## 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 section 6058(a) of the Internal Revenue Code (the Code).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance witl	n the instructions to the Form 550	0-SF.	· ·		
Pa	art I Annual Report Id	dentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	10	and ending 1	2/31/	2010		
Α -	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan	
В -	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progra	am	
		special extension (enter descripti	on)					
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation					
1a	Name of plan	•			1b	Three-digit		
ANES	STHESIOLOGY, INC. PS PRO	FIT SHARING PLAN				plan number	001	
					10	(PN)	( alaa	
					10	Effective date of 11/01/1	•	
2a	Plan sponsor's name and addr	ress (employer, if for single-employe	r plan)		2b	Employer Identi		
	STHESIOLOGY, INC. PS		' /			(EIN) 91-108	4707	
5633	N LIDGERWOOD ST				<b>2c</b> Plan sponsor's telephone numb			
	KANE, WA 99208-1224				2d		(see instructions)	
						621111	1	
3a	Plan administrator's name and STHESIOLOGY, INC. PS	address (if same as Plan sponsor, 6 5633 N LIDO	enter "Same	e")	3b	Administrator's	EIN 4707	
7 11 12 1	711120102001, 1110.10	SPOKANE,			3c		telephone number	
						509-48	2-2359	
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
ı	name, EIN, and the plan number	er from the last return/report. Spons	or's name		4c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a		7	
b		t the end of the plan year			5b		8	
С	Total number of participants w	rith account balances as of the end o	of the plan y	ear (defined benefit plans do not				
	complete this item)				5c		8	
	•	0 , ,		(See instructions.)			Yes No	
b				dent qualified public accountant (IQI ons.)			X Yes ☐ No	
				SF and must instead use Form 550				
Pa	rt III Financial Inform							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year	
а	Total plan assets		7a	2333756	3		3519814	
b	Total plan liabilities		7b					
С	Net plan assets (subtract line	7b from line 7a)	7с	2333756	3		3519814	
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) ·	Total	
а	Contributions received or rece		90(4)	281192	2			
			` '	56250	)			
	` '	s)	, ,	575614				
b	, ,		. ,	412897	397			
C	` ,	8a(2), 8a(3), and 8b)					1325953	
d		rollovers and insurance premiums	00					
			8d	128700	_			
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	0	_			
f	Administrative service provide	rs (salaries, fees, commissions)		9151				
g	·			2044	+		400005	
h		8e, 8f, and 8g)					139895	
į	` , `	e 8h from line 8c)					1186058	
J	ransters to (from) the plan (s	ee instructions)	8i	C	)			

	Form 5500-SF 2010 Page <b>2-</b>				
rt	IV Plan Characteristics				
	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in t	he instructions:
	E 2J 2K 2F 2G 2R 3D 2A  f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ctoric	ic Coc	lac in th	ne instructions:
	The plan provides wellare benefits, effer the applicable wellare feature codes from the clist of Flan Orlana	iciens:		163 111 11	e instructions.
rt	V Compliance Questions				
	During the plan year:		Yes	No	Amount
ì	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
;	Was the plan covered by a fidelity bond?	10c	X		420000
k	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
<del>)</del>	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.)	10e		X	
	Has the plan failed to provide any benefit when due under the plan?	10f		X	
3	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ		19062
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
t '	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA? Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter the Day _	date of the letter ruling Year

	Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets		res	INO	IN//	<u>`</u>
_	•		Yes	No	N/A	_
d	Enter the amount contributed by the employer to the plan for this plan year  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)					
С						
b	Enter the minimum required contribution for this plan year	12b				

# 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? .....

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

12

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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)

Yes X No

#### Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/22/2011	MICHELLE HANSEN, MD					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

