Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

HERE

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					Inspection			
Part I	Annual Report Ident	ification Information						
For cale	ndar plan year 2011 or fiscal pl	an year beginning 01/01/2011	_	and ending 12/31/2	011			
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or				
		x a single-employer plan;	a DFE (specify)				
		_	_					
B This	return/report is:	the first return/report;	the final	return/report;				
		an amended return/report;	a short	olan year return/report (less th	an 12 months).			
C If the	plan is a collectively-bargained	d plan, check here						
D Chec	k box if filing under:	Form 5558;	automa	tic extension;	the DFVC program;			
		special extension (enter des	scription)					
Part	II Basic Plan Inform	ation—enter all requested information	ation					
1a Nam	ne of plan	OF WALLA WALLA DEFINED BEN		.AN	1b Three-digit plan number (PN) ▶	003		
		1c Effective date of plan 01/01/2003						
2a Plan	sponsor's name and address,	2b Employer Identification Number (EIN)						
ANESTH	HESIOLOGY CONSULTANTS	OF WALLA WALLA, PC			91-1844984			
DO DOV	4000				2c Sponsor's telephone number 509-529-1284			
PO BOX WALLA	, 1663 WALLA, WA 99362-0031		1277 WOODWARD CANYON RD TOUCHET, WA 99360					
Caution	: A penalty for the late or inc	omplete filing of this return/repo	rt will be assessed	unless reasonable cause is	established.			
Under pe	enalties of perjury and other pe	nalties set forth in the instructions, s the electronic version of this return	I declare that I have	e examined this return/report, i	ncluding accompanying sche	,		
SIGN	Filed with authorized/valid elec	tronic signature.	07/24/2012	TIMOTHY G. CAUDILL, M	.D.			
HERE	Signature of plan administr	ator	Date	Enter name of individual sign	gning as plan administrator			
	-				<u> </u>			
SIGN								
HERE	Signature of employer/plan	sponsor	Date	Enter name of individual sign	gning as employer or plan sp	onsor		
	<u> </u>				, , , , , , , , , , , , , , , , , , ,			
SIGN								

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "Sar ESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC	me")		ministrator's EIN 1844984
	BOX 1663 ILLA WALLA, WA 99362-0031			ministrator's telephone mber 509-529-1284
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	5
6	Number of participants as of the end of the plan year (welfare plans comple	te only lines 6a, 6b, 6c, and 6d).		
_			0-	_
а	Active participants		. 6a	5
b	Retired or separated participants receiving benefits		6b	0
C	Other retired or separated participants entitled to future benefits		6c	0
				_
d	Subtotal. Add lines 6a, 6b, and 6c		6d	5
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits	6e	0
f	Total. Add lines 6d and 6e		. 6f	5
g	Number of participants with account balances as of the end of the plan year	(only defined contribution plans		
	complete this item)		. 6g	
h	Number of participants that terminated employment during the plan year wit less than 100% vested		6h	0
7	Enter the total number of employers obligated to contribute to the plan (only		7	
8a	If the plan provides pension benefits, enter the applicable pension feature of $1\mathrm{A}$	odes from the List of Plan Characteristic Codes	s in the ir	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature co	des from the List of Plan Characteristic Codes	in the ins	structions:
9a	Plan funding arrangement (check all that apply) (1) Insurance	9b Plan benefit arrangement (check all that (1) Insurance	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(1) Insurance Code section 412(e)(3)		e contracts
	(3) Trust	(3) X Trust		
	(4) General assets of the sponsor	(4) General assets of the sp		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, where indicated, enter the numb	oer attacl	ned. (See instructions)
а	Pension Schedules	b General Schedules		
	(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X I (Financial Inform	nation – S	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3) A (Insurance Infor		
	actuary	C (Service Provide		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participati	-	
	Information) - signed by the plan actuary	(6) G (Financial Trans	saciiUII S	uieuules)

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).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

