For	rm 5500-SF	Short Form Annua	•	of Small Emplo	oyee	•	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be filed	Benefit Plan	4065 of the Employee R	etireme	ent	2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (I		57(b) and 6058(a) of the		I This F	orm is Open to
Pension Be	enefit Guaranty Corporation	 Complete all entries in ad 	ccordance with the inst	ructions to the Form 55	500-SF		lic Inspection
Part I		Identification Information					
For calenda	ar plan year 2014 or fis	scal plan year beginning 01/01/201		U	/31/201		
	turn/report is for: urn/report is	 a single-employer plan a one-participant plan the first return/report an amended return/report 	of participating emplo a foreign plan the final return/report	lan (not multiemployer) yer information in accord n/report (less than 12 m	dance v	-	
C Check	box if filing under:	Form 5558 special extension (enter descrip	─ automatic extension ption)		[DFVC progra	am
Part II	Basic Plan Info	rmation—enter all requested info	rmation				
1a Name			maion			Three-digit plan number (PN) ▶	001
					-	Effective date o	
SURGERY C	ponsor's name and ad ENTER OF OLYMPIA H SOUND SURGERY		(employer, if for a single-	-employer plan)		Employer Identi	fication Number 114974
	ENCE LANE NORTH				2c 3	Sponsor's telep 360-48	
OLYMPIA, W					2d	Business code 6214	(see instructions) 93
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	ır.		3b /	Administrator's	EIN
4 If the r	name and/or EIN of the	e plan sponsor has changed since th	ne last return/report filed f	or this plan, enter the	4b		telephone number
	, EIN, and the plan nur or's name	mber from the last return/report.			4c	PN	
- <u>-</u>		at the beginning of the plan year			5a		43
b Total i	number of participants	at the end of the plan year			5b		51
		account balances as of the end of th		•	50	;	35
d(1) Tota	al number of active par	rticipants at the beginning of the plar	ו year		5d(1)	43
		rticipants at the end of the plan year			5d(2)	46
		erminated employment during the pla			5e	•	1
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return/ her penalties set forth in the instructi nd signed by an enrolled actuary, as olete.	ions, I declare that I have	examined this return/rep	port, ind	cluding, if applic	able, a Schedule knowledge and
SIGN		valid electronic signature.	06/24/2015	CHARLES E. HUGGIN	NS, III		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sigr	ning as plan adr	ministrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individ			
Preparer's	name (including firm n	name, if applicable) and address (inc	lude room or suite numbe	er) (optional)	Prepa	arer's telephone	number (optional)

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No
b	Are you claiming a waiver of the annual examination and report of a							X Yos	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							103	
C	If the plan is a defined benefit plan, is it covered under the PBGC in				_	-		ot detern	nined
	rt III Financial Information			,2 .) .		100			
7							(h) End of	Veen	
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of	166177	76
<u>a</u> b	Total plan assets Total plan liabilities	7a 7b)84				100177	0
		7b 70	14397					166177	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c					(h) T et		<u> </u>
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	ai	
u	(1) Employers	8a(1)	675	556					
	(2) Participants	8a(2)	1352	231					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	884	82					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						29126	39
d	Benefits paid (including direct rollovers and insurance premiums		689	13					
	to provide benefits)	8d	000	/10					
	Certain deemed and/or corrective distributions (see instructions)	8e		324					
	Administrative service providers (salaries, fees, commissions)	8f		0					
<u> </u>	Other expenses	8g		0				6923	27
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22203	
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)			0				22200	
,		8j		0					
9a	t IV Plan Characteristics	footuro oo	dea from the List of Plan Char	ootori	otio Co	doo in	the instruction	no:	
<i>3</i> a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $3D$ $2F$ $2T$	lealure co		acteri				115.	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	des in t	he instructior	S:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contribu			100		x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		~			
	on line 10a.)		-	10b		X			
С	Was the plan covered by a fidelity bond?			10c	х				166178
d									
	or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all instructions.)			10e	x				6029
f	·			10f		Х			
g				10g	Х				5070
 h			,	iug	~				3070
	2520.101-3.)	•		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			10i					
Part	VI Pension Funding Compliance				-	-			
11	Is this a defined benefit plan subject to minimum funding requirem								<u> </u>
	5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
-	If a construction of the construction of the allow of an element for a second construction is the first.		and in the second se					Indian col	~~

