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

2015

This Form is Open to Public Inspection

Р	art I	Annual Report	t Ide	entification Infor	mation					
For	calenda	ar plan year 2015 or f	iscal	plan year beginning	01/01/2	2015	and ending 1:	2/31/2	015	
A	This ret	urn/report is for:	X	a single-employer plana one-participant plan		_	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
В-	Γhis retu	ırn/report is		the first return/report an amended return/re	eport	H	he final return/report a short plan year return/report (less than 12 m	onths)	
С	Check b	oox if filing under:		Form 5558 special extension (er	iter descri	ш	automatic extension n)		DFVC progr	ram
Pa	art II	Basic Plan Info	orm	ation—enter all requ	uested info	forma	ation			
	Name (of plan		P.C. EMPLOYEE PEN				1b	Three-digit plan number (PN)	003
								1c	Effective date of 01/0	f plan 1/2009
	Mailing City or	address (include root town, state or provin	om, a		et, or P.O		x) de (if foreign, see instructions)		Employer Identii (EIN) 86-0 Sponsor's telep	575860
		T SURGICAL GROU								54-1029
		AL MALL DR SW STE 'A 98502-8702	= 201	I					6211	11
3a	Plan ad	dministrator's name a	ind a	iddress <mark>X</mark> Same as Pl	an Spons	sor.			Administrator's I	elephone number
4				an sponsor has chang er from the last return/i		the la	ast return/report filed for this plan, enter the		EIN	
a	Sponso	or's name						4c		
5a	Total r	number of participant	s at t	the beginning of the pl	an year			5		5
b								5	b	4
С							lan year (defined benefit plans do not	5		
d	(1) Tota	al number of active pa	artici	pants at the beginning	of the pla	an ye	ear	5d	(1)	4
d	(2) Tota	al number of active p	artici	pants at the end of the	e plan yea	ar		5d	(2)	4
	than 1	100% vested				·	year with accrued benefits that were less	5		0
	ution: A	penalty for the late	or i	ncomplete filing of th	nis return	n/rep	ort will be assessed unless reasonable ca			
SB	or Sche		and s	igned by an enrolled			s, I declare that I have examined this return/re Il as the electronic version of this return/repor			

SIGN Filed with authorized/valid electronic signature. 07/22/2016 WILLIAM WILLIARD, M.D. **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number DON HENDERSON 602-312-0411 HENDERSON RETIREMENT SERVICES, INC. 3877 E. TAURUS PLACE CHANDLER, AZ 85249

Form 5500-SF 2015		Page 2					
 Were all of the plan's assets during the plan year invested in 6 Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eligible lf you answered "No" to either line 6a or line 6b, the plan of the p	rt of an independe pility and condition	ent qualified public a s.)	ccount	ant (IQ	PA)		
C If the plan is a defined benefit plan, is it covered under the PBC					_	_	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar		-	b) End of Year
a Total plan assets	7a	(w) = vg	1894				2004309
b Total plan liabilities				0			0
C Net plan assets (subtract line 7b from line 7a)	7с		1894	219			2004309
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		300	0000			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		-129	140			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							170860
d Benefits paid (including direct rollovers and insurance premiun to provide benefits)			44	909			
Certain deemed and/or corrective distributions (see instruction				0			
f Administrative service providers (salaries, fees, commissions).				0			
g Other expenses			15	861			
h Total expenses (add lines 8d, 8e, 8f, and 8g)							60770
i Net income (loss) (subtract line 8h from line 8c)	8i						110090
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
B If the plan provides welfare benefits, enter the applicable welf Part V Compliance Questions	are feature codes	from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant cordescribed in 29 CFR 2510.3-102? (See instructions and DO Program)	L's Voluntary Fidu	ciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-int reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			250000
d Did the plan have a loss, whether or not reimbursed by the p by fraud or dishonesty?	•		10d		X		
Were any fees or commissions paid to any brokers, agents, of carrier, insurance service, or other organization that provides the plan? (See instructions.)	s some or all of the	benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amo	unt as of year end	.)	10g		Χ		
h If this is an individual account plan, was there a blackout peri	iod? (See instructi	ons and 29 CFR	10g		X		
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 252	ded the required n	otice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)	,			•			V V NI-
11a Enter the unpaid minimum required contribution for all years	from Schedule SB	(Form 5500) line 4	0	<u></u>		11a	0
12 Is this a defined contribution plan subject to the minimum fur	ndina requirements	s of section 412 of t	he Cod	e or se	ction :	302 of FR	ISA? Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP// harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

This Form is Open to Public

Inspection

OMB No. 1210-0110

File as an attachment to Form 5500 or 5500-SF.