									▶ Fil	le as an	attachme	ent to Form	1 5500 or	5500-	SF.							
Fc	r calen	ndar p	lan	year 201	l1 or	fisca	l plan y	ear be	ginning	01/0	01/2011				and en	ding	12/31/	2011	1			
•	Roun	d off	amo	ounts to	nea	arest	dollar.															
•	Cauti	on: A	per	nalty of \$	\$1,00	00 wil	l be ass	sessed	for late fi	iling of t	his report	unless reas	onable ca	ause is	s establis	hed.						
	Name ESTH			SY CON	SUL	TANT	S OF V	VALLA	WALLA	DEFINE	ED BENEI	FIT PENSIC	N PLAN	В	Three-o	•	r (PN)	Ì	<u> </u>		003	
									rm 5500 WALLA,		-SF				Employe		ntificatio	n Nu	ımber	(EIN)		
									,	,				91	-1844984	4						
Е	Type o	f plan	X	Single		Mult	iple-A	Mu	ıltiple-B		F	Prior year p	an size:	X 100	or fewer	П	101-500) П	More	than 50)	
D	art I	ь	aci.	c Infor	·ma	tion																
						tion		M = = 11=	01		01	V	2011									
1			vait	ation da	ate:		ı,	Month _	01	Da	y <u>01</u>	Year	2011									
2	Ass															Γ	0-					0055040
	а																2a					3355216
	b	Actu	arial	value									······································				2b					3355019
3	Fun	ding t	arge	et/partici	pant	coun	t break	down:					(1) N	lumbe	r of parti	cipar			(2)	Fundin	g Targe	et
	а	For	retire	ed partic	ipan	its an	d benef	iciaries	receivin	ng paym	ent	3a					0					0
	b	For	term	inated v	este	d par	ticipant	s				3b					0					0
	С	For	activ	e partic	ipant	ts:																
		(1)	Noi	n-vested	ber	efits.						. 3c(1)										0
		(2)	Ves	sted ben	efits							. 3c(2)										2856178
		(3)	Tot	al active	·							3c(3)					5					2856178
	d	Tota	ıl														5					2856178
4	If the											(b)		.П.								
	а	•									, ,			ш			4a					
	_		·	Ū	_	•	.			•		sition rule fo				-						
	b											ig loading fa					4b					
5	Effe								•		•						5					6.09 %
6	Tard	get no	rma	l cost													6					447634
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	To the b	pest of i	ny kn h app	owledge, t	he info	ormatio egulatio	ons. In my	opinion,		assumption		ules, statements ble (taking into										
	SIGN																			_		
ŀ	IERE													_	-			(03/14/2	2012		
							Signa	ture of	actuary										Date			
MA	RTIN F	F. PAI	NOS											_					11-059	933		
THI	E PAN	OS G	ROL	JP, INC		Тур	oe or pr	int nam	ne of actu	uary							Most rec			ent nui		
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							Addı	ress of	the firm					_								
lf th	actus	arv ha	s no	nt fully re	flect	ed or	nv regul	ation o	r rulina n	romula	ated unde	r the statute	in comple	etina t	his sche	طريام	check th	ne ho	ny and	SEE		П
	e actua ructions		IS IIC	r rully le	n e ct	icu al	ıy r e gui	auon 0	i ruiniy p	nomunga	atou unue	ı ııı c sıalult	in comple	curiy t	30116	uul e ,	UIICUK II	ום מנ	n and	366		Ш

