	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	_		<u> </u>	2	011				
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Em Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and the Internal Revenue Code (the Code).						f This Form is Open to Public Inspection				
	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500)-SF.	113	peetion			
	art I Annual Report Id calendar plan year 2011 or fisca	Ientification Information	4	and anding (1	0/04/	2044				
					2/31/2					
	This return/report is for:		•	-employer plan (not multiemployer)		a one-particip	bant plan			
В	This return/report is:			eturn/report						
-				in year return/report (less than 12 mo	onths)	—				
C	Check box if filing under:	X Form 5558		extension		DFVC progra	m			
		special extension (enter descriptio	,							
		mation—enter all requested information	ation		1h	Three-digit				
	Name of plan STHESIOLOGY, INC. PS PROF	TT SHARING PLAN			1D	plan number				
/						(PN) ▶	001			
					1c	Effective date of 11/01/	•			
	Plan sponsor's name and address STHESIOLOGY, INC. PS	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 91-10				
5633	N LIDGERWOOD ST				2c	Sponsor's telep 509-482				
	KANE, WA 99208-1224				2d	Business code (see instructions) 621111				
	Plan administrator's name and STHESIOLOGY, INC. PS	address (if same as plan sponsor, er 5633 N LIDGE	ERWOOD	ŚT	3b	Administrator's EIN 91-1084707				
		SPOKANE, W	/A 99208-1	1224	3c	Administrator's t 509-482	elephone number 2-2359			
4	If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the la	ast return/ı	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name				4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a		8			
b	Total number of participants at	the end of the plan year			5b		8			
С		count balances as of the end of the p	• •		5.0		8			
62	1 ,				5c		<u> </u>			
 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) 										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	·····		X Yes No			
Da	If you answered "No" to eith rt III Financial Informa	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550)0.					
<u>га</u> 7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Voor			
'a			7a	(a) Beginning of Teal 3519814	(b) End of Year 345		3456529			
b	•		74 7b							
С	•	7b from line 7a)	7c	3519814			3456529			
8	Income, Expenses, and Transf			(a) Amount	(b) Total		otal			
а	Contributions received or recei			202500						
			8a(1)	293500	_					
			8a(2)	66000 0						
h)	8a(3)	27212	_					
b		(2) (2) and (2)	8b	21212			386712			
c d	Benefits paid (including direct i	8a(2), 8a(3), and 8b) rollovers and insurance premiums	8c 8d	437419			000112			
е	• •	tive distributions (see instructions)	8e	0						
f		rs (salaries, fees, commissions)	8f	12578						
g			8g	0						
h	•	8e, 8f, and 8g)	8h				449997			
i		e 8h from line 8c)	8i				-63285			
j	Transfers to (from) the plan (se	ee instructions)	8j	0						

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

Page 2 - 1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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 Characteristic Codes in the instructions:

Part V **Compliance Questions** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 450000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 10906 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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 complete Schedule SB (Form Yes 5500)).... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes 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 instructions, and enter the date of the letter ruling granting the waiver.Month _____ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? Yes Х 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 under the control Yes X No 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 C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

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.	09/17/2012	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

	orm 5500-SF	Short Form Annual	Ial Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service This form is required to I				sections 104 and 4065 of the Employe	20	2011				
Department of Labor Retirement Income Security Act of				ERISA), and sections 6057(b) and 605 ue Code (the Code).						
	Benefit Guaranty Corporation			nce with the instructions to the Form 5500-SF.						
Part I	Annual Report Id	lentification Information	Juance w	and the instructions to the Form 550	10-SF.					
For calen	dar plan year 2011 or fisca	-1	01/01	/2011 and ending		12/31/2011				
A This r	eturn/report is for:	X a single-employer plan] a multip	ble-employer plan (not multiemployer)) a one-participant plan					
B This return/report is:										
C Check box if filing under: X Form 5558 an automatic extension)				
C Check	box if filing under:		DFVC program							
		special extension (enter descript								
Part II		nation—enter all requested inforr	nation							
1a Name ANESTI		PS PROFIT SHARING PL	ΔN		1b	Three-digit plan number				
	,					(PN) • 001				
					1c	Effective date of plan				
2a Plan	sponsor's name and addre	ess; include room or suite number (omployor	if for a simple sevel and the large		11/01/1979				
ANESTH	ESIOLOGY, INC.	PS	employer,	in for a single-employer plan)	20	Employer Identification Number (EIN) 91-1084707				
5600 0					2c	Sponsor's telephone number				
5633 N	I LIDGERWOOD ST					509-482-2359				
SPOKAN	F	WA 99208-1224			2d	Business code (see instructions)				
-			optor "Sam	20")	26	621111 Administrator's EIN				
ANESTH	ESIOLOGY, INC.	address (if same as plan sponsor, e PS	unter Oan		30	91-1084707				
5633 N SPOKAN	LIDGERWOOD ST	WA 99208-1224			3c	Administrator's telephone number 509-482-2359				
4 If the	name and/or EIN of the pl	an sponsor has changed since the	last return	/report filed for this plan, enter the	4h	4b EIN				
name	e, EIN, and the plan numbe	er from the last return/report.								
	sor's name	the beginning of the star uses			4c	PN				
					5a 5b					
 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not plan year). 						8				
comp	lete this item)		pian year	(denned benefit plans do not	5c	8				
6a Were	all of the plan's assets du	iring the plan year invested in eligib	le assets?	? (See instructions.)		X Yes No				
b Are you under	ou claiming a waiver of the 29 CER 2520 104-462 (S	e annual examination and report of	an indepe	ndent qualified public accountant (IQF tions.)	PA)	X Yes ∏ No				
lf you	answered "No" to eithe	<u>r 6a or 6b, the plan cannot use F</u>	orm 5500	-SF and must instead use Form 550	0.					
Part III	Financial Informa	tion								
	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
	plan assets			3519814	4	3456529				
		·····	7b							
	e, Expenses, and Transfe	from line 7a)	7c	3519814	4	3456529				
	butions received or received			(a) Amount		(b) Total				
			8a(1)	293500	o l					
(2) Pa	articipants		8a(2)	66000	2					
			8a(3)	(2					
			8b	27212	2					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)					386712				
to prov	vide benefits)	llovers and insurance premiums	8d	437419	,					
		e distributions (see instructions)	8e	C	0					
		(salaries, fees, commissions)	8f	12578	78					
			8g	C)					
		, 8f, and 8g)	8h		449					
		Sh from line 8c)	8i		ļ	-63285				
		instructions)	8j	0						

ap ntrol Numbers, see the instructions for Form 5500-SF.

b	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2J 2K 2F 2G 2R 3D 2A If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara							
		clensi						
Part					T			
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		Yes	No		Amount		
u	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	Was the plan covered by a fidelity bond?	10c	Х				450000	
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.)	10g	X			*****	10906	
h	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 con	plete :	Sched	ule SE	8 (Form	∏ Yes	П No	
12	5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					<u> </u>	<u> </u>	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	: 01 361	cion o	02 01			- <u> </u>	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver.							
If	ou 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							
	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)							
1000	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
art								
13a	Has a resolution to terminate the plan been adopted in any plan year?	· · · · · · · · · · · · · · · · · · ·		Y	es XI	NO		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 which assets or liabilities were transferred. (See instructions.)	ne plan	i(s) to					
13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) Pt			

SIGN	Mutell M Dansen	2 6	MICHELLE HANSEN, MD
HERE	Signature of plan administrator	Date 9/5/2	Enter name of individual signing as plan administrator
SIGN	Muhill M Sayon		MICHELLE HANSEN, MD
HERE	Signature of employer/plan sponsor	Date 952	Enter name of individual signing as employer or plan sponsor