## Form 5500-SF

Department of the Treasury Internal Revenue Service

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 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Employee Benefits Security Administration the Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number COLUMBIA BASIN ANESTHESIA PLLC PROFIT SHARING PLA (PN) ▶ 001 1c Effective date of plan 01/01/1987 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number COLUMBIA BASIN ANESTHESIA PLLC 91-1895889 (EIN) 2c Sponsor's telephone number 1350 SOUTH PIONEER WAY MOSES LAKE, WA 98837 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1895889 COLUMBIA BASIN ANESTHESIA PLLC 1350 SOUTH PIONEER WAY MOSES LAKE, WA 98837 3c Administrator's telephone number 509-765-1281 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 3 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 565094 554187 Total plan assets..... 7a 7b Total plan liabilities..... 565094 554187 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 20070 (1) Employers ..... 8a(1) 22000 (2) Participants ..... 8a(2) 4275 (3) Others (including rollovers)..... 8a(3) -18351 **b** Other income (loss)..... 8b 27994 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 38901 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e

8f

8g

8h

8i

Administrative service providers (salaries, fees, commissions).......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) ......

38901

-10907

Form	5500-	SF	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 3B 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Amo	ount	
	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					90000
	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				
	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		Х				
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
)	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					36209
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
	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						
۲ \	VI Pension Funding Compliance		<u> </u>					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
	lf a contrar of the activity on finality and and for a prior court between the time at the plant court and a contrar							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	th						
f y	granting the waiverMon ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day <sub>.</sub>				
f y	granting the waiverMon	th		Day _				
f yo	granting the waiver	th	 [	Day <sub>.</sub>				
f yo b c d	granting the waiverMon ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	th  of a	 [	Day _				
f yo	granting the waiver	th  of a	[	Day 12b 12c 12d		_ Yea		
f yo	granting the waiver	th  of a	[	Day 12b 12c 12d	Yes	_ Yea	r	
fyc D d e	granting the waiver	th		12b 12c 12d	Yes	_ Yea	r	
f you b c d e	granting the waiver	of a		12b 12c 12d	Yes	_ Yea	r	
f you	granting the waiver	of a1		Day	Yes	Yea	r	N/A
f your control of the	granting the waiver	of a	3a	12b 12c 12d [	Yes	Yea	r	N/A
f your book of the control of the co	granting the waiver	of a	3a the co	Day	Yes X	Yea	r	N/A
f your control of the	granting the waiver	of a	3a the co	12b 12c 12d [	Yes X	Yea	r	N/A
f your line of the second seco	granting the waiver	of a	3a the co	Day	Yes X	Yea	r	N/A
f your line is a second of the	granting the waiver	of a	3a the co	Day	Yes X	Yea	r	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/18/2012	RICHARD GREER
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 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

### 2011

This Form is Open to Public Inspection

		Identification Information				
For	calendar plan year 2011 or fis		01/01/	2011 and ending		12/31/2011
Α	This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
	This return/report is:	the first return/report	the final i	return/report		
	,	an amended return/report	a short pla	an year return/report (less than 12 m	onths)	
C	Check box if filing under:	Form 5558	╡ `	cextension	,	DFVC program
	Officer box it filling drider.	special extension (enter descrip		o externation		
D,	ırt II Basic Plan Info	rmation—enter all requested infor	<u>,                                      </u>			
201.00	Name of plan	mation—enter all requested infor	mation	PROPERTY.	1h	Three-digit
		HESIA PLLC PROFIT SHAI	TNG PLZ	4	ID	plan number
				•		(PN) • 001
						Effective date of plan
				954499 91449 91449		01/01/1987
2 <b>a</b>	Plan sponsor's name and add LUMBIA BASIN ANEST	dress; include room or suite number	(employer, i	for a single-employer plan)	2b	Employer Identification Number
	50 SOUTH PIONEER W				0-	(EIN) 91-1895889
10	SO DOOTH LIONEDK P	MAT.			2C	Sponsor's telephone number
MΩ	SES LAKE	WA 98837			2d	509-765-1281 Business code (see instructions)
MO	DES HARE	WA 90037			20	621111 ·
3a	Plan administrator's name an	d address (if same as plan sponsor,	enter "Same	e")	3b	Administrator's EIN
CO 13	LUMBIA BASIN ANEST 50 SOUTH PIONEER V	d address (if same as plan sponsor, HESIA PLLC		,		91-1895889
					3с	Administrator's telephone number
4	SES_LAKE If the name and/or FIN of the	WA 98837 plan sponsor has changed since the	a last return/	report filed for this plan, enter the	4b	509-765-1281 EIN
•	name, EIN, and the plan nun	nber from the last return/report.	, iadi iciaiii	report med for this plant, enter the	45	LIN
а	Sponsor's name				4c	PN
5a	Total number of participants	at the beginning of the plan year	•••••		5a	4
b	Total number of participants	at the end of the plan year			5b	3
С		account balances as of the end of the			F-	3
C-					5c	
_	· •	- , -		(See instructions.)ndent qualified public accountant (IQ		X Yes No
				ions.)		X Yes No
	If you answered "No" to eit	ther 6a or 6b, the plan cannot use		SF and must instead use Form 55		
Pa	rt III   Financial Inforn	nation	Live State of the control of the	<b>r</b>		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	56509	4	554187
þ	Total plan liabilities		7b			
С	Net plan assets (subtract line	7b from line 7a)	7с	56509	4	554187
8	Income, Expenses, and Tran			(a) Amount		(b) Total
а	Contributions received or rec		95(4)	2007	'n	
				2200	-144	
	• •	1				The Day of Single Print
h		rs)		427	4.539	
a	, ,		-	-1835		27004
c d		), 8a(2), 8a(3), and 8b) t rollovers and insurance premiums	8c			27994
u			8d	3890	1	
е	Certain deemed and/or corre	ctive distributions (see instructions).	8e			The Artist of the State of the
f	Administrative service provide	ers (salaries, fees, commissions)	8f			
g	Other expenses		8g			Maria Dieser Georgia
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)				38901
i	Net income (loss) (subtract lin	ne 8h from line 8c)	8i			-10907
j	Transfers to (from) the plan (	see instructions)	8i		S S	

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 3B 3D	racteris	stic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acterist	ic Cod	es in t	he instruct	ions:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	t
а	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			
C	Was the plan covered by a fidelity bond?	10c	Х				90000
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	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		Х		-	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	Х				36209
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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 co 5500))	nplete	Sched	lule SE	3 (Form	Ye	es No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc					Ye	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 instru						
	granting the waiverMo ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day		rear	
_	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year		ľ	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the let negative amount)	tofa		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?				es X	٧o	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?	t under	the co	ontrol		Ye	es 🏻 No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	)			
1;	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c	(3) PN(s)
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	ıse is	estab	lished.		
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	turn/re	port, ir	cludin	g, if applic	able, a S	chedule
	; it is true, correct, and complete.	n/repor 	t, and	to tne i	best of my	knowled	ge and
elc.	; it is true, correct, and complete.		t, and	to the	best of my	knowled	ge and
SIGN HERE	it is true, correct, and complete.  5/14/12 Richard G:	reer				knowled	
	it is true, correct, and complete.    Signature of plan administrator   Date   Enter name of	reer	ual sig	ning a	s plan adn	knowled	-

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Part IV Plan Characteristics