	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089								
Inter	rtment of the Treasury nal Revenue Service	This form is required to be filed Income Security Act of 1974				2018						
Employee B	enefits Security Administration	_	Revenue Code (the Cod	le).		This Form is Open to Public Inspection						
Part I		Complete all entries in a Identification Information	ccordance with the inst	tructions to the Form 5	500-SF.							
		scal plan year beginning 01/01/2	018	and ending 12	2/31/2018							
	turn/report is for:	X a single-employer plan	a multiple-employer p			ing this box must attach a ith the form instructions.)						
P This set		a one-participant plan	a foreign plan									
	urn/report is	the first return/report										
C Check	box if filing under:	an amended return/report		rn/report (less than 12 m	_							
	box ir ning under.	Form 5558	dutomatic extension		DFVC p	rogram						
Part II	Basic Plan Info	rmation—enter all requested info										
1a Name	of plan	C 401(K) PROFIT SHARING PLAN			1b Three plan (PN)	number						
<b>1c</b> Effective date of plan												
Mailing	ponsor's name (emplo g address (include roor		2b Employer Identification Number (EIN) 91-1310450									
	town, state or provinc ROLOGY GROUP, PC	tructions)	2c Sponsor's telephone number 206-292-6266									
P.O. BOX 96012						2d Business code (see instructions)						
BELLEVUE,					621111							
<b>3a</b> Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spon	sor.		<b>3b</b> Administrator's EIN							
					<b>3c</b> Admi	nistrator's telephone number						
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a	0	•	4b EIN							
•	or's name				<b>4d</b> PN							
5a Total	number of participants	at the beginning of the plan year			5a	25						
		at the end of the plan year			5b	22						
		account balances as of the end of t			5c	22						
<b>d(1)</b> Tot	al number of active par	rticipants at the beginning of the pla	an year		5d(1)	18						
• •		rticipants at the end of the plan yea			5d(2) 21							
than	100% vested	terminated employment during the			5e	0						
		or incomplete filing of this return her penalties set forth in the instruc										
SB or Sche		nd signed by an enrolled actuary, a										
SIGN HERE	Filed with authorized	/valid electronic signature.	04/10/2019	ERIK TORGESON, M	D							
HERE	Signature of plan a		Date	Enter name of individ		as plan administrator						
SIGN HERE	Filed with authorized	/valid electronic signature.	04/10/2019	ERIK TORGESON, M	D							
	Signature of emplo ork Reduction Act Notic	yer/plan sponsor e, see the Instructions for Form 5500	-SF.	Enter name of individ	ual signing a	as employer or plan sponsor Form 5500-SF (2018) v 171027						

v.171027

6a									
<b>b</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.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
С	<b>C</b> 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.)								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year				

7	Plan Assets and Liabilities		(a) Beginning o		(b) End of Year		
a	Total plan assets	7a	796	62996			6466990
b	Total plan liabilities	7b				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	796	62996			6466990
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	18	35046			
	(2) Participants	8a(2)		28175			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	2	23614			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					336835
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	182	24563			
е	Certain deemed and/or corrective distributions (see instructions)	8e		8278			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1832841
i	Net income (loss) (subtract line 8h from line 8c)	8i					-1496006
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a b Par	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions						
10					Yes	No	Am cunt
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		162	NO	Amount
u	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 reported on line 10a.)	•		10b		X	
С	Was the plan covered by a fidelity bond?			10c	Х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		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.).	ne or all of	the benefits under	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х		49977
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
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			10i			

Page **3-** 1

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					
e	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		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			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	<b>3c(1)</b> Name of plan(s): 13c(2) E					<b>13c(3)</b> PN(s)		