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF	Short Form Annua	I Return/Report Benefit Plan	of Small Emplo	oyee	-	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104 and 4				2014
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		Internal		orm is Open to lic Inspection
Pension Benefit Guaranty Corporation	► Complete all entries in ac dentification Information	ccordance with the instru	uctions to the Form 55	00-SF.		,
For calendar plan year 2014 or fisc		01/01/2014	and ending	12,	/31/201	4
A This return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer) (ver information in accord	Filers chec	king this bo	ox must attach a list
	a one-participant plan	a foreign plan				
B This return/report is	the first return/report	the final return/report				
1	an amended return/report	a short plan year return	n/report (less than 12 m			
C Check box if filing under:	Form 5558	automatic extension		[] D	FVC progra	am
	special extension (enter descrip	otion)				
- Date-state -	mation—enter all requested info	rmation		46		
1a Name of plan SOUTH SOUND SURGERY (CENTER 401(K) PLAN			1b Thre plan	e-digit number	001
				(PN)		
					ctive date o	
2a Plan sponsor's name and add Surgery Center Of Ol		r (employer, if for a single-	employer plan)		loyer Ident) 20-14	ification Number 14974
410 Providence Lane	D/B/A SOUTH SOUND	SURGERY CENTER				phone number
410 Providence Lane .	NOITH EAST				-486-6 ness code	301 (see instructions)
Olympia	WA 98506			1	.493	
3a Plan administrator's name and	address Same as Plan Sponso	or,		3b Adm	inistrator's	EIN
4 If the name and/or EIN of the	plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b EIN		
ORE MERICIPATION	ber from the last return/report.			4c PN		
a Sponsor's name 5a Total number of participants a	at the beginning of the plan year			5a	[43
	at the end of the plan year			5b		51
	ccount balances as of the end of th		•	5c		35
	icipants at the beginning of the pla			5d(1)		
d(2) Total number of active part	icipants at the end of the plan yea	f		5d(2)		43
. ,	minated employment during the pl			5e		
						1
Under penalties of perjury and oth	d signed by an enrolled actuary, as	tions, I declare that I have	examined this return/re	port, includ	ing, if appli	
SIGN Whale S	Heigan TT	26/24/15	Charles E. Hu	ggins,	III	
HERE Signature of plan ac	ministrator	Date	Enter name of individ	ual signing	as plan ad	ministrator
SIGN						
HERE Signature of employ	er/plan sponsor ame, if applicable) and address (ind	Date	Enter name of individ	r		er or plan sponsor e number (optional)
Preparer's name (including inm na	ine, il applicable) and audress (int			Гтерагег	stelephon	
For Paperwork Reduction Act Notice	and OMR Control Numbers are the	instructions for Form 6500	SE .			Form 5500-SF (2014)

Paperwork Reduction Act Notice For

	Form	5500-	-SF	2014	1
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b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and conditi ot use For	dent qualified public accountations.) m 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	MONTO OF	X X Not	Yes Yes detern		No No
	rt III Financial Information			2.1):		103] 1101	detern	intec	
Fa					1						
4	Plan Assets and Liabilities		(a) Beginning of Yea	1282			(b) End	l of Y		617	170
	Total plan assets	7a	144		-				10	01/	10
	Total plan liabilities	7b	1.4.2	308	_				3.0	<i>C</i> 1 <i>C</i>	
	Net plan assets (subtract line 7b from line 7a)	7c		3974	:4	_	KURTER.		16	617	76
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b)	Total		-	
а	Contributions received or receivable from: (1) Employers	8a(1)	E	5755	6						
×——	(2) Participants	8a(2)	13	3523	1	TX AVAIL			181		
					0		1. 121	1	-	123	1231
h	(3) Others (including rollovers)	8a(3)		3848	-	-	A surrey	1	-		2.31
	Other income (loss)	8b		5040	,2	17		100.1	2	010	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				4 12 D	N.C.	0	2	912	.09
u	to provide benefits)	8d	e	5891	.3						
e	Certain deemed and/or corrective distributions (see instructions)	8e					vaniei	12		1	
f	Administrative service providers (salaries, fees, commissions)	8f		32	24	1102	9 = V.L.	100			
g	Other expenses	8g			0		8-1-1-	19.21			
	Total expenses (add lines 8d, 8e, 8f, and 8g)			8.1				-		692	27
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		S and						220	
	Transfers to (from) the plan (see instructions)			1100	0	18	-	3.0	2	220	
	rt IV Plan Characteristics	8j			0				196		-
Par	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruc	tions:			
10	During the plan year:				Yes	No	ľ	۸m	ount		
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in	r	100			AIII	Juni		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Corr	ection Program)	10a		X					
	on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X				1	661	⊾78
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		x					
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 ben	efits under the plan? (See	10e	x					6 (029
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	· · · · · · · · · · · · · · · · · · ·				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g	X	1				50	070
	If this is an individual account plan, was there a blackout period?			ling			11-12-12-11	-	-		_
	2520.101-3.)			10h		X	1.1				
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				1		1	
Par	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 fi		and the second sec		1	11a		- 11 - 17 - 17 - 17 - 17 - 17 - 17 - 17			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	x	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									local	
		the second s								_	

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 Day Year

Form 5500-SF 2014

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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 the control	
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 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 the control	
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)	
e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes 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 the control	
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 the control	
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	No N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control	
and the state of t	
of the PBGC?	Yes X No
C 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.)	
13c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN