	m 5500-SF	Short Form Annu	ual Return/Report of Small Employee OMB Nos. 12'							
Inter	rtment of the Treasury nal Revenue Service	This form is required to be file Income Security Act of 1974	d under sections 104 and		2018					
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	de).		This Form is Open to Public Inspection						
		tructions to the Form 5	1 5500-SF.							
For calenda	Annual Report ar plan year 2018 or f	and ending 1	2/31/2018							
	urn/report is for:		(Filers check	ting this box must attach a it to form instructions.)						
	·									
B This retu	urn/report is	the first return/report an amended return/report	the final return/report							
C Chook	box if filing under:	urn/report (less than 12 m								
C Check	box ir niing under.	<ul> <li>Form 5558</li> <li>special extension (enter descr</li> </ul>	automatic extension	1	DFVC p	rogram				
Part II	Basic Plan Info	<b>Drmation</b> —enter all requested inf								
1a Name					1b Three	e-digit				
	•	(K) PROFIT SHARING PLAN			plan	number				
					(PN)	tive date of plan				
						09/30/1972				
Mailing	address (include roo	over, if for a single-employer plan) om, apt., suite no. and street, or P.C				2b Employer Identification Number (EIN) 63-0621303				
	AMA UROLOGY ASS	ce, country, and ZIP or foreign post OCIATES, P.A.		sirucions)	<b>2c</b> Sponsor's telephone number 334-749-8146					
					2d Business code (see instructions)					
121 N 20TH OPELIKA, AI	STREET, SUITE 19 L 36801				621111					
20.01										
<b>3a</b> Plan a	dministrator's name a	nd address 🗙 Same as Plan Spor	nsor.		3b Administrator's EIN					
					<b>3c</b> Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor or the plan name has changed si this plan, enter the plan sponsor's name, EIN, the plan name and the plan n					4b EIN					
•	or's name	onsor's name, Env, the plan name a	ind the plan number from	the last return/report.	<b>4d</b> PN					
C Plan N										
5a Total r	number of participants	s at the beginning of the plan year			. 5a	15				
		s at the end of the plan year			5b	14				
		account balances as of the end of			5c	14				
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	14				
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	13				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
		or incomplete filing of this return								
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, a aplete.								
SIGN		l/valid electronic signature.	07/10/2019	DAVID MCKENZIE						
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing	as plan administrator				
SIGN	Filed with authorized	l/valid electronic signature.	07/10/2019	DAVID MCKENZIE						
HERE For Paperwo	Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 5500	Date	Enter name of individ	lual signing	as employer or plan sponsor Form 5500-SF (2018)				

v.171027

	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <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> </ul>							
С	<ul> <li>C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)</li> </ul>							
Pa	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a Total plan assets		7a	4655876	4590755				
b	Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)		7c	4655876	4590755				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from:							

## 135621 (1) Employers ..... 8a(1) 71585 (2) Participants..... 8a(2) 12548 (3) Others (including rollovers)..... 8a(3) -194220 **b** Other income (loss) ..... 8b 25534 **C** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8c d Benefits paid (including direct rollovers and insurance premiums 63290 to provide benefits)..... 8d e Certain deemed and/or corrective distributions (see instructions). 8e 27365 f Administrative service providers (salaries, fees, commissions) .... 8f g Other expenses ..... 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) ..... 8h 90655 -65121 i Net income (loss) (subtract line 8h from line 8c) ..... 8i i Transfers to (from) the plan (see instructions)..... 8j **Plan Characteristics** Part IV 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2R 3D 2F 2J If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V **Compliance Questions** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) ..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10h C Was the plan covered by a fidelity bond? ..... Х 10c 500000 **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty?..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under Х the plan? (See instructions.).... 10e 153 f Has the plan failed to provide any benefit when due under the plan? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h 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 ..... 10i

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	c(3) PN	۱(s)