Form 5500-SF	yee	OMB Nos_1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	This form is required to be filed	Senefit Plan d under sections 104 a	and 4065 of the Employ	ree	2018 This Form is Open to Public Inspection			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act o the Intern	f 1974 (ERISA), and s al Revenue Code (the		58(a) of				
Pension Benefit Guaranty Corporation	Complete all entries in accord	fance with the instru	ctions to the Form 55	00-SF.	1113	pection		
	entification Information	1						
For calendar plan year 2018 or fisca		01/01/2018	and ending		31/2018			
A This return/report is for:	a single-employer plan		lan (not multiemployer) employer information in					
	an amended return/report		rn/report (less than 12	months)				
C Check box if filing under:	Form 5558	automatic extension		[] (	DFVC program	1		
Dest II Desis Diss Inform								
Part II Basic Plan Inform 1a Name of plan	nation enter all requested infor	mation		1b Thr	ree-digit			
•	p, PC 401(k) Profit Shar	ing Plan		pla	n number N) ►	002		
					ective date of /01/1984	plan		
2a Plan sponsor's name (employe Mailing Address (include room	rr, if for a single-employer plan) , apt., suite no. and street, or P.O. B. country, and ZIP or foreign postal co	0X)	tructions)	2b Em	2b Employer Identification Numbe (EIN) 91~1310450			
Swedish Urology Grou		ue (il luteigh, see ilis			onsor's telepho 06) 292-6:	s telephone number 292-6266		
P.O. Box 96012					siness code (s 1111	ee instructions)		
<b>3a</b> Plan administrator's name and	address X Same as Plan Sponso	r		3b Ad	ministrator's E	IN		
				3c Adı	ministrator's te	lephone number		
4 If the name and/or EIN of the p	olan sponsor or the plan name has cl or's name, EIN, the plan name and tl	nanged since the last	return/report filed for	4b EIN	N			
a Sponsor's name	or s hame, Env, the plan hame and t			4d PN	I			
c Plan Name								
5a Total number of participants at	the beginning of the plan year			5a		25		
b Total number of participants at	the end of the plan year					22		
	count balances as of the end of the p			5c		22		
	ipants at the beginning of the plan ye					18		
	ipants at the end of the plan year			5d(2)		21		
	minated employment during the plar			5e		0		
	incomplete filing of this return/re							
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct and compl	er penalties set forth in the instruction d signed by an enrolled actuary, as w ete.	ns, I declare that I hav vell as the electronic ve	e examined this return/ ersion of this return/rep	report, inclu ort, and to t	uding, if applica the best of my	able, a Schedule knowledge and		
SIGN Junh	$\sim$	4/11/19	Erik Torgerson	, MD				
HERE Signature of plan admir	istrator	Date	Enter name of individ	ual signing	as plan admin	istrator		
1/10	~	4/10/19	Erik Torgerson	, MD				
HERE Signature of employer/p	olan sponsor	Date	Enter name of individ	ual signing	as employer o	r plan sponsor		

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

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62	Were all of the plan's assets during the plan year invested in eligible	assats? (	See instructions )					x	Yes No	
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Comparison 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)       Image: Comparison of the plan's assets? (See instructions.)         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Image: Comparison of the plan cannot use Form 5500-SF and must instead use Form 5500.									
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	surance pr	ogram (see ERISA sectio	on 402	21)?	[	Yes			
			ernann ning for this year					(000		
	rt III Financial Information				_	T	-			
7	Plan Assets and Liabilities		(a) Beginning of		_			(b) End of Ye		
a	Total plan assets	7a	7,96	2,9		-		6,	466,990	
b	Total plan liabilities	7b			0				0	
	Net plan assets (subtract line 7b from line 7a)	7c	7,96		96				466,990	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	1961199	(a) Amount			No.	(b) Total			
(CII	(1) Employers	8a(1)	18	5,0	46	The C			a the state of the state of the	
_	(2) Participants	8a(2)	12	8,1	75		1,21			
	(3) Others (including rollovers)	8a(3)			0	32				
b	Other income (loss)	8b	2	3,6	14	75	2010	말했다는 것이		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			140				336,835	
d	Benefits paid (including direct rollovers and insurance premiums	8d	1,82	4.5	63	12				
	to provide benefits)		1,02	8,2			128.10		VIX-	
	Certain deemed and/or corrective distributions (see instructions)	8e 8f		072	0	125-0				
f	Administrative service providers (salaries, fees, commissions)				0	0.0	1.5	St Plus 17 18		
g	Other expenses	8g eb		0.1		a codine's	245210	1.	832,841	
<u>n</u> :	h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h								96,006)	
-	Net income (loss) (subtract line 8h from line 8c)	8i 8j			0	an a	Not NO	(1)1		
1	Transfers to (from) the plan (see instructions)	0]				1.000	1.1			
	rt IV Plan Characteristics		a from the List of Disp.C.	haraa	toriati	a C a d	oo in the	- instructions		
	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2H 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	aracte	eristic	Code	s in the	instructions:		
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amo	unt	
а							and the			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	luciary Correction				- Tran			
	Program)			10a	_	X				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not ir	nclude transactions	10b		x	o Bull			
c	7 Mar 10 Mar			10c	х				500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's t	fidelity bon	d, that was caused	104		x				
e	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth	er persons	s by an insurance	10d						
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x	125-1			
ç	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	x		1 Sector		49,977	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instru	ctions and 29 CFR	10h		x	GEN.			
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			10i						

Form 5500-SF 2018

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Par	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500 and line 11a below)		. 🗆 Yes	X No
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 Code or section ERISA?		, 🗌 Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and		te of the letter Year	ruling
16.	granting the waiver	Day	rear	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	406		
b	Enter the minimum required contribution for this plan year	12b		
С	Enter the amount contributed by the employer to the plan for the 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	Yes [	No 🗌	N/A	
Par	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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	l lama	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	c(1) Name of plan(s): 13c(2) EIN	l(s)	13c(3) F	N(s)