Pa	rt II	Begir	nning of year	carryove	er and prefunding ba	lances							
							(a)	Carryover balance		(b)	Prefundi	ng balance	
7		•	0 ,		cable adjustments (line 13 f	•			0			0	
8			•	-	unding requirement (line 35				0			0	
9	Amoun	t remainii	ng (line 7 minus lii	ne 8)					0			0	
10	Interest	t on line 9	ousing prior year's	s actual ret	urn of%								
11	Prior ye	ear's exce	ess contributions t	o be added	d to prefunding balance:								
	a Pre	sent valu	e of excess contri	butions (lin	e 38 from prior year)							0	
					rate of 6.70 % excep					0			
	C Tota	al availabl	e at beginning of co	urrent plan	year to add to prefunding bala	ance						0	
	d Por	tion of (c)) to be added to p	refunding b	palance		•			0			
12	Other re	eductions	s in balances due	to election	s or deemed elections		•		0			0	
13	Balance	e at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12)			0			0	
P	art III	Fun	ding percenta	ages									
14	Funding	g target a	attainment percent	tage							14	117.46 %	
15	Adjuste	d funding	g target attainmen	t percentaç	ge						15	117.46 %	
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.												110.55 %	
17	If the cu	urrent val	ue of the assets o	of the plan i	s less than 70 percent of the	e funding ta	rget, enter	such percentage			17	%	
Pa	art IV	Con	tributions an	d liquidi	ty shortfalls								
18	Contrib			•	rear by employer(s) and emp	oloyees:							
(N	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)	(b) Amount paid employer(s)	d by	(c) Amount paid by employees			
03	/12/2012	2		15000	0	07/25/2	011		19000			0	
03	/05/2012	2		10000	0	06/06/2	011	1	05000			0	
01	/18/2012	2		13000	0	03/23/2	011		66263			0	
12	/16/2011			111000	0	02/22/2	011		30000			0	
09	/12/2011			33000	0								
08	/09/2011			26000	0						1		
						Totals >	18(b)	4	28263	18(c)		0	
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the y	ear:				
	a Cont	ributions	allocated toward	unpaid min	imum required contributions	from prior	years	······································	19a			0	
	b Cont	ributions	made to avoid res	strictions a	djusted to valuation date			······	19b			0	
	C Cont	ributions a	allocated toward mi	inimum req	uired contribution for current y	/ear adjuste	d to valuation	n date	19c			413023	
20	Quarter	rly contrib	outions and liquidit	ty shortfalls	3:								
			_		the prior year?						<u> </u>	Yes X No	
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current yea	ar made in a	a timely mar	nner?				Yes No	
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap								
		(4) 4	>t	I	Liquidity shortfall as of e	nd of quart			I		(4) 411	<u> </u>	
		(1) 19	ol .		(2) 2nd		(3)	3rd			(4) 4th	I	
]					<u> </u>				

Pa	rt V	Assumptio	ns used to determ	nine f	iunding target and ta	rget r	normal cost						
21	Disco	unt rate:			2nd segment:								
	a Se	egment rates:	3rd segment: 6.46 %			N/A, f	ull yield	d cur	e used				
	b Ap	oplicable month	(enter code)					21	b				0
22	Weigh	nted average ret	tirement age					22	2				62
23	Morta	lity table(s) (see	e instructions)	(Pre	escribed - combined	Pre	scribed - separate	Sub	ostitute				
Pa	rt VI	Miscellane	ous items										
24	Has a	change been m	nade in the non-prescrib	ed act	tuarial assumptions for the c	urrent	plan year? If "Yes," see	instruc	ctions r	egarding	equire	b	
	attach	ment										Yes	X No
25	Has a	method change	e been made for the cur	rent pl	an year? If "Yes," see instru	uctions	regarding required attac	hment				Yes	No X
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see	instruc	tions regarding required	attach	ment		X	Yes	No No
27					nding rules, enter applicable			27	,				
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribu	tions	for prior years						
28	Unpai	id minimum requ	uired contributions for al	l prior	years			28	3				0
29					d unpaid minimum required			29	•				0
30	Rema	nining amount of	f unpaid minimum requir	ed cor	ntributions (line 28 minus lin	e 29)		30)				0
Pa	rt VIII	Minimum	required contribu	tion f	for current year								
31	Targe	et normal cost a	nd excess assets (see in	nstruct	tions):								
	a Tar	get normal cost	t (line 6)					31	а				447634
b Excess assets, if applicable, but not greater than 31a												447634	
32 Amortization installments: Outstanding Balance											Installn	nent	
	a Ne	t shortfall amort	tization installment						0				0
	b Wa	aiver amortizatio	on installment						0				0
33					ter the date of the ruling lett) and the waived am			33	3				0
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34	ı İ				0
		<u>-</u>	-		Carryover balance		Prefunding balar	nce		Т	otal ba	lance	1
35	Balan	ces elected for	use to offset funding										0
	requir	ement											0
36	Additi	onal cash requir	rement (line 34 minus lir	ne 35).				36	5				0
37			•		ontribution for current year a	•		37	7				413023
38	Prese	ent value of exce	ess contributions for curr	ent ye	ear (see instructions)								
	a Tot	tal (excess, if an	ny, of line 37 over line 36	6)				38	а				413023
	b Po	rtion included in	line 38a attributable to	use of	prefunding and funding sta	ndard o	carryover balances	38	b				0
39	Unpai	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 30	over	line 37)	39)				0
40	Unpai	id minimum requ	uired contributions for al	l years	S			40)				0
Pa	rt IX	Pension 1	funding relief und	er Pe	ension Relief Act of 2	010 (see instructions)						
41	If a sh	ortfall amortizat	tion base is being amorti	zed pu	ursuant to an alternative am	ortizati	on schedule:						
	a Sch	edule elected				·····		·····	2	plus 7 ye	ars	15	years
	b Elig	ible plan year(s) for which the election i	n line 4	41a was made				2008	2009	2010	0	2011
42	Amou	nt of acceleratio	on adjustment					42	2				
43	Exces	s installment ac	celeration amount to be	carrie	d over to future plan years.			43	3				

