Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos.			
	rtment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee Re	tirement		2015		
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	957(b) and 6058(a) of the I le).	nternal	orm is Open to lic Inspection			
Part I		Complete all entries in a		tructions to the Form 55	00-SF.		-		
	ar plan year 2015 or fisc	dentification Information al plan year beginning 01/01/2		and ending 12	/31/2015				
		X a single-employer plan		plan (not multiemployer) (		cking this b	ox must attach a		
A This ret	urn/report is for:	] a one-participant plan	list of participating e	mployer information in acc	cordance v	vith the form	n instructions)		
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension			DFVC prog	ram		
	[	special extension (enter descr	iption)						
Part II	Basic Plan Infor	mation—enter all requested inf	formation						
1a Name BLUEGRAS	-	JROLOGY AFFILIATES, LLC 40	ιк		1b Threplan (PN)	number	001		
					1c Effe	ctive date of	f plan 1/2014		
	· · · · ·	er, if for a single-employer plan) apt., suite no. and street, or P.C	). Box)		2b Emp (EIN	loyer Identi	fication Number		
		country, and ZIP or foreign post ROLOGY AFFILIATES, LLC	al code (if foreign, see ins	tructions)	`	ponsor's telephone number 603-324-4404			
226 2074 67	REET, SUITE 101			-	<b>2d</b> Business code (see instructions)				
	Y 41101-1976					6214	192		
3a Plan a	dministrator's name and	address XSame as Plan Spons	sor.		3b Administrator's EIN				
						inistrator's t	elephone number		
	, EIN, and the plan numb	blan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	<b>4b</b> EIN <b>4c</b> PN				
		t the beginning of the plan year			5a		36		
		t the end of the plan year		F	5b		30		
C Numb	er of participants with ac	count balances as of the end of	the plan year (defined ber	nefit plans do not	5c		24		
	,	cipants at the beginning of the pl		T T	5d(1)		36		
• •		cipants at the end of the plan yea	-	ř	5d(2)		27		
e Numb	per of participants that te	rminated employment during the	plan year with accrued b	enefits that were less	5e		0		
		incomplete filing of this return			se is esta	blished.			
SB or Sche		er penalties set forth in the instruct signed by an enrolled actuary, a pete.							
SIGN HERE	Filed with authorized/va	alid electronic signature.	07/22/2016	TIMOTHY K. DIXON					
SIGN	Signature of plan ad	ministrator	Date	Enter name of individu	al signing	as plan adr	ninistrator		
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	al signing	as employe	r or plan sponsor		
Preparer's	name (including firm na	ne, if applicable) and address (ir	clude room or suite numb	per )	Preparer's	s telephone	number		
Fac Da 1	ade Daduction: Art Mart		instantions for Free Free						
For Paperwe	ork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 550	U-3F.			Form 5500-SF (2015)		

<ul> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No</li> <li>Part III Financial Information</li> </ul>	X Yes No							
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								
Part III Financial Information	ot determined							
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of	Year							
a Total plan assets	193599							
b Total plan liabilities 7b								
C Net plan assets (subtract line 7b from line 7a) 7c 0	193599							
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Tota	al							
a Contributions received or receivable from:         (1) Employers         8a(1)								
(2) Participants								
(3) Others (including rollovers)								
<b>b</b> Other income (loss)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	265936							
d     Benefits paid (including direct rollovers and insurance premiums to provide benefits)     8d     67771								
Certain deemed and/or corrective distributions (see instructions) 8e								
f Administrative service providers (salaries, fees, commissions) 8f 120								
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	72337							
i Net income (loss) (subtract line 8h from line 8c) 8i	193599							
J Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructio 2E 2F 2G 2J 2K 3D	NS:							
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction	s:							
Part V Compliance Questions								
	mount							
a Was there a failure to transmit to the plan any participant contributions within the time period								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
Program)       10a       A         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions       Image: Comparison of the second								
reported on line 10a.)								
C Was the plan covered by a fidelity bond? 10c X								
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under								
the plan? (See instructions.) 10e ×	1705							
f Has the plan failed to provide any benefit when due under the plan? 10f X								
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X								
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X								
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
j Did the plan trust incur unrelated business taxable income?								
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No							

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?.