				, incu	our attachmicht t	0 1 01111 0000 01	0000 01 .			
Fo	r calendar	plan year 201	5 or fiscal plan	year beginning	01/01/2015		and endi	ng 12/3	1/2015	_
		f amounts to								
•	Caution:	A penalty of \$	1,000 will be a	ssessed for late filing	of this report unle	ss reasonable ca	use is establish	ed.		
	Name of po		GROUP, P.C	. EMPLOYEE PENSI	ON PLAN		B Three-dig	-	•	003
С	Plan spons	sor's name as	shown on line	2a of Form 5500 or 5	5500-SF		D Employer	Identificat	ion Number (E	EIN)
NO	ORTHWES	ST SURGICAL	GROUP, P.C					86-0575	5860	
Ε.	Type of pla	n: X Single	Multiple-A	Multiple-B	F Prior	year plan size:	100 or fewer	101-50	00 More th	an 500
P	art I E	Basic Infor	mation							
1	Enter the	e valuation dat	te:	Month	Day31	Year <u>2015</u>	_			
2	Assets:									
	a Marke	t value						2a		1704309
	b Actua	rial value						2b		1704309
3	Funding	target/particip	ant count brea	akdown		` '	Number of rticipants		ted Funding arget	(3) Total Funding Target
	a For re	tired participar	nts and benefi	ciaries receiving payr	nent		0		0	0
	b For te	rminated veste	ed participants	i			0		0	0
	C For ac	tive participan	ts				4		1343363	1343363
	d Total						4		1343363	1343363
4				he box and complete		•	.П			
	•			ribed at-risk assumpti	, , , , ,		ш	4a		
	b Fundi	ng target refle	cting at-risk as	sumptions, but disreg	garding transition r	ule for plans that	have been in	4h		
5								5		6.23%
6	Target r	ormal cost						6		79126
	To the best of accordance v	vith applicable law a	e information suppl and regulations. In	lied in this schedule and acc my opinion, each other assu experience under the plan.	ompanying schedules, s Imption is reasonable (ta	tatements and attachm king into account the e	nents, if any, is complexperience of the plan	ete and accu and reasona	rate. Each prescrib able expectations) a	ed assumption was applied in and such other assumptions, in
	SIGN HERE								07/21/20	016
			Sigi	nature of actuary					Date	
НА	I TAN TU								14-038	57
			Type or	print name of actuary	,			Most re	ecent enrollme	ent number
HE	NDERSON	N RETIREMEN	NT SERVICES	, INC.					602-312	2-0411
	77 E. TAUI ANDLER,	RUS PLACE AZ 85249		Firm name			Te	elephone	number (includ	ding area code)
			Ac	ddress of the firm			_			
	e actuary huctions	as not fully ref	lected any reg	gulation or ruling prom	nulgated under the	statute in comple	eting this schedu	ule, check	the box and s	ee
เบอเป	uolioi 15									

Page 2	-	
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Schedule SB (Form 5500) 2015

