the participants at the beginning of the plan year participants at the beginning of the plan year that terminated employment during the plan the properties of the plan year that terminated employment during the plan year that terminated employment during the plan year that terminated employment during the plan year that account balances as of the end of the plan year that terminated employment during the plan year that account balances as of the end of the plan year that account balances account bal	year year (defined bene year with accrued bene eport will be assessed ons, I declare that I have well as the electronic ver	fit plans do not fits that were unless reasonable ca examined this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if apt, and to the best of	9 6 0 0 pplicable, a Schedule my knowledge and			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants will complete this item) d(1) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and complete significant states and complete significant states are significant.	nts at the beginning of the plan year thats at the end of the plan year that account balances as of the end of the participants at the beginning of the plan year participants at the beginning of the plan year that terminated employment during the plan the properties of the plan year that terminated employment during the plan year that terminated employment during the plan year that terminated employment during the plan year that account balances as of the end of the plan year that terminated employment during the plan year that account balances as of the end of the plan year that account balances account bal	e plan year (defined bene year n year with accrued bene eport will be assessed ons, I declare that I have well as the electronic ver	fit plans do not fits that were unless reasonable ca examined this return/re sion of this return/repor	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if apt, and to the best of	9 6 0 0 pplicable, a Schedule my knowledge and			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants will complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct and co	nts at the beginning of the plan year ints at the end of the plan year ith account balances as of the end of the participants at the beginning of the plan participants at the end of the plan year it terminated employment during the plan te or incomplete filing of this return/re other penalties set forth in the instruction d and signed by an enrolled actuary, as a complete. In administrator	plan year (defined benefined benefined benefined benefined benefined benefined benefined benefined by the second by the second benefined by the second by the second benefined by the second benefined by the second by the second by the second benefined by the second benefit by the second by the second by the second by the second benefit by the second by the seco	fit plans do not fits that were unless reasonable care examined this return/repor FRANCIS KIM Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if aport, and to the best of dual signing as plan	9 6 0			
a Sponsor's name 5a Total number of participal b Total number of participal c Number of participants will complete this item) d(1) Total number of active d(2) Total number of active e Number of participants that less than 100% vested Caution: A penalty for the la Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct and co	nts at the beginning of the plan year thats at the end of the plan year that account balances as of the end of the plan year the account balances as of the end of the plan year. participants at the beginning of the plan year. It terminated employment during the plan terminated employment during the plan year other penalties set forth in the instruction of and signed by an enrolled actuary, as complete.	plan year (defined benefined benefined benefined benefined benefined benefined benefined benefined by the second by the second benefined by the second by the second benefined by the second benefined by the second by the second by the second benefined by the second benefit by the second by the second by the second by the second benefit by the second by the seco	fit plans do not fits that were unless reasonable care examined this return/repor FRANCIS KIM Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if aport, and to the best of dual signing as plan	9 6 0 0 plicable, a Schedule my knowledge and administrator			

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Form	FFAA	\sim	0044

 Were all of the plan's assets during the plan year invested in e Are you claiming a waiver of the annual examination and repor under 29 CFR 2520.104-46? (See instructions on waiver eligib If you answered "No" to either line 6a or line 6b, the plan c 	t of an independe	nt qualified public accounta s.)	nt (IQ	PA)				Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBG	C insurance prog	ram (see ERISA section 40	21)? .		Yes	No	Not d	etermine	ed
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Yea	r	
a Total plan assets	7a	9:	1490	9				963	139
b Total plan liabilities	7b								(
C Net plan assets (subtract line 7b from line 7a)	7c	9:	1490	9				963	139
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
a Contributions received or receivable from:			143	2					
(1) Employers			_	_	-				_
(2) Participants			189				_		_
(3) Others (including rollovers)			-027		_	_	-		_
b Other income (loss)		-	5927	9					
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premium				+			-	62	2602
to provide benefits)			380	0					
e Certain deemed and/or corrective distributions (see instructions	s) 8e								
f Administrative service providers (salaries, fees, commissions).	8f		1057	2					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								14	372
i Net income (loss) (subtract line 8h from line 8c)	8i							48	323
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	1 7 1								
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	are feature codes	from the List of Plan Charad	cteristi	c Cod	es in ti	he instructi	ons:		
10 During the plan year:				Yes	No		Amou	nt	
a Was there a failure to transmit to the plan any participant con 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-inte	Fiduciary Correct	tion Program)	10a		Х				
on line 10a.)	,		10b		Х				
C Was the plan covered by a fidelity bond?			10c	X				96	30
d Did the plan have a loss, whether or not reimbursed by the pl or dishonesty?			10d		Х				
• Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	r all of the benefit	s under the plan? (See	10e		х				
f Has the plan failed to provide any benefit when due under the	e plan?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amou	unt as of year 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 provid exceptions to providing the notice applied under 29 CFR 2520	•		10i						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)								Yes 🗍	No
11a Enter the unpaid minimum required contribution for current years	ar from Schedule	SB (Form 5500) line 39			11a		-		
12 Is this a defined contribution plan subject to the minimum fun	ding requirement	s of section 412 of the Code	orse	ction	302 of	ERISA?		Yes X	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be									
If a waiver of the minimum funding standard for a prior year is granting the waiver.				and e	enter th Day		ne lette Year	er ruling	

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b			
				т —		
<u>C</u>	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			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uncof the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	13	3c(2) E	IN(s)	13c(3)	PN(s)
	VIII Trust Information (optional)					
14a	Name of trust	,	14b ⊺	rust's EIN		