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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accordan	nce with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I	Annual Report	Identification Information						
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2012		and ending 1	2/31/2	2012		
	urn/report is for:			an (not multiemployer)		a one-particip	oant plan	
B This ret	urn/report is:	the first return/report the	e final return/report					
		an amended return/report a s	hort plan year returr	n/report (less than 12 mo	onths)			
C Check b	box if filing under:			DFVC progra	ım			
		special extension (enter description)						
Part II	Basic Plan Info	rmation—enter all requested information	n					
1a Name					1b	Three-digit		
GOOD SAMARITAN SURGERY CENTER 401(K) PLAN					plan number	004		
				4 -	(PN) Feffective date of	001		
					1C	f plan /1981		
2a Plan sr	nonsor's name and ad	dress; include room or suite number (emp	lover if for a single-	employer plan)	2h	Employer Identif		
	ARITAN SURGERY C		loyor, ii ror a oii igio s	omproyor planty			56609	
R					2c	Sponsor's telep	hone number	
1322 THIRD	STREET S.E., SUITE	100				253-840		
PUYALLUP,					2d	Business code (see instructions)	
						62149	93	
3a Plan a	dministrator's name ar	nd address 🏿 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's I	EIN	
					30	Administrator's	telephone number	
					30	Auministrator 5 i	elepriorie number	
4 If the r	name and/or EIN of the	e plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN		
		mber from the last return/report.						
a Sponso					4c	PN T		
_		at the beginning of the plan year			5a		9	
b Total r	number of participants	at the end of the plan year			5b		4	
		account balances as of the end of the plar	•	•	5c		4	
	•	s during the plan year invested in eligible a f the annual examination and report of an i	,	•			X Yes No	
		? (See instructions on waiver eligibility and					X Yes No	
		ither line 6a or line 6b, the plan cannot						
Caution: A	penalty for the late	or incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.		
		her penalties set forth in the instructions, I						
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as well a	as the electronic vers	sion of this return/report	, and	to the best of my	knowledge and	
Deliei, it is t	rue, correct, and comp	olete.		Ī				
SIGN	Filed with authorized/	valid electronic signature.	05/21/2013	KIM LINTOTT				
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ıal sin	ıning as employe	r or plan sponsor	
Preparer's		name, if applicable) and address; include ro			dual signing as employer or plan sponsor Preparer's telephone number (optional)			
	. •	, , ,		, ,		•	,	

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Dor	t III Financial Information		<u> </u>							
<u> </u>	t III Financial Information Plan Assets and Liabilities		(a) Baginning of Vac				(h) End of Voor			
		7-	(a) Beginning of Yea				(b) End of Year			
	Total plan assets	7a 7b			-		138826 5000			
		7b	485 27407							
	Net plan assets (subtract line 7b from line 7a)	/6		9	-	133826				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)		0						
	(2) Participants	0								
	(2) Participants									
b	Other income (loss)	8b	1112	25						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11125			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	15122	23						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	8f	15	55						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					151378			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-140253			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics		•		•					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2G 2K 2F	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	Allount			
b		? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		450000			
d	, , ,			100			150000			
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	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 a					X				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the p	he require	d notice or one of the							
Dowt	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part 11	Is this a defined benefit plan subject to minimum funding requirem									
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	103 110			
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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С	Enter the amount contributed by the employer to the plan for this 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	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	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 of the PBGC?					control Yes X I			
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefts 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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calenda	or plan year 2012 or fiscal plan year beginning 01/0	1/2012	and ending	12/31/2	012				
A This ret	urn/report is for: 🗓 a single-employer plan 📗 a ı	multiple-employer pl	an (not multlemployer)	📗 a one-pa	rticipant plan				
B This ret	urn/report is:	e final return/report							
	an amended return/report as	hort plan year returr	/report (less than 12 mo	onths)					
C Check box If filling under: Form 5558 automatic extension					☐ DFVC program				
	special extension (enter description)								
Part II	Basic Plan Information—enter all requested information	n							
1a Name GOOD S.	ofplan AMARITAN SURGERY CENTER 401(K) PLAN		11/	1b Three-digit plan numbe (PN)	I				
				1c Effective da 04/01/1					
	oonsor's name and address; include room or suite number (emp amaritan Surgery Center	loyer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-1456609					
r 1322 Tl	nird Street S.E., Suite 100			2c Sponsor's telephone number 253 - 840 - 2200					
Puyallı	up WA 98372			2d Business co 621493	ode (see Instructions)				
3a Plan a	dministrator's name and address ⊠Same as Plan Sponsor Nam	ne Same as Plar	Sponsor Address	3b Administrat	or's EIN				
1322 T	HIRD STREET S.E., SUITE 100		:	3c Administrat	or's telephone number				
PUYALL									
4 If the name	name and/or EIN of the plan sponsor has changed since the last EIN, and the plan number from the last return/report.	return/report filed fo	or this plan, enter the	4b EIN					
	or's name			4c PN					
	number of participants at the beginning of the plan year				9				
	number of participants at the end of the plan year			5b	4				
comp	er of participants with account balances as of the end of the planete this item)		namaigaineagainean	5c	4				
b Are ye under	all of the plan's assets during the plan year invested in eligible abut claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot	independent qualified conditions.)	ed public accountant (IQ and must Instead use	PA) Form 5500.	X Yes ∏ No				
	penalty for the late or incomplete filing of this return/repor								
SB or Sche	alties of perjury and other penaltles set forth In the instructions, indule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ver	examined this return/repsilon of this return/report	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and				
SIGN	Kembuly a Kuto	5/17/13	Kim Lintott						
1121112	Signature of plan administrator	Date	Enter name of individ	lual signing as plan	n administrator				
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individ	idual signing as employer or plan sponso					
Preparer's	name (including firm name, if applicable) and address; include i		r (optional)		hone number (optional)				
I									

