Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	dar plan year 2018 or fi	scal plan year beginning 01/01/2			2/31/2018				
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac					
		a one-participant plan	a foreign plan						
B This ret	turn/report is	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension	i.	DFVC progra	am			
		special extension (enter descr	' '						
Part II	Basic Plan Info	ormation—enter all requested inf	formation		T -				
1a Name GRAND TE	•	TER PLLC 401K PROFIT SHARIN	G PLAN		1b Three-dig plan num (PN) ▶	ber 001			
					1c Effective	date of plan 01/01/2009			
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Boy)			Identification Number			
City o	r town, state or provinc	ce, country, and ZIP or foreign post		structions)	(EIN) 82-0506680 2c Sponsor's telephone number				
GRAND TETON SURGICAL CENTER PLLC						08-524-3800			
2290 CORONADO STREET					2d Business code (see instructions)				
IDAHO FALLS, ID 83404					621111				
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.				3b Administrator's EIN					
Carrie administrator o name and address [2] carrie as Francisco.					22				
					3c Administrator's telephone number				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN				
a Spons	sor's name				4d PN				
C Plan I	Name								
5a Total	number of participants	at the beginning of the plan year			. 5a	19			
b Total	number of participants	at the end of the plan year			. 5b	19			
		account balances as of the end of		•	5c	19			
d(1) To	tal number of active pa	rticipants at the beginning of the pl	an year		5d(1)	13			
		articipants at the end of the plan yea			. 5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0				
		or incomplete filing of this return							
SB or Sch		her penalties set forth in the instruction and signed by an enrolled actuary, a plete.							
SIGN	Filed with authorized	/valid electronic signature.	02/04/2019	TODD WILLIAMS, M.	D.				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pl	an administrator			
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as er	mployer or plan sponsor			

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 							Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No No	lot determined e instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Ye	ear
а	Total plan assets	7a	3	01030			3	50946
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	3	01030			3	50946
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		19936				
	(2) Participants	8a(2)	!	55050				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-	15439				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						59547
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7968				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1663				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9631
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		4991				49916
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the instruction	is:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amou	ınt
а	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	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			25000
d				10d		X		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ		
g				10g	X			31228
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· ·····		10h		Χ		
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				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o
	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 of the PBGC?			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): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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.

2018

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OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For calend	lar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/201	8			
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) (File					
		a one-participant plan	a foreign plan	The state of the s	dulios min and ton	illian donoria.)			
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	m/report (less than 12 mont	ths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
D-ut II	Danie Dien Inf	special extension (enter des							
Part II		ormation—enter all requested in	nformation		L	Т			
1a Name GRAND	•	AL CENTER PLLC		1	b Three-digit plan number	001			
401K P	ROFIT SHARING	3 PLAN		1	(PN) C Effective date o	f plan			
2a Plan s	ponsor's name (empl	loyer, if for a single-employer plan)	C Park	2	01/01/200 b Employer Identi	fication Number			
City of GRAND	g address (include roo r town, state or provin TETON SURGIC/	om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos AL CENTER PLLC	.O. Box) stal code (if foreign, see inst	ructions) 2	(EIN)82-050 C Sponsor's telep				
						-3800			
2290 C	ORONADO STREE	T			d Business code	(see instructions)			
IDAHO	FALLS		ID	83404	621111				
3a Plan administrator's name and address 🗓 Same as Plan Sponsor.			3	b Administrator's	EIN				
4 If the	name and/or FIN of th	ne plan sponsor or the plan name h	has shanged since the last r		C Administrator's	евернопе папры			
this p	lan, enter the plan sp sor's name	onsor's name, EIN, the plan name	and the plan number from t	he last return/report.	4d PN				
C Plan N				7	CI PIN				
5a Total	number of participant	s at the beginning of the plan year			5a	19			
		s at the end of the plan year			5b	19			
C Numb	er of participants with	account balances as of the end o	of the plan year (only defined	contribution plans	5c	19			
		articipants at the beginning of the p			5d(1)	13			
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear		5d(2)				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e				
Caution: A	A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable cause	is established.				
SB or Sche	attles of perjury and c edule MB completed a true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, included	as well as the electronic ve	e examined this return/report, a	rt, including, it appli and to the best of m	cable, a Schedule y knowledge and			
SIGN	100	1//4/11	2/4/19	TODD WILLIAMS,	3, M.D.				
HERE	Signature of plan	administrator	Date /	Enter name of individual	signing as plan ad	ministrator			
SIGN HERE									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individual	signing as employe	er or plan sponsor			

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IC	PA)	**************		Yes No
	if the plan is a defined benefit plan, is it covered under the PBGC in							□ Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the								
Par									<u> </u>
	Plan Assets and Liabilities	1	(-) D	***	T				
	Total plan assets		(a) Beginning	<u>от Year</u> 301,			(b) End	of Year	350,946
	Total plan liabilities	7a		JU1,	030				330,946
		7b		301,	030				250.046
	Net plan assets (subtract line 7b from line 7a)	7c	· · · · · · · · · · · · · · · · · · ·		030				350,946
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	<u> </u>	(a) Amoun	t			(b)	Total	
	(1) Employers	8a(1)		19,	936				
	(2) Participants	8a(2)		55,					
	(3) Others (including rollovers)	8a(3)			寸				
	Other income (loss)	8b	4.4	-15,	439			-	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				59,547
	Benefits paid (including direct rollovers and insurance premiums	- 30					<u></u>		457011
	to provide benefits)	8d		7,	968				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		1,	663		<u> </u>		
g_	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9,631
i	Net income (loss) (subtract line 8h from line 8c)	8i							49,916
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	, <u> </u>					·		
-	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Code	es in the ins	tructions	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Char	acteris	ic Codes	s in the instr	uctions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a		Х	'		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х			7.6.
С	Was the plan covered by a fidelity bond?			10c	Х				25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х			20,000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	· · · · · · · · · · · · · · · · · · ·		
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х				31,228
h	If this is an individual account plan, was there a blackout period? 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					

	Form 5500-SF (2018)		Page 3 -]				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimur (Form 5500) and line 11a below)	n funding requirements? (If "Y	es," see instructions a	nd complete Sch	edule Si	3	Y	es No
	Enter the unpaid minimum required contribution				11a			
12	Is this a defined contribution plan subject to the ERISA?	**************************************		e Code or section	302 of		Y	es 🛚 No
a	(If "Yes," complete line 12a or lines 12b, 12c, 1 If a waiver of the minimum funding standard for granting the waiver.	a prior year is being amortize	d in this plan year, see	Month	l enter t Day		the letter Year	r ruling
<u> </u>	ou completed line 12a, complete lines 3, 9, a	nd 10 of Schedule MB (Forn	n 5500), and skip to l	ine 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			12¢			
d 	Subtract the amount in line 12c from the amoun negative amount)				12d			
e	Will the minimum funding amount reported on li	ne 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfer	s of Assets						
13a	Has a resolution to terminate the plan been adopte	d in any plan year?				Yes	X N	0
	If "Yes," enter the amount of any plan assets th	at reverted to the employer thi	is year		13a			
b	Were all the plan assets distributed to participa control of the PBGC?	nts or beneficiaries, transferre	d to another plan, or b	rought under the			Yes X	No
	If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (See		n to another plan(s), ic	lentify the plan(s)	to			···

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):