Yes X No

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					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
<b>d</b> 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)									
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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>					Design- based safe harbor method		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	Yes No				
16a	<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
<b>17a</b> Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Fo	orm 5500-SF	Short Form Annu			loyee		OMB Nos. 1210-0110 1210-0089	
	ernal Revenue Service	This form is required to be fil	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retiren Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Inter-					
Employee	Department of Labor Benefits Security Administration	e Internal	This Form is Open to					
	Benefit Guaranty Corporation	Complete all entries in	accordance with the in	structions to the Form	5500-SF.	Pub	lic Inspection	
For calen	dar plan year 2015 or fis	dentification Information						
		X a single-employer plan	01/01/2015	and ending		31/201		
A This re	eturn/report is for:	a one-participant plan	list of participating a foreign plan	er plan (not multiemployer employer information in a	Cordance w	ith the form	ox must attach a n instructions)	
<b>B</b> This re	turn/report is	the first return/report	the final return/repo	ort				
		an amended return/report	a short plan year re	turn/report (less than 12 r	nonths)			
C Check	box if filing under:	Form 5558	automatic extensio	n		OFVC prog	ram	
Dort II	Pagia Dian Info	special extension (enter desc						
Part II 1a Name	Basic Plan Infor	mation—enter all requested in	formation					
Bluegr	ass Comprehens:	ive Urology Affiliat	es, LLC 401K		1b Three plan r (PN)	number	001	
					1c Effect			
Mailin	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C	D. Box)		2b Emplo	oyer Identif	ication Number	
Blueg	rtown, state of province rass Comprehen:	country, and ZIP or foreign post sive Urology Affilia	al code (if foreign, see ir ates,LLC	istructions)	(EIN) 46-5116442 2c Sponsor's telephone number			
336 2	9th Street, Sui	te 101			603-324-4404 2d Business code (see instructions) 621492			
Ashla	nd	KY 41101-19	76					
3a Plan a	administrator's name and	address XSame as Plan Spons			3b Admir	nistrator's F	IN	
					3c Admin	nistrator's te	elephone number	
name	e, EIN, and the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN			
	or's name				4c PN			
5a Total	number of participants a	t the beginning of the plan year			5a		36	
<b>b</b> Total	number of participants a	the end of the plan year			5b		30	
C Numb comp	er of participants with ac lete this item)	count balances as of the end of	the plan year (defined be	enefit plans do not	5c		24	
d(1) Tot	al number of active partie	cipants at the beginning of the pl	an year		5d(1)		36	
d(2) Tot	al number of active parti	cipants at the end of the plan yea	ar		5d(2)		27	
e Numi	per of participants that te	rminated employment during the	plan year with accrued b	penefits that were less	5e			
Gaution. P	v penalty for the late or	incomplete filing of this return	/report will be accored	duplace reaconable and		lahad	0	
SB or Sche	allies of perjury and othe	signed by an enrolled actuary a	tions I declare that I have	a avaminad this raturn/ra	nort including	a if an allow	able, a Schedule knowledge and	
SIGN		t	1-22-15	Timothy K. Di	xon		]	
HERE	Signature of plan adr	ninistrator	Date					
SIGN	and i	<u> </u>		Enter name of individ	1000 A.M. 1000	11 ( 12 m) 12 m)		
HERE	Signature of employe	rinian spanaar	1-22-15	Blue Timos		Dixo		
Preparer's	name (including firm nan	ne, if applicable) and address (in	Date clude room or suite num	Enter name of individ ber )	ual <del>si</del> gning as Preparer's te	s employer elephone r	or plan sponsor number	
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the	instructions for Form FFD	0.05	1.101 To 12		5500 SE (2015)	

b /	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes No			
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No					
Par	t III Financial Information				

7	Plan Assets and Liabilities	1. 1. 1. 2	(a) Beginnin	g of Ye	ar			(b) End of Year
а	Total plan assets	7a		<u> </u>		0		193,599
	Total plan liabilities	7b				1		
	Net plan assets (subtract line 7b from line 7a)	7c				0		193,599
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)				1000		(2)
	(2) Participants	8a(2)		2	6,08	8		
	(3) Others (including rollovers)	8a(3)		24	3,98	6		
b	Other income (loss)	8b		-	4,13	8		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		12.8				265,936
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6	7,77	1		
e	Certain deemed and/or corrective distributions (see instructions)	8e		1	4,44	6		
f	Administrative service providers (salaries, fees, commissions)	8f			12	0	a series and	
g	Other expenses	8g				的		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2 lan				72,333
<u>    i    </u>	Net income (loss) (subtract line 8h from line 8c)	8i			1000			193,599
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
B	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fer t V Compliance Questions							
10	During the plan year:				Yes	Na	NVA I	
-	Was there a failure to transmit to the plan any participant contribut	tions within	the time period		res	No	N/A	Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х		
С	Was the plan covered by a fidelity bond?			10c		х	1.1	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	100		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons e or all of ti	by an insurance	10e	x			1,70
f	Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	ıd.)	10g		x		
h		See instruc	tions and 29 CFR	10g		х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101				C.F. C.F.
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions a	and con	nplete \$	Sched	ule SB (	Form
11a	Enter the unpaid minimum required contribution for all years from	Schedule S	B (Form 5500) line 4	0			11a	
12	Is this a defined contribution plan subject to the minimum funding							RISA? Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the Day	date of th	ne letter ru Year	uling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
k	Denter the minimum required contribution for this plan year	12b			
C	Enter the amount contributed by the employer to the plan for this plan year	12c			
	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
Part					
138	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	
b	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 co of the PBGC?	ontrol		Yes X	No
c	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.)				
	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)
Par	t VIII Trust Information				
14a	Name of trust	14b ⊤	rust's EIN		
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number			
Par	t IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	Yes		No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	bas bas	sign- sed safe bor thod	ADF test	P/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Rat per tes	centage		erage lefit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Yes		No	
	Has the plan been timely amended for all required tax law changes?	Yes		No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted				nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number		28		or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	he plan'	s last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No	
19	Were in-service distributions made during the plan year?	Yes		No	
	If "Yes," enter amount	19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not			Π	∏ N/A
	retired), as required under section 401(a)(9)?	Yes		∐ No	