	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	27	7893	3		138826
	Total plan liabilities	7b		485	4		5000
С	Net plan assets (subtract line 7b from line 7a)	7c	27	7407	9		133826
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:				0	713	
	(1) Employers	8a(1)		_	-	-	
_	(2) Participants	8a(2)			0	-	
	(3) Others (including rollovers).	8a(3)		1117	-		
	Other Income (loss)	8b		L112	٦	_	11105
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	_	11125
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15	5122	3		
	Certain deemed and/or corrective distributions (see instructions)	8e				7	
	Administrative service providers (salaries, fees, commissions)	8f		15	5		
-	Other expenses	. 8g			1		
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	7 7 7 7 7 7 7	_	+		151378
Ť	Net income (loss) (subtract line 8h from line 8c)	8i			+		-140253
-	Transfers to (from) the plan (see instructions)	81			+		
_	rt IV Plan Characteristics	1 81 1					
b	2E 2J 3D 2G 2K 2F If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in tl	he instructions:
10	During the plan year:				Yes	No	Amount
а		itions within t	he time period described in				
t		uciary Correct		10a		Х	
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not inc	tion Program)	10a 10b		х	
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not ind	tion Program)		Х		150000
4	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	t? (Do not inc	dide transactions reported reported transactions reported transact	10b	х		150000
c	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond?	t? (Do not inc fidelity bond her persons t of the benefit	tion Program)	10b 10c	х	Х	150000
c	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or oll insurance service or other organization that provides some or all instructions.)	t? (Do not inc fidelity bond her persons t of the benefit	tion Program)	10b 10c 10d	х	х	150000
C	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or oll insurance service or other organization that provides some or all instructions.)	fidelity bond fidelity bond her persons to fithe benefit	tion Program)	10b 10c 10d 10e 10f	х	x	150000
	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or oli insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the pl	fidelity bond her persons to fit benefit an?	that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e	х	x x x	150000
	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oil insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	fidelity bond her persons to of the benefit an?	that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g	х	x x x x	150000
	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or old insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10.	fidelity bond her persons to of the benefit an?	that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Х	x x x x	150000
	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or old insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10.	fidelity bond her persons to fithe benefit an?	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X Author See	3 (Form
f g i	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or oll insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat instructions. If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If this is a defined benefit plan subject to minimum funding requirements.	fidelity bond ther persons to fithe benefit an?	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X Author See	3 (Form
f g i	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or oll insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate in the plan have any participant loans? (If "Yes," enter amount at it if this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to providing the notice applied under 29 CFR 2520.10 to providing the notice applied under 29 CFR 2520.10 to pand line 11a below) Enter the amount from Schedule SB line 39	fidelity bond ther persons to fithe benefit an?	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X Itule SE	3 (Form Yes No
f g l	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or oll insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate in the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required 5500) and fine 11a below)	fidelity bond her persons to of the benefit an?	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X Itule SE	3 (Form Yes No
f f g i i i i i i i i i i i i i i i i i	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or old insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If Yes, "complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is below.	fidelity bond her persons to of the benefit an?	that was caused by fraud by an insurance carrier, s under the plan? (See 1.) ions and 29 CFR totice or one of the ts," see instructions and com ts of section 412 of the Code le.)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X 11a 302 of	3 (Form Yes No
f	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or oll insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity bond ther persons to fithe benefit an? See instruct the required roll-3 ments? (If "Year and grequirement, as applicabling amortized and grequirements, as applicabling amortized	that was caused by fraud by an insurance carrier, s under the plan? (See 1.) ions and 29 CFR totice or one of the ts of section 412 of the Code tle.) Lin this plan year, see instructions and come of the	10b 10c 10d 10e 10f 10g 10h 10i pplete	Schec	X X X X X 11a 302 of	3 (Form Yes No ERISA? Yes X No ne date of the letter ruling
f f c c f i i 11111111111111111111111111	Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oli insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If this is a defined benefit plan subject to minimum funding required 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below granting the walver	fidelity bond ther persons to fithe benefit an? See instruct the required roll-3 ments? (If "Year and a supplicating amortized le MB (Form	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i pplete	Schection , and 6	X X X X X 11a 302 of	3 (Form Yes No ERISA? Yes X No ne date of the letter ruling

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C	Enter the amount contributed by the employer to the plan	for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12 negative 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 As	ssets					
13a	Has a resolution to terminate the plan been adopted in any plan	an year?		X	res N	0	
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a			(
b	Were all the plan assets distributed to participants or bene of the PBGC?			control		Yes	⊠ No
С	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction		e plan(s)	to			
	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3)) PN(s)
Part	VIII Trust Information (optional)						
14a Name of trust				14b Ti	rust's EIN		