#### 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 section 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

2010

This Form is Open to Public Inspection

	Part I Annual Report Identification Information					······································			
Fc	r calendar plan year 2010 or fiscal plan year beginning	01/01,	/2010	and ending		12/31/2010	)		
Α	This return/report is for: X single-employer plan	multiple	-employer plan	(not multiemployer)	one-participant plan				
В	This return/report is for:     first return/report       final return/report								
	an amended return/report	short pla	an year return/r	eport (less than 12 mo	nths)				
С	Check box if filing under: X Form 5558	╡ :	ic extension		,	☐ DFVC progra	m		
	special extension (enter descript								
P	art II Basic Plan Information—enter all requested inform	<u> </u>					***************************************		
L	Name of plan	Hation			1h	Three-digit			
	ANESTHESIOLOGY, INC. PS PROFIT SHARING	PLAN				plan number			
						(PN) <b>)</b>	001		
					1c	Effective date of			
22	Plan sponsor's name and address (employer, if for single-employer	ır nlan)		<del></del>	26	11/01/1979 Employer Identif			
	ANESTHESIOLOGY, INC. PS	ii piaii)			20	(EIN) 91 - 108			
	5633 N LIDGERWOOD ST				2c		elephone number		
	3033 N LIDGERWOOD SI					509-482-23			
	SPOKANE WA 99208-1224				20	Business code (s	see instructions)		
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Sam	ıe")		3b	Administrator's E	EIN		
	ANESTHESIOLOGY, INC. PS					91-108470			
	5633 N LIDGERWOOD ST SPOKANE WA 99208-12:	24			3с	Administrator's to 509-482-23	Iministrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la		eport filed for th	is plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report. Spons		•	,					
- F -			***************************************		4c	PN	****		
	Total number of participants at the beginning of the plan year				5a		7		
	Total number of participants at the end of the plan year				5b		8		
С	Total number of participants with account balances as of the end complete this item)				5c		8		
6a	Were all of the plan's assets during the plan year invested in eligit								
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified	public accountant (IQI	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F					***************************************	X Yes No		
Pa	irt III Financial Information	orm 5500	-Sr and must	nstead use Form 550	)0.				
7	Plan Assets and Liabilities		(a) Be	ginning of Year	T	(b) End	of Voor		
а	Total plan assets	. 7a	14) 5	233375	5	(b) Liid	3519814		
b	·						3343341		
С	Net plan assets (subtract line 7b from line 7a)			233375	5		3519814		
_	Income, Expenses, and Transfers for this Plan Year		(a	a) Amount	(b) Total				
а	Contributions received or receivable from:					fatilitie			
	(1) Employers	. 8a(1)		281192					
	(2) Participants	8a(2)		56250					
	(3) Others (including rollovers)	. 8a(3)		575614					
b	Other income (loss)	. 8b		412897	7				
C C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				of homography control of the control	1325953		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		128700					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		9151					
g	Other expenses	J		2044					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					The second secon	139895		
	<u> </u>				1				
1	Net income (loss) (subtract line 8h from line 8c)	8i					1186058		

Form	55	nn.	-SF	201	0

Page 2-	

Date 7 20 11 Enter name of individual signing as employer or plan sponsor

	rt IV Plan Characteristics						
эа	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha $2E\ 2J\ 2K\ 2F\ 2G\ 2R\ 3D\ 2A$						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in	the instruc	tions:	
Par	t V Compliance Questions		************				
10	During the plan year:	***************************************	Yes	No		Amount	,
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С		10c	Х				42000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
е		10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				1906
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			7/3 2/3
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance					***************************************	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	ule SB	(Form	☐ Yes	s $\square$ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ith	and e	nter the	e date of ti	ne letter ri Year	uling
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c	v		***************************************
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d		***************************************	*******************
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			,,,, <u> </u>	Yes	No	N/A
Part		***************************************			<del>-1</del>	<del></del>	
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 of the PBGC?	under t	he cor	ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plan	(s) to				
1	3c(1) Name of plan(s):		13c	(2) EIN	l(s)	13c(3	) PN(s)
					·····		
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e caus	e is e	stablis	shed.		
Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/i. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/i., it is true, correct, and complete.	rn/ren	ort inc	ludina	if applical	ole, a Sch nowledge	edule and
SIGN		NSEI	1, M	D	· · · · · · · · · · · · · · · · · · ·		
HERI	Signature of priar administration				plan admir	istrator	
SIGN							
HERI	Signature of employer/plan sponsor Date 2011 Enter name of in	dividua	l siani	na as i	emplover c	or olan so	onsor