Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0 1210-0			
Department of the Treasury Internal Revenue Service					2012				
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employ Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).					i8(a) of This Form is Open to Pub				
Pension Ben	efit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.	Ins	spection		
Part I		entification Information							
For calendar	plan year 2012 or fisca			and ending 1	2/31/2	2012			
A This retu	rn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This retu	rn/report is:	the first return/report the	e final return/report						
		an amended return/report	short plan year return	n/report (less than 12 mo	onths))			
C Check bo	ox if filing under:	Form 5558	tomatic extension			DFVC progra	am		
		special extension (enter description)							
		nation—enter all requested information	n				1		
1a Name of					1b	Three-digit plan number			
500TH 500F	ND SURGERY CENTER	C 401(K) PLAN				(PN)	001		
					1c	Effective date o	f plan		
						01/01	/2006		
SURGERY C	onsor's name and addre ENTER OF OLYMPIA, SOUND SURGERY C		loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 20-14	fication Number 14974		
	ENCE LANE NORTH E				2c	Sponsor's telep 360-48			
OLYMPIA, W/	A 98506				2d	Business code (see instructions) 621493			
3a Plan adr	ministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					3с	Administrator's	telephone number		
		lan sponsor has changed since the last	return/report filed fo	or this plan, enter the	4b	EIN			
name, I a Sponsor		er from the last return/report.			4c	DN			
		the beginning of the plan year			5a 47				
_		the end of the plan year							
		count balances as of the end of the plan			5b 44				
					5c		31		
6a Were a	II of the plan's assets d	uring the plan year invested in eligible a	assets? (See instruct	tions.)			🗙 Yes 🗌 No		
under 2	9 CFR 2520.104-46? (e annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	d conditions.)		·····		X Yes 🗌 No		
		incomplete filing of this return/repor							
Under penal SB or Sched	ties of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have	examined this return/rep	oort, ir	ncluding, if applic			
0.0.1	Filed with authorized/val	id electronic signature.	07/18/2013	CHARLES E. HUGGIN	LES E. HUGGINS, III				
HERE	Signature of plan adm	ninistrator	r Date Enter name of individual signing as plan administrator						
SIGN									
	Signature of employe		Date	Enter name of individu					
Preparer's n	ame (including firm nan	ne, if applicable) and address; include r	oom or suite numbei	r (optional)	Prep	parer's telephone	number (optional)		

a 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 c Was the plan covered by a fidelity bond? 10c X 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	1240488 0 1240488
b Total plan liabilities 7b 8046 c Net plan assets (subtract line 7b from line 7a) 7c 1108080 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) T a Contributions received or receivable from: 8a(1) 66226 (2) Participants 8a(3) 0 0 b Other income (loss) 8a(3) 0 0 c Total income (loss) 8a(3) 0 0 c Total income (loss) 8a(3) 0 0 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 196458 c Certain deemed and/or corrective distributions (see instructions) 8e 20600 20000 f A diministrative service providers (salaries, fees, cormissions) 8f 11012 3g 0 g Other expenses 8g 0 0 9 f Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 1 1012 g O Bar 0 1 1 1 1	0 1240488 otal
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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	
or dishonesty? 10d X	125000
 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.) 	
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	2578
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	2010
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	
Part VI Pension Funding Compliance	
11 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 amount from Schedule SB line 39 11a	Yes No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes 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 instructions, and enter the date of the granting the waiver	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Yes X No
b Enter the minimum required contribution for this plan year	Yes X No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d					
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," 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?					Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Employ					YEE OMB Nos. 1210-011 1210-008					
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					e 2012					
Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration					8(a) of This Form is Open to Public					
	enefit Guaranty Corporation	tions to the Form 550	0-SF.	Inspection						
Part I	Annual Report Ic ar plan year 2012 or fisc	lentification Information	/01/2012	and ending	1	2/31/2012				
		x a single-employer plan								
			a multiple-employer pl the final return/report	an (not maisemployer)	L	a one-participant plan				
D Inister	turn/report is:			/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		r T	DFVC program				
U Check	C Check box if filing under:									
Part II	Basic Plan Inforr	mation—enter all requested information	•							
1a Name						Three-digit				
SOUTH	SOUND SURGERY (CENTER 401(K) PLAN				Dian number				
						PN) PN) PN) PN) PN) PN) PN) PN)				
					0	1/01/2006				
	ponsor's name and addr Y CENTER OF OLY	ess; include room or suite number (er /MPIA,LLC	nployer, if for a single-	employer plan)		mployer Identification Number EIN) 20-1414974				
• •	SOUTH SOUND SUR					Sponsor's telephone number				
410 PR	OVIDENCE LANE N	VORTH EAST			-	860-486-6301				
OLYMPI.	A	WA 98506				Business code (see instructions)				
		address XSame as Plan Sponsor N	ame XSame as Plan	Sponsor Address		Administrator's EIN				
				·						
						Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.				4b EIN						
a Spons	or's name				4c PN					
5a Total	number of participants at	t the beginning of the plan year			5a	47				
		t the end of the plan year			5b	44				
		count balances as of the end of the p		•	5c	31				
· · · · · ·		luring the plan year invested in eligibl								
b Are ye	ou claiming a waiver of th	ne annual examination and report of a	an independent qualific	ed public accountant (IQ	(PA)					
		See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann								
		incomplete filing of this return/rep								
		r penalties set forth in the instructions								
SB or Sche	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 X Laules E FLIDAX TIT. 17/18/13 Charles E. H				uggins, III						
HERE Signature of plan administrator Date Enter name of indivi				Enter name of individ	lual sigr	ing as plan administrator				
SIGN										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	lual sign	ing as employer or plan sponsor				
Preparer's		me, if applicable) and address; includ				irer's telephone number (optional)				
For Paperw	ork Reduction Act Notice	and OMB Control Numbers, see the inst	tructions for Form 5500-	SF.		Form 5500-SF (2012) v. 120126				
						v. 120120				

