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).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		entification Information							
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	employer plan (not multiemployer)		one-participant plan					
В	Γhis return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	extension		DFVC program					
		special extension (enter description	on)			_			
Pa	rt II Basic Plan Inform	ation—enter all requested inform	ation						
	Name of plan	one an requested intern	idilon		1b	Three-digit			
	GICAL SPECIALISTS OF SPOKA	ANE, P.S. 401(K) PLAN				plan number 001			
						(PN) •			
					1c	Effective date of plan			
20	Diamana and address				2h	01/01/2005			
	GICAL SPECIALISTS OF SPOKA	ss (employer, if for single-employer ANE, P.S.	piari)		20	Employer Identification Number (EIN) 20-1258822			
					2c	Plan sponsor's telephone number			
	V. 8TH AVE., SUITE 7060 (ANE, WA 99204				0.1	509-747-6194			
	,				2d	Business code (see instructions) 621111			
3a	Plan administrator's name and a	ddress (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
SUR	GICAL SPECIALISTS OF SPOKA	ddress (if same as Plan sponsor, e ANE, P.S. 105 W. 8TH SPOKANE, '	AVE., SUI	TÉ 7060		20-1258822			
		OF ORANE,	VVA 33204		3с	Administrator's telephone number 509-747-6194			
1 1:	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				4b EIN				
		from the last return/report. Sponso		port med for this plan, enter the	40	EIIN			
					4c	PN			
5a	Total number of participants at t	he beginning of the plan year			5a	45			
b	Total number of participants at t	he end of the plan year			5b	41			
С		n account balances as of the end o		vear (defined benefit plans do not	5c	41			
62	•			(See instructions.)		X Yes □ No			
	•	0 , ,		ndent qualified public accountant (IQI					
	,			ions.)		Yes No			
		<u> </u>	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Informa	tion		T					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. <u>7a</u>	4608433		6067448			
b	•			4608311		6067407			
<u>C</u>		from line 7a)	. 7с	4006311		6067407			
8	Income, Expenses, and Transfe			(a) Amount		(b) Total			
а	Contributions received or receiv (1) Employers	able from:	. 8a(1)	422507	7				
			` '	252491					
	` '			26000					
b	,		` '	510746	46				
С	,	a(2), 8a(3), and 8b)				1546548			
d		ollovers and insurance premiums		02.407	,				
	to provide benefits)				4				
е	Certain deemed and/or corrective	ve distributions (see instructions)	. 8е	2.122					
f	Administrative service providers	(salaries, fees, commissions)	. 8f	24025					
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	. 8h			87452			
į		8h from line 8c)				1459096			
j	Transfers to (from) the plan (see	e instructions)	. 8i						

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2R 3D 2A	acteris	tic Co	des in t	the instructions:
•	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coc	des in th	he instructions:
	The plant provided monard solutions, contains approvate monard reality could be solved in the List of the contains				
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	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 fidelity bond, that was caused by fraud or dishonesty?	10d		X	
е	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		X	
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 2520.101-3.)	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	10i			
rt	VI Pension Funding Compliance				
I	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA? Yes No
	(If "Yes," complete 12a or 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 instru-	ctions,	and e	nter the	e date of the letter ruling

	negative amount)	'						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A					
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		Yes X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the contro of the PBGC?	ol	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) to							

Day_

12b

12c

12d

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

13c(2) EIN(s)

13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

b Enter the minimum required contribution for this plan year.....

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/08/2011	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).

