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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	▶ Complete all entries in accord	dance with the instruc	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension		[DFVC progra	am
		special extension (enter description	n)				
Part II	Basic Plan Infor	mation—enter all requested information	ation				
1a Name	of plan				1b	Three-digit	
SURGERY (CENTER OF SILVERDA	ALE, LLC				plan number	
						(PN) ▶	001
					1c	Effective date of	f plan
						05/01/	/2007
2a Plan s	ponsor's name and add CENTER OF SILVERD	ress; include room or suite number (e ALE, LLC	mployer, if for a single-	-employer plan)			fication Number 74934
0000 5\/ N	DD #400				2c	Sponsor's telep	
9800 LEVIN SILVERDAL	E, WA 98383-7849				2d		(see instructions)
3a Plan a	dministrator's name and	d address Same as Plan Sponsor N	lamo Deamo as Plar	n Sponsor Address	3h	62149 Administrator's I	
	ENTER OF SILVERDAL		—	1 Sponsor Address	35)74934
0.102.11.03			WA 98383-7849		3с	Administrator's t	telephone number
1 If the r	name and/or EIN of the	nlan enoneor has changed since the l	act roturn/roport filed fo	or this plan, optor the	4h	FINI	
		plan sponsor has changed since the l	ast return/report filed for	or this plan, enter the	4b	EIN	
name		plan sponsor has changed since the liber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b 4c		
name	, EIN, and the plan num or's name		·		4c		38
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.					38
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	olan year (defined bene	efit plans do not	4c 5a 5b		
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Do	t III Financial Information									
Pa	rt III Financial Information				I					
	Plan Assets and Liabilities	177.3								
	Total plan assets	7a	29763	0			170053			
	Total plan liabilities	7b					457			
	Net plan assets (subtract line 7b from line 7a)	7c		297637			169596			
	Income, Expenses, and Transfers for this Plan Year	` '					(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	2568	2						
	(2) Participants	8a(2)	3897	8						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	3252	1						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						d.	7181	
	Benefits paid (including direct rollovers and insurance premiums	00							1101	
	to provide benefits)	8d	22370	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	151	5						
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22	5222	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-12	8041	
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instruction	ons:		
Par	V Compliance Questions									
10					Yes	No		A	1	
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in		162	NO		Amou	Int	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X				
D	on line 10a.)	`	· • • • • • • • • • • • • • • • • • • •	10b		X				
С				10c	X				;	30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	, , , , ,									
	insurance service, or other organization that provides some or all instructions.)			10e		Χ				
f	Has the plan failed to provide any benefit when due under the pla					X				
	· · · · · · · · · · · · · · · · · · ·			10f		X				
<u>g</u>				10g		^				
h	2520.101-3.)			10h		X				
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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								L	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	nter th	ne date of the	ne lette Year	er rulin	ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
	Enter the minimum required contribution for this plan year					12b				

Page	3 -		1
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С	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			
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 Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es 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 coof the PBGC?	ontrol		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 which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instruc	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calenda	ar plan year 2013 or fis	cal plan year beginning	01/01/2013	and ending	1	12/31/2013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-participant plan	
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)		
C Check i	box if filing under:	Form 5558	automatic extension		Γ	DFVC program	
	<u>-</u>	special extension (enter descri	iption)		L	-	
Part II	Basic Plan Infor	mation—enter all requested info		· ·			
1a Name	•				1b T	Three-digit	
	•	ilverdale, LLC			p	olan number	
						FIN) P	
						Effective date of plan 5/01/2007	
2a Plan si	nonsor's name and add	lress; include room or suite number	r /employer if for a single-	-employer plan)	 	Employer Identification Number	
		lverdale, LLC	I (employer, a for a single	-employer plan)	1	EIN) 20-2974934	
	•	•			H	Sponsor's telephone number	
9800 Le	evin Rd #102				1	360-692-2728	
				,	2d B	Business code (see instructions))
Silver	dale	WA 98383-7849	9		6	521498	
		d address Same as Plan Sponso	or Name Same as Plar	n Sponsor Address	1	Administrator's EIN	
Surgery	y Center of Si	lverdale, LLC		٠.		20-2974934	
•				4	1	Administrator's telephone numb 60-692-2728	er
9800 Le	evin Rd #102				~	00-072-2720	
Silver	iale	WA 98383-7849		,			
D11 V C1 C							
4 If the r	name and/or EIN of the	plan sponsor has changed since the	he last return/report filed fo	or this plan, enter the	4b E	EIN	
4 If the r	name and/or EIN of the , EIN, and the plan num		he last return/report filed fo	or this plan, enter the			
4 If the r name, a Sponse	name and/or EIN of the , EIN, and the plan num or's name	plan sponsor has changed since the state of the last return/report.	·		4c F	PN	
4 If the r name, a Sponso 5a Total r	name and/or EIN of the , EIN, and the plan num or's name number of participants a	plan sponsor has changed since the other from the last return/report.			4c F	PN	38
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Pa	rt III	Financial Information									 .
7		<u> </u>	<u> </u>	() D () ()		1					
		Assets and Liabilities		(a) Beginning of Yea	9763			(b) Ei	nd of `		170053
<u>a</u>		plan assets	7a	4.	976	0		-			
b		plan liabilities	7b	3	9763	 					457 169596
		plan assets (subtract line 7b from line 7a)	7с		9/63	<u>' / </u>					163236
8		ne, Expenses, and Transfers for this Plan Year ributions received or receivable from:		(a) Amount				(b) Tota	l Tigʻili tarix	
а		Indutions received or receivable from: Employers	8a(1)	:	2568	32				13	
		Participants	8a(2)		3897	78	ri 		1 77	, 107 , 107	
		Others (including rollovers)	8a(3)		•	10. No.	is a			H-1	
b		r income (loss)	8b		3252	21	* .			770	
		income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	* 「人 **** - 1.2 作業 ** - 4 に	1.50				100.0	. 13 14	97181
	Bene	efits paid (including direct rollovers and insurance premiums pyide benefits)	8d		2370)7	* :		7 874 1 4		
e		ain deemed and/or corrective distributions (see instructions)	8e					-	1		3
f		inistrative service providers (salaries, fees, commissions)	8f		151	.5			75		
		r expenses	8g							jar e	338
		expenses (add lines 8d, 8e, 8f, and 8g)	8h		Ç.	7.00					225222
i		ncome (loss) (subtract line 8h from line 8c)	8i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Today as					128041
Ť		sfers to (from) the plan (see instructions)	8i		· ^3	Ail .	:		23	7	
Da	t IV	Plan Characteristics	<u> </u>			E-1:11	<u> </u>				_
9a		e plan provides pension benefits, enter the applicable pension	feature cor	des from the List of Plan Char:	actorio	etic Co	des in	the inet	ruction	e:	
Ju		2F 2G 2J 2K 2T 3D	icature cot	des from the List of Fig.) Chare	acteria	suc oc	ucs III	1116111911	uction	ð.	
b	If the	e plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Coc	les in t	he instru	ctions	•	
Par	٠V	Compliance Questions									-
10		ing the plan year:		.		Yes	No		Am	ount	
а	Wa	s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х	_		-	
b	We	re there any nonexempt transactions with any party-in-interest ine 10a.)	? (Do not i	nclude transactions reported	10b		х				
С		as the plan covered by a fidelity bond?				X					30000
	Did	the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10c		Х				
		dishonesty?	-		10d						
е		re any fees or commissions paid to any brokers, agents, or oth urance service, or other organization that provides some or all									
		ructions.)			10e		X	<u> </u>			
f	Has	s the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	_	Х				
h	lf th	is is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR	10h		х				
i	lf 10	Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i						
Part	8 %	Pension Funding Compliance			10.		l		82.		
11	Is th	nis a defined benefit plan subject to minimum funding requirem	ents? (If "Y	es," see instructions and com	plete	Sched	lule SI	3 (Form	Г	Yes	П №
44-		0) and line 11a below)						T	··· L	res	TT 140
		er the unpaid minimum required contribution for current year fr					11a		T -	7	п
12		his a defined contribution plan subject to the minimum funding			or se	ction :	302 of	ERISA?		Yes	х No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			"			<u> </u>			
	grar	waiver of the minimum funding standard for a prior year is bein		Mon		, and e	enter th Day		of the le		ling
		completed line 12a, complete lines 3, 9, and 10 of Schedule		•			40'				
b	Ente	er the minimum required contribution for this plan year					12b	I			