	Form 5500-SF	Short Form Annua	al Return/Report of Small Employ Benefit Plan	/ee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to	be filed under sections 104 and 4065 of the Employe		2018		
_	Department of Labor nployee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security the	(a) of Th	This Form is Open to Public Inspection			
P	art I Annual Report Ic	dentification Informatio	accordance with the instructions to the Form 550 n	U-SF.			
	calendar plan year 2018 or fisca		01/01/2018 and ending	12/31/	2018		
	This return/report is for:	a single-employer plan a one-participant plan the first return/report	<ul> <li>a multiple-employer plan (not multiemployer) ( a list of participating employer information in a</li> <li>a foreign plan</li> <li>the final return/report</li> </ul>				
с	Check box if filing under:	an amended return/report	a short plan year return/report (less than 12 m	_	/C program		
Ŭ		special extension (enter des					
D	art II Pagia Dian Inform						
	art II Basic Plan Inform Name of plan	mation enter all requeste	d information	1b Three-	digit		
	East Alabama Urology	401(k) Profit Shari	ng Plan		umber		
					ve date of plan 0/1972		
2a	Plan sponsor's name (employe Mailing Address (include room	, apt., suite no. and street, or P	) .O. Box) stal code (if foreign, see instructions)	2b Emplo	yer Identification Number 63-0621303		
	East Alabama Urology		Sponsor's telephone number (334) 749-8146				
	121 N 20th Street, S	2d Business code (see instructions) 621111					
3a	US Opelika AL 36801 Plan administrator's name and	address X Same as Plan S	ponsor	3b Administrator's EIN			
				3c Administrator's telephone number			
4			has changed since the last return/report filed for and the plan number from the last return/report.	4b EIN			
a c	Sponsor's name Plan Name			4d PN			
5a	Total number of participants at	the beginning of the plan year		5a	15		
b				5b	14		
С	Number of participants with ac	count balances as of the end o	f the plan year (only defined contribution plans	5c	14		
d(	(1) Total number of active partic	ipants at the beginning of the p	blan year	5d(1)	14		
d(	(2) Total number of active partic	ipants at the end of the plan ye	ear	5d(2)	13		
е			e plan year with accrued benefits that were	5e	0		
Ca	aution: A penalty for the late or	r incomplete filing of this retu	ırn/report will be assessed unless reasonable cau	ise is establis	shed.		
SE	nder penalties of perjury and othe 3 or Schedule MB completed and lief, it is true, correct, and comple	d signed by an enrolled actuary	ructions, I declare that I have examined this return/report r, as well as the electronic version of this return/report	port, including t, and to the b	, if applicable, a Schedule est of my knowledge and		
s		I Milar	7-10-19				

HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			
a charter and that the a						

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	*******				XYes No			
b	Are you claiming a waiver of the annual examination and report of ar				•						
	nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
С	If the plan is a defined benefit plan, is it covered under the PBGC ins										
	If "Yes" is checked, enter the My PAA confirmation number from the										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Year			
a	Total plan assets	7a	4,65	55,8	76			4,590,755			
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	4,65	55,8	76		4,590,755				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
a "	Contributions received or receivable from: (1) Employers	8a(1)	13	35,6	21						
	(2) Participants	8a(2)		71,5	85						
	(3) Others (including rollovers)	8a(3)	1	L2,5	48						
b	Other income (loss)	8b	(194	1,22	0)		$\mathcal{O}(\mathcal{O}_{\mathcal{O}})$				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and the second secon				25,534				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		53,2	90						
e	Certain deemed and/or corrective distributions (see instructions)	8e					学校				
f	Administrative service providers (salaries, fees, commissions)	8f	2	27,3	65						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the second		<b>N</b> 34	90,655					
i	Net income (loss) (subtract line 8h from line 8c)	8i						(65,121)			
j	Transfers to (from) the plan (see instructions)	8j				1.12	9 - C. 11				
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	narac	eristic	: Cod	es in th	e instructions:			
	2E 2J 2R 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Code	s in the	instructions:			
Pa	rt V Compliance Questions							· · · · · · · · · · · · · · · · · · ·			
<u>10</u>	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contributi	ions within	the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol										
	Program)			10a		X	0000				
D	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x					
с	Was the plan covered by a fidelity bond?			10c	х			500,000			
d	, and plane a second plane a	•		10d		x	A A				
e				10e	x			153			
f	Has the plan failed to provide any benefit when due under the plan	?	****	10f		х	63.445				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		x					
h		See instru	ctions 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 2520.101	e required	notice or one of the	101							

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Part	VI Pension Funding Compliance							
11	1 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)							
11a	Enter the unpaid minimum required contributions 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 Coc ERISA?	de or sectio	n 302 o	)f	Yes	x	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver Mon		d enter Da		f the letter	r ruling		
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	•						
b	<b>b</b> Enter the minimum required contribution for this plan year.							
c	Enter the amount contributed by the employer to the plan for the plan year		12c					
d	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)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				🗌 Yes 🗌 No 🗌 N/A			
Par	Part VII Plan Terminations and Transfers of Assets							
_13a	Has a resolution to terminate the plan been adopted in any plan year?			] Yes	X No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?				es X	No	·	
С	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.)							
1:	13c(1) Name of plan(s): 13c(2) El				13c(3)	PN(s)		