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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1								
For calend	dar plan year 2015 or	fiscal plan year beginning 01/01/	2015		and ending 12	2/31/201	5				
A This re	eturn/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan								
B This ref	turn/report is	the first return/report an amended return/report	the final ref	•	/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic	extension			DFVC prog	ram			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation								
1a Name of plan UROLOGIC CONSULTANTS, PLLC 401(K) PROFIT SHARING PLAN							nree-digit an number PN) • ffective date o	002 folan			
								1/2003			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						2b Employer Identification Number (EIN) 91-1683971					
	consultants, PL	nce, country, and ZIP or foreign pos	tal code (if foreig	in, see instru	ictions)	2c Sponsor's telephone number 253-840-4994					
						2d Business code (see instructions)					
519 - 3RD PUYALLUP	ST. S.E., SUITE 210 , WA 98372						621 1	112			
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN						
						3c Ad	dministrator's t	elephone number			
4 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.						4b EIN					
	sor's name					4c P	N				
_		ts at the beginning of the plan year.				5a		39			
b Total	number of participant	ts at the end of the plan year				5b		19			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c						
d(1) Total number of active participants at the beginning of the plan year					5d(1)						
d(2) Total number of active participants at the end of the plan year						5d(2)					
than	100% vested	at terminated employment during the				5e		0			
Under per SB or Sch belief, it is	nalties of perjury and cedule MB completed true, correct, and cor		ictions, I declare as well as the el	that I have e ectronic vers	examined this return/report	port, incl	uding, if applic				
SIGN HERE	Filed with authorized	d/valid electronic signature.	10/05/	2016	DOUGLAS R. KING						

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2									
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 I	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	N	Not dete	ermined	
Part	III Financial Information		1									
	Plan Assets and Liabilities		(a) Beginning	•				(b) Eı	nd of			
	Fotal plan assets	. 7a		6562	2865	-				2655	5341	
	Total plan liabilities	7b		CECC	0005	-				2005	2044	
	Net plan assets (subtract line 7b from line 7a)	7c	(a) A		.003	+		/1-	\ T =1		0341	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amol	ınt				a)) 101	tai		
	1) Employers	8a(1)		17	682							
(2) Participants	8a(2)		16	146							
	3) Others (including rollovers)	8a(3)		1	515							
	Other income (loss)	. 8b		-56	620							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-21	277	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d		3882	2806							
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f /	Administrative service providers (salaries, fees, commissions)	8f										
g	Other expenses	ner expenses										
<u>h</u>	otal expenses (add lines 8d, 8e, 8f, and 8g)									3886	5247	
	Net income (loss) (subtract line 8h from line 8c)	. 8i								-3907	7524	
_	Fransfers to (from) the plan (see instructions)	8j										
Part												
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 2T 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the inst	ruction	ons:		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uction	ns:		
Part	•				ı	Ti-	ı					
10	During the plan year:				Yes	No	N/A			Amoun	t	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest					V						
	reported on line 10a.)			10b		^						
c	Was the plan covered by a fidelity bond?			10c	X						500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner person ne or all of	s by an insurance the benefits under			Y						
	the plan? (See instructions.)											
f												
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10i								
Part	VI Pension Funding Compliance			,			1					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									☐ Ye	s No	
11a	Enter the unpaid minimum required contribution for all years from						11a					
12	Is this a defined contribution plan subject to the minimum funding		Yes No N/A Amount									