a total pain session 7b 8046 b Total pain labelities 7b 8046 c Net plan assets (subtrat line 7b from line 7a) 7c 1108080 1240 8 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 9 Contributions received or receivable from: 9a(1) 66226 (c) Total (1) Employees 6a(2) 158673 (d) Amount (b) Total (2) Participants 6a(2) 158673 (d) Amount (e) Total (3) Others (including policyres) 6a(3) 0 (d) Energines 341 10 Benefits paid (including direct rollovers and insurance permitums 8d 196458 341 11 or total exponses (add lines 6a(1), 6a(2), 6a(3), ad 8b) 8c 341 364 11 or total exponses (add lines 6a(1), 6a(2), 6a(3), ad 8b) 8c 341 364 12 Other expenses 8g 0 0 0 373 13 Transfers to from the plan (see instructions) 8f 11012 36 373 13 Transfers to from the plan (see instructions) 8g 0 373 372 14 The plan provides persion toreffs, end	Part III Financial Information							_	
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b Total plan labelities To 8046 c Not plan astets (subtract tim 70 form line 7a) Tc 11.08080 124.0 B Income, Epsensa, and Transfers for this Plan Year (a) Amount (b) Total C Output (b) Total (c) Total C Output (b) Total (c) Total C Output 66226 (c) Total 3 Other income (real) 68(3) 0 0 3 Other income (real) 68(3) 0 341 4 Benefits paid (noduring direct follows and insurance premiums and the direct follows and insurance premium and the direct follows and insurance follows and insurance direct follows and premise follows and premise follows and	a Total plan assets	7a			6				1240488
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Transfers to (trom) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				209530
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2B 2C 2J 2K 3D 2F 2T 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 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a	j Transfers to (from) the plan (see instructions)	···· 8j			0				
2E 2G 2J 2K 3D 2F 2T 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 10 During the plan year: Yes No Amount a 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,) 10c X 122 c Was the plan covered by a fidelity bond? 10c X 122 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by faud or dishonesty? 10d X 122 e 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.) 10d X 2 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2 2 f Has the plan have any participant loans?	Part IV Plan Characteristics								
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 10 During the plan year: Yes No Amount a 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)		on feature code	es from the List of Plan Chara	acteris	tic Co	des in	the instru	ictions:	
10 During the plan year: Yes No Amount a 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)	b If the plan provides welfare benefits, enter the applicable welfar	e feature codes	from the List of Plan Charac	cteristi	ic Cod	es in th	ne instruc	tions:	
10 During the plan year: Yes No Amount a 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)	Part V Compliance Questions								
a 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)					Yes	No		Amo	unt
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or dishonesty? 10d A e 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 Image: Service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10g X Image: Service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Service or other organization that provide some or all of the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Service or other organization that provide some or all of the plan some or all of the plan some or all of the plan some organization that provide some or all of the plan some organization to provide any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Service organization to provide some organization that provide some organization to provide some organization the plan some organization the plan some organization the plan some organization the plan some organization to providing the notice applied under 29 CFR 2520.101-3 10h X Image: Service organization the plan some organization the plan some organis the plan some organis the plan some organization the plan some o				100					
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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 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 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 X Part VI Pension Funding Compliance 10i Yes Yes 11 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) Yes Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a 11a 11a 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	insurance service or other organization that provides some or	all of the benefit	ts under the plan? (See	10e	×	x			
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2520.101-3.) 10h A 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 Part VI Pension Funding Compliance 10i 10i 11 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) Yes 11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: Additional complete intermuting for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 10a				10g					2576
exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 11 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) Yes 11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12t 12t	2520.101-3.)		·	10h		х			
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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. Month Day Year Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			ts of section 412 of the Code	e or se					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12 Is this a defined contribution plan subject to the minimum func	ling requiremen		e or se					
b Enter the minimum required contribution for this plan year 12b	12Is this a defined contribution plan subject to the minimum funct(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e beaIf a waiver of the minimum funding standard for a prior year is	ling requiremen ow, as applicat being amortized	ble.) I in this plan year, see instru	ctions		enter th			
D Enter the minimum required contribution for this plan year.	12 Is this a defined contribution plan subject to the minimum function (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e between the minimum function of the minimum function standard for a prior year is granting the waiver.	ling requiremen ow, as applicat being amortized	ole.) d in this plan year, see instru Mor	ctions		enter th			

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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 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d		-		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	<u> </u>	N/A
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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?					Yes 🛛	<[No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to)				
13c(1) Name of plan(s):	13	c(2) ⊟	IN(s)	1;	3c(3) F	'N(s)
Part VIII Trust Information (optional)						
14a Name of trust	1	I 4b т	rust's Ell	N		