Pa	art II	Begi	nning of Year	Carryov	er and Prefunding Ba	alances						
							(a) (Carryover balance		(b) F	Prefundi	ng balance
7		-			cable adjustments (line 13 fr	•			0			0
8			·	-	unding requirement (line 35				0			0
9									0			0
10	Interest	on line	9 using prior year's	actual ret	urn of0.00%				0	(
11	Prior ye	ar's exc	ess contributions to	be added	to prefunding balance:							
	a Prese	ent value	e of excess contribu	utions (line	38a from prior year)							244920
					Ba over line 38b from prior your prior you interest rate of <u>6.46</u> %							0
	b(2) In	nterest o	n line 38b from pric	or year Sch	nedule SB, using prior year's	actual						0
					or to odd to profunding bolon							
					ear to add to prefunding balan							244920
	d Portion	on of (c)	to be added to pre	funding ba	ılance							0
12	Other re	eduction	s in balances due t	o elections	s or deemed elections				0			0
13	Balance	e at begi	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12))			0			0
Part III Funding Percentages								1				
14 Funding target attainment percentage								14	126.86 %			
15 Adjusted funding target attainment percentage									15	126.86 %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	158.52 %			
17	If the cu	urrent va	lue of the assets o	f the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Cor	ntributions and	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N/	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DE)		(b) Amount pa employer(s		(0	,	int paid by oyees
•	7/20/2016		cinpicyci	300000	0	(111111 22	, , , , , ,	omployer(<i>3</i>)		отпрі	oyeee
	720/2011			000000	•							
						Totals ▶	18(b)		300000	18(c)		0
19	Discour	nted emp	oloyer contributions	– see inst	ructions for small plan with	a valuation	date after th	ne beginning of the	year:			
	a Cont	ributions	allocated toward ι	ınpaid min	imum required contributions	from prior	years		19a			0
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contr	ributions	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted	d to valuation	n date	19c			290126
20		•	butions and liquidit	•							-	
			_		he prior year?							Yes X No
	b If line	20a is	"Yes," were require	d quarterly	installments for the current	year made	in a timely	manner?	п			Yes No
	C If line	20a is '	"Yes," see instruction	ons and co	implete the following table a							
		(1) 1	st I		Liquidity shortfall as of eaction (2) 2nd	nd of quarte					(4) 4th	า
	(1) 1st (2) 2nd (3) 3rd (4									· , .u		

_									
		•	ns Used to Determine	Funding Target and Targe	t Normal Cost				
21		ĺ							
	a Segn	nent rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	used
	b Applio	cable month (enter code)			21b			0
22	Weighte	ed average ret	irement age			22			62
23	Mortality	y table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	е		
Pa	rt VI	/liscellane	ous Items						
	Has a cl	hange been m	nade in the non-prescribed act	uarial assumptions for the current			· · · –	d Yes	X No
25	Has a m	nethod change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the pl	an required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27	If the pla	an is subject to	o alternative funding rules, en	er applicable code and see instruc	tions regarding	27	<u>L</u>		<u>, E</u>
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28			•	years		28			0
29				I unpaid minimum required contrib					
				anpara minimani regalica comine		29			0
30	Remain	ing amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Target i	normal cost ar	nd excess assets (see instruct	ions):					
	a Target	t normal cost ((line 6)			31a			79126
	b Exces	s assets, if ap	oplicable, but not greater than	line 31a		31b			79126
32	Amortiza	ation installme	ents:		Outstanding Bala	ance	Installn	nent	
	a Net sh	nortfall amortiz	zation installment			0			0
	b Waive	er amortizatior	n installment			0			0
33	If a waiv	er has been a	approved for this plan year, en	ter the date of the ruling letter grar		33			
34	Total fur	nding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding	0		0			0
36	Addition	al cash requir	rement (line 34 minus line 35)		<u> </u>	36			0
37	Contribu	utions allocate	d toward minimum required co	ontribution for current year adjuste	d to valuation date	37			290126
38	Present	value of exce	ess contributions for current ye	ar (see instructions)		ı			
			•	,		38a			290126
				orefunding and funding standard c		38b			0
39				ear (excess, if any, of line 36 over		39			0
40				i	·	40			0
	rt IX			Pension Relief Act of 2010					
			de to use PRA 2010 funding re			•			
	a Sched	dule elected				П	2 plus 7 years	15 y	ears
	b Eligibl	le plan vear(s)) for which the election in line	41a was made				_	2011
42				Tra was made		42		<u> </u>	
			celeration amount to be carrie			43			

Northwest Surgical Group, P.C. Employee Pension Plan

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

		For Fun Min	nding <u>Max</u>	For Act	uarial Equivalence			
Interest Rates	Seg 1:	4.72%	1.39%	Seg 1:	1.76%			
	Seg 2:	6.11%	3.98%	Seg 2:	4.15%			
	Seg 3:	6.81%	5.00%	Seg 3:	5.13%			
Pre-Retirement								
Turnover	None			None				
Mortality	None			None				
Assumed Ret Age	Normal a		t age 62 and 5 years of	Normal i	retirement age 62 and 5 years of tion			
Post-Retirement								
Mortality	male pro Female-	ojected 30 modified l	22000 combined healthy & 22 years RP2000 combined pjected 30 & 22 years	2015 Ap Notice 2	plicable Mortality Table from 013-49			
Assumed Benefit Form Fo	r Funding	g		Lump Su	ım			
Calculated Effective Interes	est Rate			6.23%				
Actuarial Cost Method				by the Perfunding benefits,	Credit funding method was used as prescribed ension Protection Act. This method sets the target equal to the present value of accrued and sets the normal cost equal to the present the benefit accrued in the current year.			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

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.

QMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Part I		Identification Information				
For calenda	r plan year 2015 or f	scal plan year beginning	01/01/2015	and ending	12/31/2	
A This ret	urn/report is for:	X a single-employer plan		an (not multiemployer) ployer information in ac		
		a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,		,
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram ,
Bant II	Daria Blandar	special extension (enter desc				
Part II		ormation—enter all requested in	tormation		1h Theore digit	
1a Name (GROUP, P.C. EMPLOYEE	PENSION PLAN		1b Three-digit plan number (PN) ▶	003
					1c Effective dat 01/01/20	
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Ide (EIN) 86-0	entification Number 0575860
	town, state or province IEST SURGICAL	ce, country, and ZIP or foreign post GROUP, P.C.	al code (if foreign, see instr	uctions)	2c Sponsor's te 360-754	
3920 C	APITAL MALL	DR SW STE 201			2d Business cor 621111	de (see instructions)
OLYMPI	A	WA 98502-87	02			
3a Plan ad	dministrator's name a	nd address XSame as Plan Spon		,	3b Administrato	r's EIN
					3c Administrato	r's telephone number
4 If the n	ame and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	<u> </u>
name, a Sponse	•	mber from the last return/report.			4c PN	
5a Total r	umber of participants	at the beginning of the plan year			5a	5
		at the end of the plan year			5b	4
C Number	er of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year	••••	5d(1)	4
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	4
e Numb	er of participants tha	t terminated employment during the	e plan year with accrued ber	nefits that were less	5e	0
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable car	use is established	
SB or Sche	ilties of perjury and o dule MB completed a rue, correct, and com		ctions, I declare that I have as well as the electronic ver	examined this return/repor	port, including, if ap t, and to the best of	my knowledge and
SIGN HERE	200	llear	7/22/16	William Wiʻlli	ard, M.D.	
HEKE	Signature of plan	<u> </u>	Date	Enter name of individ		administrator
SIGN	LA	lear	7 (20/16	William Willi	ard, M.D.	
HERE	Signature of empl		Date	Enter name of individ		
Don Hen	derson	name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's telephe 602-3	12-0411
,		t Services, Inc.				
13877 E.	Taurus Plac	e			- 22 - 22	·
Chandle	er	AZ 85249				,

	Form 5500-SF 2015		Page 2					
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 cann of the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and conditi ot use For	dent qualified public a ons.)rm 5500-SF and must	ccount	ant (IQ	PA) Form	5500.	X Yes No
Par	t III Financial Information							
	Plan Assets and Liabilities		(a) Beginning	of Vo	ar			(b) End of Year
	Total plan assets	7a		1,89		9		2,004,309
	Total plan liabilities	7b		,		0		0
	Net plan assets (subtract line 7b from line 7a)	7c		1,89	4,21	9		2,004,309
	Income, Expenses, and Transfers for this Plan Year		(a) Amou			1		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	(a) 7 111100		0,00	0		(8) 10141
	(2) Participants	8a(2)				0		
	(3) Others (including rollovers)	8a(3)				0		
	Other income (loss)	8b		-12	9,14	0		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			,,	1		170,860
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4	4,90	9		1707000
	Certain deemed and/or corrective distributions (see instructions)	8e				0		
	Administrative service providers (salaries, fees, commissions)	8f				0		
	Other expenses	8g		1	5,86	1		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						60,770
	Net income (loss) (subtract line 8h from line 8c)	8i						110,090
	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics	<u> </u>						
B Part	1A 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits.	eature cod	es from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instructions:
10	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	duciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х			250,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	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	notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
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 all years from							0
12	Is this a defined contribution plan subject to the minimum funding						•	RISA? Yes X No