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	12d					
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı T a	Name 0	ii iiust		140	iusi s Lii	14		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACF harbor test				
450					ethod			
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	No			
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage	e Average benefit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the ap for tax law changes and codes).						(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Inforn	nation				
For caler	ndar plan year 2015 or fi	fiscal plan year beginning O	1/01/2015		and ending 12/	/31/2015	
A This r	return/report is for:	a single-employer plan	list of pa	articipating emplo	(not multiemployer) byer information in a) (Filers checking accordance with t	g this box must attach a the form instructions)
		в фине-ристирын р	a foreigr	n plan			
B This re	eturn/report is	the first return/report	=	return/report plan veer return/re	eport (less then 12 m	·46-e4	
C Check	k box if filing under:				Dour dess hierr re	_	
• •	A DOME HING WILLIAM	X Form 5558 special extension (ente	_	tic extension		∐ DFV	C program
Part II	Basic Plan Info	rmation—enter all reque					
1a Name	ne of plan					1b Three-dig	
		LC 401(k) PROFIT SHARIN	G PLAN			plan num (PN)	
			1c Effective 09/01/20				
Mallin City o	ng address (include room or town, state or province	oyer, if for a single-employer m, apt., suite no. and street, e, country, and ZIP or foreig	or P.O. Box)	sian see instructi	lones	(EIN) 91-	
UROLOGIC	C CONSULTANTS, FLLO	ons <i>)</i>		s telephone number (253) 840-4994			
1519 - 3RD	O ST. S.E., SUITE 210					2d Business 621112	code (see Instructions)
	P. WA 98372						
3a Plana	administrator's name an	nd address X Same as Plan	Sponsor.			3b Administra	ator's EIN
							ator's telephone number
4 If the	and for EIN of the		** **-**	····			
name	name and/or EIN of the e, EIN, and the plan num sor's name	plan sponsor has changed nber from the last return/rep	since the last returns ort.	report filed for thi	is plan, enter the	4b EIN 4c PN	
		at the beginning of the plan	vear			4C PN 5a	39
b Total	number of participants a	at the end of the plan year				5b	
C Numb compl	ber of participants with ac plete this Item)	account balances as of the e	end of the plan year (c	defined benefit pi	lans do not	5c	19
d(1) Tot	tal number of active parti	ticipants at the beginning of	the plan year			5d(1)	8
d(2) Tot	tal number of active parti	ticipants at the end of the pla	lan year			5d(2)	O
• Numb	ber of participants that te 100% vested	erminated employment durin	ing the plan year with	accrued benefits	s that were less	5e	0
<u> </u>	w hansith tot rue issé ôt	of incomplete filing of this	return/report will be	olau hacccese a	OR FOREARABIA AAN	se is establishe	d.
SB or Sche	iaities of beliefy and othe	er penaities set forth in the i d signed by an enrolled actu	instructions, I declare uary, as well as the el	a that I have ever	ningd this estimates	and in alteralling it.	
SIGN	* / woll	an Rec	161	4/6 ×	DOULLERS	R. KIN	<u></u>
HERE	Signature of planded	ministrator	Date		iter name of individu		·
SIGN HERE							
	Signature of employe	er/plan sponsor	Date	Ent	ter name of individu	al signing as em	ployer or plan sponsor
Ficharer e .	лате (псислу инг нал	me, if applicable) and addre	ss (include room or s	suite number)		Preparer's telepi	none number
		and OMB Control Numbers					

Form 5500-SF 2015		Page 2	2							
 Were all of the plan's assets during the plan year invested in elight Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can 	ii Bii iilia eb	endent qualmed pub	lic acco	vuntant	(IQPA	.)		X Yes		
If you answered "No" to either line 6a or line 6b, the plan can	not use F	orm 5500-SF and n	rust Ins	stead L	se Fo	rm 560	0.	El 100	□	
barried beneat plan, is it covered under the PBGC	insurance	program (see ERIS/	A sectio	n 4021)?	Yes	s No	Not deten	mined	
- within 1 Financial information										
7 Plan Assets and Liebilities	ļ	(a) Beginn	ing of	Year			(b) Fo	d of Year		
a Total plan assets	. 7a			2865	丁		(2) = 1.	2655341		
D Total plan flabilities	<u>7</u> b				\neg					
A TO NOT THE TAIL OF THE TAIL	7c		6562	2865	_ -			2655341		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:	<u> </u>	(a) An	<u> </u>		\Box		(b)	Total		
(1) Employers	80/43		47	7ena				7 0 1111		
(2) Participents	8a(1) 8a(2)			7682 3146	-+		· ·			
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b			515	-		· · · · · · · · · · · · · · · · · · ·			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· · · · · · · · · · · · · · · · · · ·	-50	620		<u>. </u>				
G Benefits paid (including direct rollovers and insurance promis-	- 6 C				_ -			-21277		
to provide denems)	8d		3882	808	i i					
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f				Ti-			: :		
g Other expenses	8g		34	441	_			17 1 17		
h Total expenses (add fines 8d, 8e, 8f, and 8g)	8h					3886247				
Net income (loss) (subtract line 8h from line 8c)	81			· · · · ·		-3907524				
Transfers to (from) the plan (see instructions)	81				_			7007024	· ·	
9a If the plan provides pension benefits, enter the applicable pension f 2A 2E 2G 2J 2K 2R 2T 3D B If the plan provides welfare benefits, enter the applicable welfare fe. Part V Compliance Questions										
			"							
10 During the plan year: 8 Was there a failure to transmit to the plan.				Yes	No	N/A	<u> </u>	Amount		
described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo Program)	luntary Fic	uciary Correction	10a		×		·	- And Gille	•	
reported on line 10a.)	(De not in	clude transactions	10b		х			"		
C Was the plan covered by a fidelity bond?	*************		10c	х						
Oil Did the plan have a loss, whether or not reimbursed by the plan's fic by fraud or dishonesty?	Jelity bond	that was caused	10d		×			500	000	
Carrier, insurance service, or other organization that assured	persons t	y an insurance			×				_	
the plan? (See instructions.)	******************		10e		×		 -			
g Did the plan have any participant loans? (If "Yes." enter amount as o	f woor one		10f							
If this is an individual account plan, was there a blackout period? (C-	a inches		10g	- +	×					
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101-3			10h	\dashv	×					
j Did the plan trust incur unrelated business taxable income?	***************		101	-+				<u> </u>		
art VI Pension Funding Compliance		, ,	10j							
1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)						le SB (F	orm	☐ Yes ☐		
was a page transfer required contribution for all years from Sch	18đuje SB	(Form 5500) line 40			- 1	المهم				
2 Is this a defined contribution plan subject to the minimum funding req	uirements	of section 412 of the	- Code	or sect	lon 30	2 AF ED	1042	Yes X	NI-	

