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 fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-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 plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/02/1973

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

ANESTHESIA GROUP OF ALBANY

1450 WESTERN AVENUE
ALBANY, NY 12203-3539

2b Employer Identification Number (EIN) 14-1551793

2c Sponsor's telephone number 518-463-0050

2d Business code (see instructions) 621111

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/11/2012	PETER ANDRIAKOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	PETER ANDRIAKOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ANESTHESIA GROUP OF ALBANY

1450 WESTERN AVENUE
ALBANY, NY 12203-3539

3b Administrator's EIN
14-1551793

3c Administrator's telephone number
518-463-0050

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 and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	113
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	124
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	141
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	141
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	119
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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 in the instructions:
2A 2E 2G 2J 2R 2F 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANESTHESIA GROUP OF ALBANY

D Employer Identification Number (EIN)
14-1551793

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB TRUST COMPANY

42-1558009

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

CHARLES SCHWAB INVESTMENT MANAGMENT

94-3106735

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 36 37 38 50 59 64 70	NONE	540	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 59	NONE	925	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB BANK

42-1558009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	22810	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 95-1411037	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX 94-1441976	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MANNING & NAPIER 16-0995736	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE 52-2343049	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO ADVANTAGE 41-0449260	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 95-1411037	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADIRONDACK FUNDS 20-1993634	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ FUNDS 33-0457728	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 59	15488

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MANNING & NAPIER 16-0995736	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK 04-3276558	RATE OF .35% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER INVESTMENTS 13-5657669	RATE OF 1.00% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SCHWAB FUNDS 94-3106735	RATE OF .25% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE 52-2264646	RATE OF 0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THIRD AVENUE 01-0690900	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WASATCH 87-0319391	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN, INC.	19 59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 95-1411037	0.05-0.59%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN, INC.	19 59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX 94-1441976	.09%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN, INC.	19 59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MANNING & NAPIER 16-0995736	.39%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN, INC.	19 59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE 52-2343049	.19%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MILLIMAN, INC.	19 59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO ADVANTAGE 41-0449260	.49%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB BANK	19 59	4968

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO ADVANTAGE 41-0449260	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 95-1411037	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **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
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ANESTHESIA GROUP OF ALBANY

D Employer Identification Number (EIN)
14-1551793

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
94-3371778-001	C	5397118

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANESTHESIA GROUP OF ALBANY

D Employer Identification Number (EIN)
14-1551793

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	26255	7070
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	507191	538363
(2) Participant contributions	1b(2)	10050	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	375544	429220
(2) U.S. Government securities	1c(2)	20320	11657
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	370892	183460
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2241713	2213091
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	89726	73523
(9) Value of interest in common/collective trusts	1c(9)	1828152	5397118
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33206082	32253535
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	38675925	41107037
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	38675925	41107037

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2112844	
(B) Participants	2a(1)(B)	1405666	
(C) Others (including rollovers)	2a(1)(C)	4774	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3523284
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4130	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4130
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	940058	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		940058
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	34603276	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	33088727	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1514549

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		69948
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2633808
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3418161
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	983625	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		983625
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	3424	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3424
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		987049
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2431112
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BROWN AND FITZGERALD, PC **(2)** EIN: 14-1630137

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	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 the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
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 have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		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**		X	

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 ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 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
EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ANESTHESIA GROUP OF ALBANY

D Employer Identification Number (EIN)
14-1551793

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1558009

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

Table of Contents
December 31, 2011 and 2010

	Page
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits as at December 31, 2011 and 2010	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2011 and 2010	3
Notes to Financial Statements	4
Schedule of Assets Held at End of Year	13

BROWN AND FITZGERALD, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
224 OLD LOUDON ROAD
LATHAM, NEW YORK 12110-2997

PATRICK J. FITZGERALD, JR., CPA
BERNARD R. BROWN, CPA
MARK T. RYAN, CPA
JOHN E. LaFOREST, SR., CPA

FRANK J. SWEENEY, JR., CPA
JOSEPH A. ZALEWSKI, CPA

(518) 783-5509 Fax (518) 783-8940
www.bfcpa.net

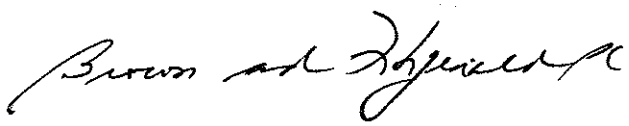
INDEPENDENT AUDITOR'S REPORT

The Trustees and Participants
Employees' Profit Sharing Plan of
Anesthesia Group of Albany, P.C.

We were engaged to audit the accompanying statements of net assets available for benefits of the Employees' Profit Sharing Plan of Anesthesia Group of Albany, P.C. as of December 31, 2011 and 2010 and the related statements of changes in net assets available for benefits for the years ended December 31, 2011 and 2010 and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by the The Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2011 and 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



October 5, 2012

EMPLOYEES' PROFIT SHARING PLAN OF
ANESTHESIA GROUP OF ALBANY, P.C.
Statements of Net Assets Available for Benefits
As at December 31,

	2011	2010
Assets		
Investments, at Fair Value		
Mutual Funds	$ 32,253,535	$ 33,206,082
Collective Investment Trust	5,397,118	1,828,152
Exchange Traded Funds	1,068,345	1,086,152
Common Stock	1,144,746	1,155,561
Cash and Cash Equivalents	429,220	375,544
Corporate Bonds	183,460	370,892
Municipal Bonds	11,657	20,320
Total Investments	40,488,081	38,042,703
Receivables		
Employer Contributions	538,363	507,191
Participants' Contributions	-	10,050
Participant Notes	73,523	89,726
Total Receivables	611,886	606,967
Cash	7,070	26,255
Total Assets	41,107,037	38,675,925
Liabilities	-	-
Net Assets Available for Benefits	**$ 41,107,037**	**$ 38,675,925**

The accompanying notes are an integral part of this financial statement.