	Form 5500-SF 2015 Page 3 -					
(1	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in anting the waiver.		enter the Day		e letter rul Year	ing
	a completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Бау		rear	
b Er	ter the minimum required contribution for this plan year		12b			
C En	ter the amount contributed by the employer to the plan for this plan year		12c			
d s	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
	ill the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No	N/A
Part VI	Plan Terminations and Transfers of Assets			<u></u>	<u> </u>	
13a ⊢	as a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
lf	"Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brout the PBGC?				Yes X	No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identification assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	ı			
130	(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part V	II Trust Information					
14a Na	me of trust		14b Tr	ust's EIN		
14c N	ame of trustee or custodian			rustee's delephone	or custodia number	an's
Part I	IRS Compliance Questions					
15a Is	the plan a 401(k) plan?		Yes		No	
	Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an atching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas har	sign- sed safe bor thod	ADP test	
te	he ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c sting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 a)(2)(ii))?	101(m)-	Yes		No	
16a Ch	eck the box to indicate the method used by the plan to satisfy the coverage requirements under sect	on 410(b):	Raf per tes	centage		rage efit test
	bes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by cons plan with any other plans under the permissive aggregation rules?		Yes		No	
17a ∺a	s the plan been timely amended for all required tax law changes?		Yes		No	N/A
	ate the last plan amendment/restatement for the required tax law changes was adopted tax law changes and codes).	Enter the	applicabl	e code	(See ir	nstructions
ac	he plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl visory letter, enter the date of that favorable letter and the letter's serial r	number				or
de	he plan is an individually-designed plan and received a favorable determination letter from the IRS, etermination letter		the plan	s last favo	orable	
	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Yes		No	
19 W	ere in-service distributions made during the plan year?		Yes		No	
If	Yes," enter amount		19			
	ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wired), as required under section 401(a)(9)?		Yes		No	N/A

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachment to Form	5500 or 5500	-SF.			
	calendar plan year 2015 or fiscal plan year beginning 01/01/2015		and endir	ıg	12/31/2	015
	Round off amounts to nearest dollar.					
	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable cause	is establishe	d.		
	lame of plan IORTHWEST SURGICAL GROUP, P.C. EMPLOYEE PENSION PL	В	Three-dig	it		
1.	CONTINUED STATE OF GROOF, P.C. EMPLOYEE PENSION PLA	AIN	plan numl	oer (PN)	<u> </u>	003
C P	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer I	dentifica	tion Number (E	IN)
N	ORTHWEST SURGICAL GROUP, P.C.		057506	^		•
			-057586	···		·
Ет	ype of plan: 🗵 Single 📗 Multiple-A 📗 Multiple-B 📕 F Prior year pl	an size: X 10	0 or fewer	101-5	00 🔲 More th	an 500
Pa	rt I Basic Information		·			
1	Enter the valuation date: Month 12 Day 31 Year	2015				
2	Assets:					
	a Market value			. 2a		1,704,309
	b Actuarial value			. 2b		1,704,309
3	Funding target/participant count breakdown	(1) Numi particip			ted Funding arget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		Q	0
	b For terminated vested participants		0		d	0
	C For active participants		4	1	,343,363	1,343,363
	d Total		4	1	,343,363	1,343,363
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	΄Π	 			
	a Funding target disregarding prescribed at-risk assumptions			. 4a		<u> </u>
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for pat-risk status for fewer than five consecutive years and disregarding loading fa	olans that have	been in	4b		
5	Effective interest rate			. 5		6.23%
6	Target normal cost			. 6		79,126
T a c	ement by Enrolled Actuary to the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a ombination, offer my best estimate of anticipated experience under the plan.	and attachments, account the experie	f any, is completence of the plan a	e and accu and reasons	rate. Each prescribe able expectations) a	ed assumption was applied in and such other assumptions, in
TS-0559000	IGN He Tan Tr			7	/2/16	
	Signature of actuary			•	Date	
Hai	Tan Tu				1403857	7
	Type or print name of actuary			Most r	ecent enrollme	nt number
Hend	derson Retirement Services, Inc.				602-312-0	411
	Firm name		Te	lephone	number (includ	ing area code)
387	7 E. Taurus Place					
Chai	ndler AZ 85249					
	Address of the firm					
If the	actuary has not fully reflected any regulation or ruling promulgated under the statute ctions	in completing	this schedul	e, check	the box and se	е []