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/2011
A Name of plan ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN)
C Plan sponsor's name as shown on line 2a of Form 5500 ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC	D Employer Identification Number (EIN) 91-1844984

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	3355216	3483353
b	Total plan liabilities	. 1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	3355216	3483353
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	390263	
	(2) Participants	. 2a(2)	0	
	(3) Others (including rollovers)	. 2a(3)	0	
b	Noncash contributions	. 2b	0	
С	Other income	. 2c	-256269	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		133994
е	Benefits paid (including direct rollovers)	. 2e	0	
f	Corrective distributions (see instructions)	. 2f	0	
g	Certain deemed distributions of participant loans (see instructions)	. 2g	0	
h	Administrative service providers (salaries, fees, and commissions)	. 2h	591	
i	Other expenses	. 2i	5266	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		5857
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		128137
I	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

Page 2 -

Schedule I (Form 5500) 2011

		Γ	Yes	No		Amount	
2£	Loans (other than to participants)	2.5	169	X		AIIIOUIII	
	Loans (other than to participants)	3f					
g	Tangible personal property	3g		X			
_	wt II Compliance Overtions						
	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e	X				150000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	☐ Ye	s XN	lo A	Amount:		
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	ı(s) to w	hich assets o	r liabilities	were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5	ib(3) PN(s)

Anesthesiology Consultants of Walla Walla

Defined Benefit Pension Plan

Schedule of Active Participant Data Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	. 1	0	1	0	0	0	0	0	0	2
5-9	0	0	0	0	0	1	2	0	0	0	0	3
10-14	0	0	0	0	0	0	0	0	. 0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	0	1	1	2	0	0	0	0	5

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age:

44.2

Average Service:

5

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

	For PPA Funding	For 417(e)	For Actuarial Equiv.		
Interest Rates	Segment 1 2.94%	Pre-Retirement 6.00%	Pre-Retirement 6.00%		
	Segment 2 5.82%	Post-Retirement 6.00%	Post-Retirement 6.00%		
	Segment 3 6.46%				
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation		
Post-Retirement					
Mortality	2011 Applicable Mortality Table from Rev Rul 2006-67	1983 GROUP ANNUITY MORTALITY 50% MALE 50% FEMALE	1983 GROUP ANNUITY MORTALITY 50% MALE 50% FEMALE		
Assumed Benefit Form For Funding		Normal Form			
Calculated Effective Interest Rate		6.09%			

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> > Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

, , , , , , , , , , , , , , , , , , ,				This Form is Open to Public Inspection
Part I Annual Report	Identification Information			· · · · · · · · · · · · · · · · · · ·
For calendar plan year 2011 or		./2011	and ending 1	2/31/2011
A This return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or	
	🛛 a single-employer plan;	a DFE (s	pecify)	
B This return/report is:	the first return/report;	the final	return/report;	
	an amended return/report	; a short p	lan year return/report (less th	an 12 months).
C If the plan is a collectively-ba	argained plan, check here			
D Check box if filing under:	☐ Form 5558;		c extension;	the DFVC program;
	special extension (enter d	<u> </u>		
Part II Basic Plan I	nformation—enter all requested inform			
1a Name of plan	The state of the s			1b Three-digit plan
ANESTHESIOLOGY C	ONSULTANTS OF WALLA WALL	A DEFINED BEN	EFIT PENSION PLAN	
				1c Effective date of plan
2a Plan anangar's name and a	ddress, including room or suite number ((Franks, on if for six als		01/01/2003
Za Fian sponsors name and a	datess, including room of suite number (Employer, it for single-	employer plan)	2b Employer Identification Number (EIN)
ANESTHESIOLOGY C	ONSULTANTS OF WALLA WALL	A, PC		91-1844984
				2c Sponsor's telephone
				number 509-529 - 1284
				2d Business code (see
PO BOX 1663	127	7 WOODWARD CAI	NYON RD	instructions)
				621111
WALLA WALLA	WA 99362-0031 TOU	CHET	WA 99360	
Caution: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cause is	established.
Under penalties of perjury and o	other penalties set forth in the instructions	s, I declare that I have	examined this return/report, i	ncluding accompanying schedules.
statements and attachments, as	well as the electronic version of this retu	urn/report, and to the b	est of my knowledge and beli	ief, it is true, correct, and complete.
	, <i>()</i>	11		
SIGN	Cloudel	7/19/52	TIMOTHY G. CAUDI	LL, M.D.
Signature of plan ad	ministrator	Date (Enter name of individual si	gning as plan administrator
SIGN HERE				
Signature of employ	er/plan sponsor	Date	Enter name of individual si	gning as employer or plan sponsor
SIGN HERE				
Signature of DFE		Date	Enter name of individual si	gning as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) v.012611

	Form 5500 (2011) Page 2		
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same") ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC	1	Iministrator's EIN
	PO BOX 1663	nu	ministrator's telephone Imber 509-529-1284
	WALLA WALLA WA 99362-0031		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	5
b	Retired or separated participants receiving benefits	6b	
	Other retired or separated participants entitled to future benefits	6c	
d	Subtotal. Add lines 6a, 6b, and 6c	6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	(
f	Total. Add lines 6d and 6e.	6f	5
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes 1A	s in the i	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes	in the in	structions:
9a	Plan funding arrangement (check all that apply) (1)	at apply)	<u> </u>
	(2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3) Trust (3)	insuranc	e contracts
	(4) General assets of the sponsor (4) General assets of the sp	oonsor	
10		oer attac	hed. (See instructions)
9	Pension Schedules b General Schedules		,
a	(1) R (Retirement Plan Information) (1) H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) X I (Financial Inform Purchase Plan Actuarial Information) - signed by the plan (3) A (Insurance Information)		Small Plan)

(3)

(4)

(5)

(6)

actuary

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

A (Insurance Information)

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

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).

Eile as an attachment to Form FEOO or FEOO SE

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

▶ File as an attachm	ent to Form	5500 or 5500-SF.	1		
For calendar plan year 2011 or fiscal plan year beginning 01/01	/2011	and endir	g	12/31/2	011
Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reaso	nable cause is establishe	d.	т	
A Name of plan	DETMED.	B Three-digi			003
ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA DI BENEFIT PENSION PLAN	ELINED	plan numb	er (PN)	•	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer le	dentificat	ion Number (E	======================================
ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA,	PC	91-184498	4		,
	Prior year pla	n size: 🛛 100 or fewer	7 101-50	00 More th	nan 500
	· ····· you. pio	100 01 101101		, mere a	
Part I Basic Information 1 Enter the valuation date: Month 01 Day 01		2011			
T Effer the valuation date.	Year_				
2 Assets:					3355216
a Market value			. 2a		
b Actuarial value			. 2b		3355019
3 Funding target/participant count breakdown:		(1) Number of particip	ants 0	(2) F	Funding Target 0
a For retired participants and beneficiaries receiving payment			_		
b For terminated vested participants	3b	SSIANNOSSANI YOUGO ON HOUSE OU SAAR SAASSANI SA	0		0
c For active participants:					
(1) Non-vested benefits					0
(2) Vested benefits			_		2856178
(3) Total active	· · · · ·		5		2856178
d Total			5		2856178
4 If the plan is in at-risk status, check the box and complete lines (a) and	(b)				
a Funding target disregarding prescribed at-risk assumptions			. 4a		
b Funding target reflecting at-risk assumptions, but disregarding tran at-risk status for fewer than five consecutive years and disregarding			4b		
5 Effective interest rate			. 5		6.09%
6 Target normal cost			. 6		447634
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying sched accordance with applicable law and regulations. In my opinion, each other assumption is reasona combination, offer my best estimate of anticipated experience under the plan.	dules, statements able (taking into a	and attachments, if any, is comple ecount the experience of the plan	te and accur and reasona	rate. Each prescrib ble expectations)	ped assumption was applied in and such other assumptions, in
SIGN					
HERE ///				03/14/20)12
Signature of actuary				Date	
Martin F. Panos				110593	3
Type or print name of actuary The Panos Group, Inc.				ecent enrollme	
· · · · · · · · · · · · · · · · · · ·					
Firm name 2001 Broadway, 2nd Floor		le	ерпопе	number (Inclu	ding area code)
Dakland CA 94612					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated unde	er the statute	in completing this schedul	e, check	the box and s	see [

				pm
В			· • -	1
۲	ao	=		ŀ.

						***			***************************************		
Pē	ort II Begin	nning of year car	Tyove	r and prefunding bala	ances	(a) (Carryover balance		(h) P	refundi	ng balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)							0		10/0/10/	0
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			0
9	Amount remaini	ng (line 7 minus lin e 8	3)	::::::::::::::::::::::::::::::::::::::		:		0			0
10	Interest on line !	9 using prior year's act	tual retu	rn of%							
			-	to prefunding balance:							
	a Present valu	ie of excess contribution	ons (line	38 from prior year)							0
				aste of 6.70% except						-	0
	C Total available	le at beginning of currer	nt plan y	ear to add to prefunding balar	nce						0
	d Portion of (c) to be added to prefu	nding ba	alance							0
12	Other reduction	s in balances due to e	lections	or deemed elections				0			0
13	Balance at begi	nning of current year ((line 9 +	line 10 + line 11d – line 12)	118884118881118			0			0
P	art III Fun	ding percentage	25								
14				футаўно (такногтанногтанняў) ідніку ілікогтанняў і так	gei expreciarnes can	*************	0.144#601314#601314#0014#60133#601	nigeria antrixi	************	14	117.46 %
15	Adjusted fundin	g target attainment pe	ercentag	C (5383316484416884)16884116884116883116894		***********	4415284318884416289918884918	*********	***********	15	117.46 %
16				of determining whether carry		T-	. =		1	16	110.55 %
17	If the current va	lue of the assets of the	e plan is	less than 70 percent of the	funding ta	rget, enter s	uch percentage	*32188833186*	*******	17	6%
p,	art IV Con	ntributions and li	auidit	v shortfalls							
				ar by employer(s) and empl	ovees:					***************************************	
	(a) Date IM-DD-YYYY)	(b) Amount paid l employer(s)		(c) Amount paid by employees	(a) [Date D-YYYY)	(b) Amount pa employer(s		(6) Amou empl	int paid by oyees
03	3/12/2012	15	5000	0							
03	3/05/2012	10	0000	0				***************************************			
01	/18/2012	13	3000	0							
12	2/16/2011	113	1000	0				***************************************			
09)/12/2011	33	3000	0	••••			***************************************			
0.8	3/09/2011	20	6000	0	****************					*************	
07	7/25/2011	19	9000	0							
0.6	5/06/2011	105	5000	0						***************************************	
0.3	3/23/2011	66	6263	0							
	2/22/2011	3 (0000	0						***************************************	
······											
					Totals 🕨	18(b)	4	28263	18(c)		0
19	Discounted emp	oloyer contributions – s	see insti	uctions for small plan with a	valuation	date after th	ne beginning of the	vear:			
				num required contributions			 	19a		***************************************	0
				justed to valuation date			j _	19b			0
				ired contribution for current ye		5.0	-	19c	*************************************		413023
20		outions and liquidity sh									
. ***				e prior year?	************	*************	*************		*********		Yes X No
				illments for the current year						- 1	Yes No
				te the following table as app		,					J [] ,;;
	u., v 100,			Liquidity shortfall as of en		er of this plan	n year				
	(1) 1:	st .		(2) 2nd			3rd			(4) 4tl	1

Pa	art V Assumption	ns used to determine f	unding target and ta	rget normal cost			
21	Discount rate:						
	a Segment rates:	1st segment: 2 . 94%	2nd segment : 5 . 82%	3rd segme 6 . 4		N/A, full yield curve used	
	b Applicable month	(enter code)			21b		0
22	Weighted average reti	irement age			22		62
23	Mortality table(s) (see	e instructions) 🖺 Pre	scribed - combined	Prescribed - separate	Substitu	te	
Pa	rt VI Miscellaned						
24	-	nade in the non-prescribed actu	•			· · ·)
25	Has a method change	been made for the current pla	n year? If "Yes," see instr	uctions regarding required a	tachment	Yes 🛚 No	,
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructions regarding requir	ed attachment	X Yes No	,
27		or (and is using) alternative fun	• • • • • • • • • • • • • • • • • • • •		27		
Pa	art VII Reconcilia	ation of unpaid minimu	m required contribu	tions for prior years			
28	Unpaid minimum requ	uired contributions for all prior y	ears		28	· · · · · · · · · · · · · · · · · · ·	0
29		contributions allocated toward			- / /4 /		0
30	Remaining amount of	unpaid minimum required con	tributions (line 28 minus lin	e 29)	30		0
Pa	rt VIII Minimum i	required contribution f	or current year				
31	Target normal cost an	nd excess assets (see instructi	ons):				_
	a Target normal cost	(line 6)			31a	44763	4
	b Excess assets, if a	pplicable, but not greater than	31a		31b	44763	4
32	Amortization installme	ents:		Outstanding E	alance	Installment	_
	a Net shortfall amorti	zation installment			0		0
	b Waiver amortization	n installment			0		0
33	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 requirem	nent before reflecting carryove	r/prefunding balances (line	s 31a - 31b + 32a + 32b - 33	34		0
			Carryover balance	Prefunding ba	`	Total balance	_
35	Balances elected for u	ise to offset funding	•				_
•							0
36	Additional cash require	ement (line 34 minus line 35)			36		0
37	36 Additional cash requirement (line 34 minus line 35)					41302	 23
38		ss contributions for current yea					_
	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 38b						0
39							0
40							0
Pai	rt IX Pension fo	unding relief under Per	nsion Relief Act of 2	010 (see instructions)		_
41	If a shortfall amortization	on base is being amortized pu	suant to an alternative am	ortization schedule:			
	a Schedule elected					2 plus 7 years 15 years	
	b Eligible plan year(s)	for which the election in line 4	1a was made			3 2009 2010 2011	_
42	Amount of acceleration	n adjustment			42		_
	3 Excess installment acceleration amount to be carried over to future plan years						

Anesthesiology Consultants of Walla Walla

Defined Benefit Pension Plan

Schedule of Active Participant Data Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	. 1	0	1	0	0	0	0	0	0	2
5-9	0	0	0	0	0	1	2	0	0	0	0	3
10-14	0	0	0	0	0	0	0	0	. 0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	0	1	1	2	0	0	0	0	5

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age:

44.2

Average Service:

5

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

	For PPA Funding	For 417(e)	For Actuarial Equiv.		
Interest Rates	Segment 1 2.94%	Pre-Retirement 6.00%	Pre-Retirement 6.00%		
	Segment 2 5.82%	Post-Retirement 6.00%	Post-Retirement 6.00%		
	Segment 3 6.46%				
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation		
Post-Retirement					
Mortality	2011 Applicable Mortality Table from Rev Rul 2006-67	1983 GROUP ANNUITY MORTALITY 50% MALE 50% FEMALE	1983 GROUP ANNUITY MORTALITY 50% MALE 50% FEMALE		
Assumed Benefit Form For Funding		Normal Form			
Calculated Effective Interest Rate		6.09%			

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.

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

Plan Effective Date

January 1, 2003

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 following the completion of the following requirements:

0 year of service Minimum age 21

Normal Retirement Age

All 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

Normal Retirement Benefit

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

10 percent of compensation times credited years

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

Years with less than 1,000 hours

with a maximum of 10 years

Maximum benefit is \$16,250 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 the salary and/or service to the date of calculation, but payable at normal retirement.

Termination Benefit

Upon termination for any reason other than death, disability 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:

Immediate 100% vesting

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

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 percent 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 excluding years plan 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 Vesting

In any year the plan is top-heavy the participants will vest 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 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

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

Plan Effective Date

January 1, 2003

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 following the completion of the following requirements:

0 year of service Minimum age 21

Normal Retirement Age

All 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

Normal Retirement Benefit

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

10 percent of compensation times credited years

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

Years with less than 1,000 hours

with a maximum of 10 years

Maximum benefit is \$16,250 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 the salary and/or service to the date of calculation, but payable at normal retirement.

Termination Benefit

Upon termination for any reason other than death, disability 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:

Immediate 100% vesting

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

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 percent 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 excluding years plan 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 Vesting

In any year the plan is top-heavy the participants will vest 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 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