Fo	rm 5500-SF	Ponofit Plan							
	artment of the Treasury ernal Revenue Service	H This form is required to be filed		nd 4065 of the Employee	2	2	2013		
	Department of Labor Benefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form i	s Open to Public		
Pension I	Benefit Guaranty Corporation	Complete all entries in accord	ance with the instru	ctions to the Form 5500)-SF.	Ins	spection		
Part I	Annual Report Id	entification Information al plan year beginning 01/01/2013		and ending 1	2/31/:	2012			
			a multiple omplover p	lan (not multiemployer)	2/31/	a one-partici	aant plan		
	eturn/report is for:		the final return/report	ian (not muttemployer)			bant plan		
B This return/report is: the first return/report the final return/report the)			
C Check box if filing under: X Form 5558 automatic extension					DFVC program				
special extension (enter description)									
Part II	Basic Plan Inform	nation—enter all requested informa	,						
1a Name		ľ			1b	Three-digit			
LOWER CO	DLUMBIA WOMENS CLIN	IIC, LLP 401(K) PROFIT SHARING P	LAN			plan number (PN) ▶	001		
				·	1c	Effective date o			
						01/01	•		
2a Plans LOWER CO	sponsor's name and addre	ess; include room or suite number (en NIC, LLP	nployer, if for a single-	-employer plan)	2b	Employer Identi (EIN) 91-20	fication Number 32614		
790 14TH /					2c	Sponsor's telep 360-57			
LONGVIEV	V, WA 98632				2d	Business code 6211	(see instructions)		
3a Plan	administrator's name and	address Same as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's	EIN 32614		
-OWER COI	LUMBIA WOMENS CLINI	C, LLP 790 14TH AVE LONGVIEW, W	A 98632		3c		telephone number		
name		lan sponsor has changed since the la ber from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN 4c PN				
		the beginning of the plan year			5a		24		
b Total	number of participants at	the end of the plan year			5b		7		
		count balances as of the end of the pl	•	-	5c		7		
6a Wer	e all of the plan's assets d	luring the plan year invested in eligible	e assets? (See instruc	ctions.)			X Yes 🗌 No		
		ne annual examination and report of a					X Yes 🗌 No		
		See instructions on waiver eligibility a er line 6a or line 6b, the plan canno							
-		blan, is it covered under the PBGC ins			_		Not determined		
Caution:	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau		ostablished	-		
Under per SB or Sch	nalties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as well	, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic			
	· · ·		05/40/0045						
SIGN HERE	Filed with authorized/va	lid electronic signature.	05/12/2015	HOMAYOUN SARAF					
Signature of plan administrator Date Enter name of individ					ial sig	gning as plan adr	ninistrator		
SIGN HERE OLIVITATION DE LA CONTRACTION DE LA CONTRACTICA CO									
	Signature of employe	r/plan sponsor ne, if applicable) and address; include	Date	Enter name of individuer (optional)	_		r or plan sponsor number (optional)		
Терагег									

Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year				
a Total plan assets	7a	5094379			657368					
b Total plan liabilities	7b		0							
C Net plan assets (subtract line 7b from line 7a)	7c	509437	9		657368					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
a Contributions received or receivable from:	0-(1)	319	2							
(1) Employers	8a(1)	505		-						
(2) Participants	8a(2)	500	2	-						
(3) Others (including rollovers)	8a(3)	61120	1							
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 	8b 8c	01120				619445				
d Benefits paid (including direct rollovers and insurance premiums	00			_		013443				
to provide benefits)	8d	504210	2							
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f	1435	4							
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5056456				
i Net income (loss) (subtract line 8h from line 8c)	8i					-4437011				
j Transfers to (from) the plan (see instructions)	8j									
2E 2F 2G 2J 2K 2R 2T 3D 2A 3H b If the plan provides welfare benefits, enter the applicable welfare feature	eature codes	s from the List of Plan Charac	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 contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	ction Program)	10a		Х					
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b	V	Х					
C Was the plan covered by a fidelity bond?			10c	Х		500000				
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		,	10d		Х					
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		х					
f Has 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 a	s of vear en	d)	-	Х		(
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	(See instruc	tions and 29 CFR	10g 10h		Х					
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	ne required i	notice or one of the	10i							
exceptions to providing the notice applied under 29 Cr 1 2520.10										
· · · · · · · · · · · · · · · · · · ·	-									
Part VI Pension Funding Compliance	ents? (If "Ye		•			· · · · · · · · · · · · · · · · · · ·				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye			<u></u>		· · · · · · · · · · · · · · · · · · ·				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr	ents? (If "Ye om Schedul	e SB (Form 5500) line 39			11a					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr	ents? (If "Ye om Schedul requiremen	e SB (Form 5500) line 39 ts of section 412 of the Code			11a					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding	ents? (If "Ye om Schedul requiremen as applicab ng amortizeo	e SB (Form 5500) line 39 ts of section 412 of the Code ole.) 1 in this plan year, see instruc	e or se	ection :	11a 302 of	ERISA? Yes No				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir	ents? (If "Ye om Schedul requiremen as applicab	e SB (Form 5500) line 39 ts of section 412 of the Code ole.) d in this plan year, see instruction	e or se	ection :	11a 302 of	ERISA? Yes No				

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			
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?	XY	′es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

Form 5500-SF	Short Form Annual Ret	urn/Report o nefit Plan	f Small Employ	OMB Nos. 1210-0 1210-0					
Department of the Treasury Internal Revenue Service	De This form is required to be filed u	e		2013					
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		Inis Form	is Open to Public spection			
Pension Benefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	tions to the Form 550	0-SF.					
	entification Information	01/2013	and ending		12/31/201	3			
For calendar plan year 2013 or fisca									
		e final return/report	an (not multiemployer)	ployer) a one-participant plar					
B This return/report is:		•	l/report (less than 12 m	onthe	N				
	onins,	/	~						
	special extension (enter description)								
L	nation—enter all requested information	on		1h	Three-digit	1			
1a Name of plan Longview Surgical Cer	ter Llc 401 K Profit Sh	naring Plan		1.0	plan number				
Longvien Saugroar oo.		2			(PN) 🕨	001			
				1c	Effective date of 01/01/2000				
2a Plan sponsor's name and addre Longview Surgical Cer	ess; include room or suite number (emp iter Llc	loyer, if for a single-	employer plan)	2b	Employer Ident (EIN) 16-16	ification Number 78767			
PACIFIC SURGICAL CENT	ER			2c	Sponsor's telep				
Po Box 960				0.1	360-736-0				
	WA 98531-0960			20	Business code 621493	(see instructions)			
Centralia 3a Plan administrator's name and	address Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's 16-167876				
LONGVIEW SURGICAL CEN	TER LLC			3c		telephone number			
PO BOX 696					360-736-0	•			
CENTRALIA	WA 98531-0696								
	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN				
name, EIN, and the plan numb	er from the last return/report.			4c PN					
a Sponsor's name 5a Total number of participants at	the beginning of the plan year			- 5a					
	the end of the plan year			5b		23			
	count balances as of the end of the plar								
				5c		24			
	uring the plan year invested in eligible a					X Yes No			
b Are you claiming a waiver of th	e annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQ	PA)		X Yes No			
If you answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.				
-	an, is it covered under the PBGC insu					Not determined			
-									
Caution: A penalty for the late or	incomplete filing of this return/repor penalties set forth in the instructions, I	declare that I have a	examined this return/rer	nort. ir	ncluding, if applic	able, a Schedule			
SB or Schedule MB completed and belief, it is true, correct, and completed	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			
Laron I NAX	<u> </u>	11							
SIGN HERE Signature of plan adm	anietrator	Date 107/14	Enter name of individ	ual sid	ning as plan ad	ministrator			
		Date ///e	Enter Henre er Harris		<u></u>				
SIGN HERE	rinian anonact	Date	Enter name of individ	ualeid	ning as employe	er or plan sponsor			
Signature of employe	re, if applicable) and address; include r					number (optional)			
For Paperwork Reduction Act Notice a	Ind OMB Control Numbers, see the instruc	ctions for Form 5500-5	SF.	<u> </u>		Form 5500-SF (2013)			