	Sc	chedule S	B (Form 5500) 20)15		Pa	ge 2 -]					
Part II Beginning of Year Carryover and Prefunding Balances														
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)					(a)	Carryover balance	0	(b) l	Prefund	ing balar	o 0		
8	-								0				0	
9		Amount remaining (line 7 minus line 8)								0				0
10	,									0				0
11	11 Prior year's excess contributions to be added to prefunding balance:													
	a Present value of excess contributions (line 38a from prior year)										244,920			
	` '		•	•										
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balan	ce							24	4,920
	d Portion	on of (c) t	o be added to pre	funding ba	lance						===,,,=			
12	Other re	eductions	in balances due t	o elections	or deemed elections					0				0
13	Balance	at begin	ning of current ye	ar (line 9 +	line 10 + line 11d – line 12))				0				0
Р	art III	Fund	ding Percenta	aes						•				
												14	126	.86%
			target attainment									15	126	.86%
16	-				of determining whether carr		_		•			16	158	.52%
17	If the cu	ırrent valı	ue of the assets of	the plan is	s less than 70 percent of the	funding t	arget, e	enter	such percentage			17		%
P	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18	Contrib	utions ma	de to the plan for	the plan y	ear by employer(s) and emp	loyees:								
	(a) Dat		(b) Amount pa		(c) Amount paid by		Date	• •	(b) Amount pa	•	(0		ınt paid l	у
	(MM-DD-YYYY) employer(07/20/2016 3			s) employees (MM-DD			D-YYY	D-YYYY) employer(s)			employees			
				,										
-														
						Totals	<u> </u>	10/h\	2	00 000	19(0)			
10	Diagonia				mustiana fan amaell mlam with			18(b)		00,000	10(0)			0
19			-		ructions for small plan with					19a				0
	Contributions allocated toward unpaid minimum required contributions from prior Contributions made to avoid restrictions adjusted to valuation date.									19b				0
	b Contributions made to avoid restrictions adjusted to valuation date									19c			2.0	0,126
 C Contributions allocated toward minimum required contribution for current year adjusted to valuation date								3,120						
	a Did the plan have a "funding shortfall" for the prior year?													
							No							
C If line 20a is "Yes," see instructions and complete the following table as applicable:														
Liquidity shortfall as of end of quarter of this plan year														
(1) 1st					(2) 2nd			(3) 3rd			(4) 4th			

Pa	rt V	Assumptio	ons Used to Determine	Funding Target and Target	get Normal Cost							
21	Discou	unt rate:										
	a Seg	gment rates:	1st segment: 4.72%	2nd segment: 6.11%	6	N/A, full yield curve used						
	b App	b Applicable month (enter code) 21b							C			
22	Weigh	. 22		62								
23	22 Weighted average retirement age 22 62 23 Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute											
Pa	Part VI Miscellaneous Items											
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment											
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructio	ns regarding required attac	chment		Yes	X No			
26												
27												
Pa	rt VII	Reconcili	ation of Unpaid Minim	um Required Contribution	ons For Prior Years							
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28			C			
29				d unpaid minimum required contr		29			C			
30	Remai	ining amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)	. 30			C			
Pa	Part VIII Minimum Required Contribution For Current Year											
31	31 Target normal cost and excess assets (see instructions):											
	a Targ	et normal cost	. 31a		79,126							
	b Exce	ess assets, if a	pplicable, but not greater than	line 31a		. 31b		79,126				
32	Amortization installments: Outstanding Balance							nent				
	a Net	shortfall amorti	zation installment			0			(
	b Wai	ver amortizatio	n installment			0			(
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount											
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34							(
	Carryover balance Prefunding balance						Total balance					
35			use to offset funding		0	0						
36	Additional cash requirement (line 34 minus line 35)								C			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date								90,126			
38 Present value of excess contributions for current year (see instructions)												
	a Total (excess, if any, of line 37 over line 36)											
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances											
39									C			
40	40											
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)												
41	41 If an election was made to use PRA 2010 funding relief for this plan:											
	a Schedule elected											
	b Eligible plan year(s) for which the election in line 41a was made											
42	12 Amount of acceleration adjustment											
	13 Excess installment acceleration amount to be carried over to future plan years 43											

Northwest Surgical Group, P.C. Employee Pension Plan

Summary of Plan Provisions Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

Plan Effective Date January 1, 2009

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or preceding the completion of

the following requirements:

6 months of service Minimum age 21

Normal Retirement AgeAll participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 62

Completion of 5 years of participation from entry date

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

Group 1: 7.0% of Compensation for Owner Particpants

Group 2: 0.5% of Compensation Group Members Group 3: 4.5% times Compensation for Office Asst.

Group 4: 2% of Compensation for Nurses/Receptionists

Maximum benefit is \$17,500.00 per month

Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Northwest Surgical Group, P.C. Employee Pension Plan

Summary of Plan Provisions Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2% of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours Years plan is not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death