This Form is Open to Public

2010

OMB Nos. 1210-0110

1210-0089

Inspection

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

	art I Annual Report Identification I	nformation								
For	calendar plan year 2010 or fiscal plan year begin	ning	01/01/	2010	and ending	1	.2/31/2010			
Α	This return/report is for:	er plan	multiple-e	mployer plan (no	t multiemployer)		one-participant plan			
В	This return/report is for: first return/report	ort 🗍	final retur	n/report						
	an amended return/report short plan year return/report (less than 12 m									
c	Check box if filing under:	' · ·	₹ '	extension		, 	DFVC program			
Ŭ	H	ــ ion (enter descripti	_	CALCHISION		L	J br ve program			
D			,							
	art II Basic Plan Information—enter a	ili requested inform	nation			1h +				
ıu	Surgical Specialists of Spoka	ane. PS 4	በ1(ሎ) Ε	lan			Three-digit Dlan number			
		,	01(11) 1	1011		•	PN) • 001			
						1c E	Effective date of plan			
							01/01/2005			
Za	Plan sponsor's name and address (employer, if Surgical Specialists of Spoka	ior single-employe ane . P.S.	r plan)				Employer Identification Number			
	· ·	,					EIN) 20-1258822 Plan sponsor's telephone number			
	105 W. 8th Ave., Suite 7060						509-747-6194			
	Spokane WA 99	204					Business code (see instructions)			
32	•			.513			621111			
Ja	Plan administrator's name and address (if same Surgical Specialists of Spoka	as Plan sponsor, e ane, P.S.	enter Same	er)	,		Administrator's EIN 20-1258822			
	105 W. 8th Ave., Suite 7060						Administrator's telephone number			
	Spokane WA	99204					509-747-6194			
4 If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponsor			port filed for this p	olan, enter the	4b E	EIN				
	rame, Env, and the plan namber from the last ret	аптероп. орона	or a riallic			4 c F	PN:			
5a	5a Total number of participants at the beginning of the plan year			***************************************		5a	45			
b Total number of participants at the end of the plan year				 	5b	41				
c Total number of participants with account balances as of the end of										
	complete this item)			***************************************		5c	41			
	Were all of the plan's assets during the plan year						X Yes No			
b	Are you claiming a waiver of the annual examin under 29 CFR 2520.104-46? (See instructions of	ation and report of	f an indeper	ident qualified pul	blic accountant (IQPA	۹)	X Yes ∏ No			
	If you answered "No" to either 6a or 6b, the	plan cannot use F	Form 5500-	SF and must ins	tead use Form 5500	 1	Z les [] NO			
Pa	art III Financial Information					<u> </u>				
7	Plan Assets and Liabilities			(a) Begi	nning of Year		(b) End of Year			
а	Total plan assets		7a		4608433		6067448			
b	Total plan liabilities		7b		122		41			
С	Net plan assets (subtract line 7b from line 7a)		7c		4608311		6067407			
8	Income, Expenses, and Transfers for this Plan	Year		(a) /	Amount		(b) Total			
а										
	(1) Employers				422507	1				
	(2) Participants		<u> </u>		252491	1				
t.	(3) Others (including rollovers)				360804					
b	- · · · · · · · · · · · · · · · · · · ·				510746					
C	(// · · · · // // · · · · · · · · · · ·		8c				1546548			
d	Benefits paid (including direct rollovers and insuto provide benefits)	•	8d		63427					
е					0012,					
f	Administrative service providers (salaries, fees,	•			24025					
g		,				1				
9 h	·						87452			
i	Net income (loss) (subtract line 8h from line 8c)					1	1459096			
i	Transfers to (from) the plan (see instructions)						1433036			

Form	5500	SF	201	n

Page	2-	

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:

			····								
Part		Compliance Questions			1						
10 a	Wa	ing the plan year: s there a failure to transmit to the plan any participant contributions v CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a	Yes	No X	А	mount		—
b	We	re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)	ctions reported	10b		Х				_	
С	Wa	s the plan covered by a fidelity bond?			10c	Х			C	000	00
d		the plan have a loss, whether or not reimbursed by the plan's fidelit	10d		Х			• ,,,,,	_		
е	ins	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the ructions.)	10e		Х				_		
f	Ha:	s the plan failed to provide any benefit when due under the plan?		*******************	10f		х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х	· · · · · · · · · · · · · · · · · · ·			
h		is is an individual account plan, was there a blackout period? (See i			10h		Х				
i		Oh was answered "Yes," check the box if you either provided the req eptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part	VI	Pension Funding Compliance									_
11		nis a defined benefit plan subject to minimum funding requirements?							Yes		No
lf y b c d	C Enter the amount contributed by the employer to the plan for this plan year										
		Plan Terminations and Transfers of Assets s a resolution to terminate the plan been adopted during the plan year	ar or any prior year	2					∏ Vec	X 1	 No
ısa		es, "enter the amount of any plan assets that reverted to the emplo				Γ	13a		10.	, 124	¥0
	We of t	re all the plan assets distributed to participants or beneficiaries, tran he PBGC?uring this plan year, any assets or liabilities were transferred from thich assets or liabilities were liabilities.)	sferred to another	plan, or brought	under	the co	ontrol		Yes	, X (Vo
		I) Name of plan(s):				13	c(2) El	N(s)	13c(B) PN(:	 s)
	100(, nome of pennoy.					_(_/	(0,			2
		A penalty for the late or incomplete filing of this return/report v									
SBo	r Sc	nalties of perjury and other penalties set forth in the instructions, I dinedule MB completed and signed by an enrolled actuary, as well as strue, corroct, and complete.	eclare that I have e the electronic vers	examined this ret ion of this return	turn/re i/repor	port, in t, and	ncludin to the l	g, if applicat best of my k	ile, a Sc nowledg	hedule e and	i .
SIG	A	Prais Lucid	4/1/11	Craig Hult		***					
HER			Date	Enter name of i	individ	lual sid	ning a	s plan admir	istrator		
		-9					, 9 4	- 1			
SIG		Signature of employer/plan sponsor	Date	Enter name of i	individ	lual sir	nning a	s employer r	r nlan e	nonec	r
		Signature of employer/plan sportsor	- uso		II MITVIL	uui Jil	many a	o omprover t	ה אומוז ס	PO 1301	