 $\varphi^{**} = (1-\gamma)$

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a believe					
granting the waiver standard for a prior year is being amortized in this plan year, see in	structions, and	1 enter th	ne date of	the letter	culina
If you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	Day		Year_	Tuning
b Enter the minimum required contribution for this plan year	13.	T	т —		
C Enter the amount contributed by the employer to the also feet to	······································	. 12b	├		
C Enter the amount contributed by the employer to the plan for this plan year		12c	<u> </u>		
		12d			
to 9 most by the funding deadline?		† 7	Yes	No	□ N/A
Tan verminations and Transfers of Assets				110	11 100
13a Has a resolution to terminate the plan been adopted in any plan year?		T	X Yes	s No	
- The the amount of any plan assets that reverted to the employer this year				- 13	
of the PDQO?	ht under the c	viitiut		Yes X	
which assets or liabilities were transferred. (See instructions)	y the plan(s) to	··· <u>····</u>		160 5	INO
13c(1) Name of plan(s):	42-/24	C'INIC S			
	13c(2)	⊏IIV(\$)	\dashv	13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust	<u> </u>				
		14b T	ust's EIN		_
14c Name of trustee or custodian		14d T	rustee's (or ounted	
		te	rosice s (elephone	number	ans
Part IX IRS Compliance Questions	[
- William of Educations			_		
15a is the plan a 401(k) plan?		Yes	_	No	"
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(2) and 401(k)(2)		Des	ign-	<u> </u>	_
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	∐ base harb	ed safe	ADF	
15C If the ADP/ACP test is used, did the 40% to long sections ADP/ACP test is used.	i	meth		test	
15C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 (2)(iii)?	ent year	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410/5\	Ratio		П Ауе	rage
16b Does the plan satisfy the coverage and positioning the coverage and po		— perca test	entage	ben	efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combin this plan with any other plans under the permissive aggregation rules? 178 Has the plan have the plans to the permissive aggregation rules?		Yes	<u>.</u>	No	
That the plan been timely amended for all required tax law changes?	13	Yes			
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the and	licable o	ode.	No (See les	N/A
17C If the plan sponsor is an adopter of a pre-approved greater and account (140)	hat is subject a			_(See ins	tructions
advisory letter, enter the date of that favorable letter and prototype (M&P) or volume submitter plan to and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is an individually decisioned allowed and the letter's serial number of the plan is a serial number o	nber	o a tavor	able IRS	apinion o	r
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter	the date of th	e plan's i	ast favor	able	-
8 Is the Plan maintained in a U.S. territory (i.e. Dunta State	<u> </u>				
- Sands or the U.S. Virgin Isla	inda)?	Yes	[No	
the distributions wade colling the plan year?	[Yes		No	
If "Yes," enter amount		19			_
V VVCIO FEGURACO Minimum distributions mosts to 500] _{Ma} 1	7
retired), as required under section 401(a)(9)?	<u></u>	1 158		No [N/A