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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

C		rt Identification Informatio	!!			
For calen	dar plan year 2014 or	fiscal plan year beginning 01/01/	<u>/2014</u>	and ending 12/	/31/2014	
A This re	eturn/report is for:	X a single-employer plan ☐		plan (not multiemployer) (loyer information in accord		
		a one-participant plan	a foreign plan			
B This re	turn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	orogram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	formation—enter all requested i	information			
1a Name		OSS CENTER, PLLC 401(K) PLAI	N		1b Three-digi plan numb	per
					(PN) •	001
					1c Effective of	01/01/2008
	sponsor's name and a	address; include room or suite num OSS CENTER, PLLC	ber (employer, if for a sing	le-employer plan)		Identification Number 91-1916049
					2c Sponsor's	stelephone number
	ROAD NE, SUITE C-2 WA 98506-5422	2				code (see instructions)
						621111
3a Plan	administrator's name	and address XSame as Plan Spo	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
		the plan sponsor has changed sinc	e the last return/report filed	I for this plan, enter the	4b EIN	
nam	e, EIN, and the plan r	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed	for this plan, enter the		
nam a Spon	e, EIN, and the plan r sor's name	number from the last return/report.	•	·	4c PN	8
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b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X	Yes Yes	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No L	Not	detern	nined
Par –					1					
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End		ar 56559	20
	Total plan assets	7a		746					311	
	Total plan liabilities	7b	5192						56248	
	Net plan assets (subtract line 7b from line 7a)	7c					/b) T			
	Contributions received or receivable from:		(a) Amount				(b) T	Olai		
	(1) Employers	8a(1)	73	359						
	(2) Participants	8a(2)	69	945						
	(3) Others (including rollovers)	8a(3)		60						
	Other income (loss)	8b	291	125						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4348	39
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	2	270						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							27	70
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							4321	19
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charad	cterist			he instruct	ons:		
10	During the plan year:	C 20-1	and the control of the control of the		Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X				
	on line 10a.)			10b		X				
<u>_</u>	Was the plan covered by a fidelity bond?			10c	X					56248
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					544
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g	X					70702
h	If this is an individual account plan, was there a blackout period? (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 (302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		he let Year		ing

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

	port Identification Information	n		7-7-7-	
For calendar plan year 201	4 or fiscal plan year beginning	01/01/2014	and ending	12/31/20	
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla of participating employed a foreign plan			
B This return/report is	the first return/report	the final return/report			
The rotal in roport is	an amended return/report	a short plan year return/	report (less than 12 r	months)	
C Check box if filing unde		automatic extension		DFVC pro	gram
	special extension (enter des	cription)			
Part II Basic Plan	Information—enter all requested i	nformation		17	
1a Name of plan PACIFIC SURGICAL	WEIGHT LOSS CENTER, PL	LC 401(K) PLAN		1b Three-digit plan number (PN) ▶	001
				1c Effective date 01/01/20	
	and address; include room or suite num L WEIGHT LOSS CENTER, PI		mployer plan)	2b Employer Ide (EIN) 91-1	entification Number .916049
200 LILLY ROAD N	NE, SUITE C-2			2c Sponsor's te 360-412-	· ·
OLYMPIA	WA 98506-54	.22			de (see instructions)
	ame and address XSame as Plan Spo			3b Administrato	r's EIN
				3c Administrato	r's telephone number
A If the name and/or Ell	N of the plan sponsor has changed sing	e the last return/report filed for	this plan, enter the	4b FIN	
name, EIN, and the p	N of the plan sponsor has changed sinc lan number from the last return/report.	e the last return/report filed for	this plan, enter the	4b EIN 4c PN	
name, EIN, and the p a Sponsor's name	lan number from the last return/report.			4c PN	8
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