## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## **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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	➤ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.		
		dentification Information					
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200	09	and ending 1	2/31/2	2009	
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
	This return/report is for:	n/report					
		nths)					
C	Check box if filing under:	extension		DFVC program			
	<b>3</b> · · · ·	special extension (enter descripti	on)				
Da	rt II Basic Plan Infor	mation—enter all requested inform					
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit	
	GICAL SPECIALISTS OF SPO	KANE P.S. 401(K) PLAN			10	plan number	
0011		70 412, 1 . 0. 10 1(1) 1 . 2 41				(PN) • 001	
					1c	Effective date of plan	
						01/01/2005	
	•	ress (employer, if for single-employe	r plan)		2b	Employer Identification Number	
SUR	GICAL SPECIALISTS OF SPO	KANE, PS			0 -	(EIN) 20-1258822	
10E \	V OTH CTREET CHITE 7000				2C	Plan sponsor's telephone number 509-747-6194	
	V. 8TH STREET, SUITE 7060 KANE, WA 99204				2d	Business code (see instructions)	
						621111	
		d address (if same as Plan sponsor, e			3b	Administrator's EIN	
SUR	GICAL SPECIALISTS OF SPO	OKANE, PS 105 W. 8TH SPOKANE,		SUITE 7060		20-1258822	
		or ordine,	W/ ( 0020 +		3c	Administrator's telephone number 509-747-6194	
4 1	the name and/or FIN of the n	port filed for this plan, enter the	<b>4b</b> EIN				
		er from the last return/report. Spons		port mod for the plant, officer the	70	LIIV	
					4c	PN	
5a	Total number of participants a	at the beginning of the plan year			5a	39	
b	Total number of participants a		5b	39			
С	Total number of participants v	with account balances as of the end of	of the plan y	vear (defined benefit plans do not			
	complete this item)				5c	39	
6a	Were all of the plan's assets	during the plan year invested in eligil	ole assets?	(See instructions.)		Yes 📙 No	
b		the annual examination and report of				X Yes □ No	
		(See instructions on waiver eligibility her 6a or 6b, the plan cannot use F					
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55	00.		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
-	Total plan assets		7a	3146818	1	4608433	
b	. otal pian according			0140010		122	
C	•	7b from line 7a)		3146818	,	4608311	
			7с		,		
8	Income, Expenses, and Trans Contributions received or received			(a) Amount		(b) Total	
а			8a(1)	437285	5		
	• • • •			241570	)		
		s)		78050	)		
b	Other income (loss)						
С	` ,	, 8a(2), 8a(3), and 8b)				1478673	
d	, , ,	rollovers and insurance premiums	00				
-	1 \		8d	2894	1		
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e				
f	Administrative service provide	ers (salaries, fees, commissions)	8f	14286	3		
g	Other expenses		8g				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				17180	
i		ne 8h from line 8c)				1461493	
j		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 instructions: 2E 2F 2G 2J 2R 3D 2A

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	0	plant provided installed solutions, since the appropriate from the control of the			010110				O.1.0.
art	٧	Compliance Questions							
0	Duri	ng the plan year:				Yes	No		Amount
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X		
b		e there any nonexempt transactions with any party-in-interest? (Dine 10a.)	•	10b		X			
С	Was	the plan covered by a fidelity bond?		10c	Χ			500000	
d		he plan have a loss, whether or not reimbursed by the plan's fidel shonesty?		10d		X			
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the actions.)	e plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X		
h		s is an individual account plan, was there a blackout period? (See			10h		X		
İ		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i				
art	VI	Pension Funding Compliance						•	
11	Is thi	s a defined benefit plan subject to minimum funding requirements							Yes X No
2		is a defined contribution plan subject to the minimum funding requ							Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а		vaiver of the minimum funding standard for a prior year is being ar							
ıf v		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			h		Day		Year
		r the minimum required contribution for this plan year				Γ	12b		
		r the amount contributed by the employer to the plan for this plan					12c		
		ract the amount in line 12c from the amount in line 12b. Enter the	·				12d		
	nega	tive amount)				<u>L</u>	120		
е	Will t	he minimum funding amount reported on line 12d be met by the for	unding deadline?					Yes	No N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?				1	Yes X No
		es," enter the amount of any plan assets that reverted to the emplo					13a		
b		e all the plan assets distributed to participants or beneficiaries, trans e PBGC?		plan, or brought u	ınder	the co	ntrol		Yes X No
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plaı	n(s) to			+
1	3c(1)	Name of plan(s):				<b>13c(2)</b> EIN(s)			<b>13c(3)</b> PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonabl	e cau	se is	establ	ished.	
SB o	Sche	alties of perjury and other penalties set forth in the instructions, I of edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.				,		O, 11	*
	Fil		08/23/2010	CRAIG HULT					
SIGI	N	3 - 3	-						

SIGN	Filed with authorized/valid electronic signature.	08/23/2010	CRAIG HULT					
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					

## 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 section 6058(a) of the Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Identification Information		<u></u>			
For	calendar p	olan year 2009 or fis	scal plan year beginning	01/01/2	009	and ending		12/31/2009
Α	This return	n/report is for:	X single-employer plan	multiple-	mployer plan	(not multiemployer)		one-participant plan
В	This return	n/report is for:	first return/report	final retu	n/report			
			an amended return/report	short plan	n year return/re	eport (less than 12 mo	nths)	
С	Check box	if filing under:	X Form 5558	automatic	extension			DFVC program
		<b>3</b> ·	special extension (enter descri	ption)			,	
Pa	art II	Basic Plan Info	rmation—enter all requested info	. ,				
<u> </u>	Name of		Titlation onto an requested line	, mation	<del></del> .		1b	Three-digit
			sts of Spokane, P.S.					plan number
	401(k)	Plan					-	(PN) ▶ 001
								Effective date of plan
	Plan spor	sor's name and ad	dress (employer if for single-emplo	ver plan)	<del></del>		<del>                                     </del>	01/01/2005 Employer Identification Number
	Sürgic	al Speciali	dress (employer, if for single-emplo sts of Spokane, PS	yer platt)				(EIN) 20-1258822
							2c	Plan sponsor's telephone number
	105 W.	8th Street	, Suite 7060					(509)747-6194
	Spokan	e			Ta7.7\	99204	2a	Business code (see instructions) 621111
	_		nd address (if same as Plan sponso	r, enter "Sam		<u> </u>	3b	Administrator's EIN
	Same						<u></u>	
							3c	Administrator's telephone number
4 1	f the name	and/or EIN of the j	plan sponsor has changed since the	ast return/re	port filed for th	nis plan, enter the	4b	FIN
			per from the last return/report. Spo		•	. ,		. 10.70
	Total nun	ubor of padicioants	of the harismiss of the state of				4c	
			at the beginning of the plan year					39
b			at the end of the plan year				5b	35
С	complete	nber of participants this item)	with account balances as of the en	d of the plan	ear (defined b	enefit plans do not	5c	39
6a			during the plan year invested in eli				1	
b	Are you	claiming a waiver of	f the annual examination and report	t of an indepe	ndent qualified	d public accountant (IC	(AGC	
	under 29	CFR 2520.104-461	? (See instructions on waiver eligibil	ity and condit	ions.)			X Yes   No
Pa		iswered "No" to ei	ther 6a or 6b, the plan cannot us	e Form 5500-	SF and must	instead use Form 55	500.	
7		ets and Liabilities	HallOll	1. 1. 1. 1.	(-) D		-	
•					(a) B	eginning of Year	1.0	(b) End of Year
	•	n liabilities				3,146,83		4,608,433
			e 7b from line 7a)	7b		2 146 0	1.0	12:
8			nsfers for this Plan Year	2.50		3,146,83	10	4,608,31
а		ions received or rec		<u> </u>	\	a) Amount		(b) Total
				8a(1)		437,28	35	
	(2) Parti	cipants		8a(2)		241,5	70	
	(3) Othe	rs (including rollove	rs)	8a(3)		78,05	50	
þ	Other inc	ome (loss)		8b		721,76	58	
С		·	), 8a(2), 8a(3), and 8b)		i e v			1,478,67
d	Benefits	paid (including direc	t rollovers and insurance premiums	,		2 0	2.4	
_			ective distributions (see instructions)			2,89	74	
e f			lers (salaries, fees, commissions)			14 00		
						14,28	0 0	en de la companya de La companya de la co
g	-		L So St and So)			ereg eggenere en gelik angles die		-
h i			I, 8e, 8f, and 8g)				2.4	17,180
i			ne 8h from line 8c)see instructions)			<u>en in santiga da </u>	<u> </u>	1,461,493
	i i di i si e f S	io (nom) me bian (	эсс шэлислонs)	····· 8j			4, 4,	海 医毛头头 智语自然 开心

Form 5	ടേഗവ 🤉	SE 2	വവ

Signature of employer/plan sponsor

Page	2.	
raue	~~	

				<u> </u>						
Par										
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	2E 2F 2G 2J 2R 3D 2A  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	. V	Compliance Questions						n		
10		ring the plan year:				Yes	No	r	Amount	
_		s there a failure to transmit to the plan any participant contribution	ns within the time ne	eriod described in		.03	-140	<u> </u>	Amount	
	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progr	am)	10a		Х			
·b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Wa	as the plan covered by a fidelity bond?	*****************************		10c	х			5	00,000
d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fide	elity bond, that was	caused by fraud	10d		х		<u>-</u>	00,000
е	We	re any fees or commissions paid to any brokers, agents, or other urance service or other organization that provides some or all of the ructions.)	persons by an insur he benefits under th	ance carrier, e plan? (See	10e	-	Х			
f		s the plan failed to provide any benefit when due under the plan?							<del></del>	
g		the plan have any participant loans? (If "Yes," enter amount as o			10f		X	-		
_	lf th	is is an individual account plan, was there a blackout period? (Se	e instructions and 2	9 CFR	10g		X	<u> </u>		
i		0.101-3.) Oh was answered "Yes," check the box if you either provided the r			10h		Х			
		eptions to providing the notice applied under 29 CFR 2520.101-3			10í					
Part	VI	Pension Funding Compliance				I	I	<u></u>		
11	Is th	is a defined benefit plan subject to minimum funding requirement 0))	ts? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Пуе	X No
12		his a defined contribution plan subject to the minimum funding rec							☐ Yes	+
	lf a grai	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl waiver of the minimum funding standard for a prior year is being anting the waiver.  completed line 12a, complete lines 3, 9, and 10 of Schedule Marches	amortized in this pla	Mon	ctions th	, and e	enter th Day	e date of th	e letter ro Year	ling ——
b	Ente	er the minimum required contribution for this plan year		,,,,,		L	12b			
С	Ente	er the amount contributed by the employer to the plan for this plar	n year	• • • • • • • • • • • • • • • • • • • •		,	12c			
đ	Sub neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	e result (enter a min	us sign to the left	of a	[	12d			
е_	lliVV	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 during the plan y	ear or any prior yea	ır?					Yes	X No
		es," enter the amount of any plan assets that reverted to the emp					13a			
b	Wei	e all the plan assets distributed to participants or beneficiaries, tra ne PBGC?	ansferred to another	plan, or brought	under	the co	ntrol		☐ Yes	X No
C	lf di whi	uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	ก(s) to			В	_
1:	<u>3c</u> (1	) Name of plan(s):				13	c(2) El	N(s)	13c(3	) PN(s)
					ļ					···.
Cauti	OD.	A penalty for the late or incomplete filing of this return/report	havill be		<u> </u>					
Under SB or	r per Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rei	oort in	cluding	r if annlicat	ole, a Sci nowledge	nedule e and
SIGN	1	( raig trust	8/20/2010	Craig Hult						
HERE	E	Signature of plan administrator	Date	Enter name of in	ndividı	ual sig	ning as	plan admir	nistrator	
SIGN				Craig Hult		<del></del>	. •	<del></del>	<del></del> -	
HERE							onsor			

Date

Enter name of individual signing as employer or plan sponsor