7 Plan Assets and Liabilities		(a) Beginning of Yea	г			(b) End o	f Year	
a Total plan assets		······································)895:	2		.,		059608
b Total plan liabilities		uuranningeennangeenninge a age, uun oos cana						
C Net plan assets (subtract line 7b from line 7a)	7c	80	895	2			1	059608
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
a Contributions received or receivable from:						<u>``</u>		
(1) Employers	8a(1)		7591					
(2) Participants	8a(2)	g	9013	7				
(3) Others (including rollovers)	8a(3)			<u> </u>				
b Other income (loss)	8b	8	3482	2				0000
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+				25087
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e			1				
f Administrative service providers (salaries, fees, commissions)	8f		21	8				
q Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21
i Net income (loss) (subtract line 8h from line 8c)	8i	· · · ·		Τ				25065
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics				_ _				
b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	ature code		lensu				15.	
10 During the plan year:				Yes	No	<i>F</i>	mount	
a Was there a failure to transmit to the plan any participant contributi	ions within ciary Corre	the time period described in ection Program)	10a	Yes	No X	ł	mount	
	ciary Corre ? (Do not ir	ection Program) Include transactions reported	$\neg \uparrow$	Yes			Amount	
 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? 	ciary Corre ? (Do not ir	action Program)	10a	Yes	x	4		12500
 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?	ciary Corre ? (Do not ir fidelity bon	ction Program) nclude transactions reported d, that was caused by fraud	10a 10b		x	ł		12500
 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond? 	ciary Corre ? (Do not ir fidelity bon er persons of the bene	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c		x x			
 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) 	ciary Corre ? (Do not ir fidelity bon er persons of the bene	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	x	x x	¥		
 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Corre ? (Do not ir fidelity bon er persons of the bene	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e 10f	x	x x x			269
 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc	action Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR	10a 10b 10c 10d	x	x x x	· · · · · · · · · · · · · · · · · · ·		269
 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc- me required	action Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f 10g	x	x x x			269
 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?. e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc- me required	action Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h	x x x x x	x x x			269
 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc the required 1-3 ents? (If "Y	action Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X	X X X X	(Form		269.
 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc- te required 1-3 ents? (If "Y	action Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See Ind.) ctions and 29 CFR Inotice or one of the res," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10h	X X X X X Schee	X X X X	(Form		269.
 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc- ne required 1-3 ents? (If "Y	action Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10h	x x x x x x x	X X X X Iule SB	(Form		269 1254
 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc te required 1-3 ents? (If "Y om Schedu requiremen	ection Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10h	x x x x x x x	X X X X Iule SB	(Form		269. 1254
 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc required 1-3 ents? (If "Y om Schedu as applica ag amortize	ection Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i plete S or sec	x x x x x x x x ction :	X X X X Iule SB	(Form ERISA?	☐ Yes	s 🛛 No
 a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure between the end of the plan have a loss of the plan set on the plan instruction of the plan have a loss, whether or not reimbursed by the plan's for dishonesty? c Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan go bid the plan have any participant loans? (If "Yes," enter amount as here a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the second of the minimum funding under go the minimum funding under go the minimum funding the minimum fu	ciary Corre ? (Do not ir fidelity bon er persons of the bene n? s of year er See instruc required 1-3 ents? (If "Y om Schedu as applica ag amortize	ection Program) Include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i plete S or sec	X X X X X Cocheco	X X X X X Iule SB	(Form ERISA?	Yes	269 1254 3 [] No 3 [X] No

Form 5500-SF 2013

С	Enter the amount contributed by the employer to the plan for this plan year						
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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No [N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	13a Has a resolution to terminate the plan been adopted in any plan year?						
	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 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			_		
1	3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3) PN(s)		
							<u>.</u>
					1		<u> </u>
Sand at San Dec							
Part	VIII Trust Information (optional)						
14a	Name of trust	14b ⊤	rust's	EIN			