EMPLOYEES' PROFIT SHARING PLAN OF
ANESTHESIA GROUP OF ALBANY, P.C.
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31,

	2011	2010
Additions:		
Additions to net assets attributed to:		
Investment Income		
Dividends and Interest	$ 1,077,790	$ 793,124
Net (Depreciation) Appreciation in Fair Value of Investments	(1,187,043)	2,737,787
Total Investment (Loss) Income	(109,253)	3,530,911
Interest on Participant Loans	4,130	4,584
Contributions		
Participants'	1,410,440	1,310,611
Employer	2,112,844	1,909,357
Total Additions	3,418,161	6,755,463
Deductions:		
Deductions from net assets attributed to:		
Benefits Paid to Participants	983,625	754,833
Administrative Expenses	3,424	2,840
Total Deductions	987,049	757,673
Net Increase	2,431,112	5,997,790
Net Assets Available for Plan Benefits:		
Beginning of Year	38,675,925	32,678,135
End of Year	**$ 41,107,037**	**$ 38,675,925**

The accompanying notes are an integral part of this financial statement.

Note 1 - **Description of Plan:**

The following description of the Employees' Profit Sharing Plan of Anesthesia Group of Albany, P.C. provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) ***General.*** The Plan is a defined contribution plan, which includes a qualified deferred arrangement as described in section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan is for the benefit of all full-time employees of the Company classified as shareholder or other employee and who has attained the age of 21.

(b) ***Effective date.*** The plan became effective on July 2, 1973, and was amended and restated effective as of January 1, 2009.

(c) ***Contributions – Employer.*** Each year, the Company may contribute a discretionary contribution for certain classes of employees at the option of the Company's board of directors. Discretionary contributions amounted to $2,112,844 and $1,909,357 for the year ended December 31, 2011 and 2010, respectively.

(d) ***Contributions – Employees.*** Each year, participants may contribute up to the lesser of $16,500 or 100% of annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

(e) ***Participant's Accounts.*** Each participant's account is credited with the participant's salary reduction contribution, the Company's discretionary contributions, plan earnings, and realized and unrealized security gains and losses. The benefit to which a participant is entitled is that which can be provided from the participant's account.

(f) ***Vesting.*** Participants are immediately vested in their salary reduction and employer discretionary contributions plus actual earnings thereon.

Note 1 - **Description of Plan (Continued):**

(g) ***Investment Options.*** The Plan provides for self-directed investment programs as it allows participants to choose among various investment alternatives.

(h) ***Participant Notes Receivable.*** Participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% (fifty percent) of their vested account balance, whichever is less. Loan terms range up to five years. Terms of loans for the purpose of purchasing a principal residence are determined by the Plan Administrator. The loans are secured by the balance in the participant's account and bear interest at the Wall Street Journal Prime rate plus 1%. The interest rate for the participant loans range between 4.25% and 6.75%. Principal and interest is paid ratably through payroll deduction.

(i) ***Payment of Benefits.*** The Trust shall make or begin distribution of the benefits payable on a participant's (a) retirement after attaining his retirement date, or (b) sustaining total and permanent disability, or (c) death, based upon the balance in such participant's account as of the valuation date coinciding with or immediately preceding the date on which such participant retires, dies or becomes disabled. If a participant terminates his service before retirement date, payment will be made in accord with the plan document based upon the elections available.

Note 2 - **Summary of Accounting Policies:**

(a) ***Basis of Accounting.*** The financial statements of the Plan are prepared under the accrual method of accounting.

(b) ***Investment Valuation and Income Recognition.*** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

(c) ***Payment of Benefits.*** Benefits are recorded when paid.

Note 2 - **Summary of Accounting Policies (Continued):**

(d) ***Use of Estimates.*** Management uses estimates and assumptions in preparing these financial statements in accordance with accounting principals generally accepted in the United States of America. These estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

(e) ***Subsequent Events.*** The Company has performed an evaluation of subsequent events through October 5, 2012, which is the date the financial statements were available to be issued, and noted no events occurring subsequent to December 31, 2011 and through the date of our evaluation requiring accrual or disclosure in these financial statements.

Note 3 - **Investments:**

The following presents investments that represent five percent (5%) or more of the Plan's net assets.

	2011	2010
Mutual Funds:		
Manning & Napier Pro-Blend Extended Term	$8,618,972	$8,178,511
Manning & Napier Pro-Blend Conservative Term	3,902,648	6,098,467
Vanguard Total Stock Market Index	4,697,538	4,931,120
Manning & Napier Pro-Blend Moderate Term	2,346,482	-
Vanguard Total Bond Market Index Signal	3,883,405	2,681,954
Manning & Napier Pro-Blend Maximum Term	2,216,130	2,401,961
Collective Investment Trusts:		
Wells Fargo Stable Value Fund	5,397,118	-

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by $(1,187,043) and $2,737,787, respectively.

	2011	2010
Mutual Funds	$(1,098,341)	$2,387,846
Common Stock	(89,996)	102,051
Exchange Traded Funds	(66,652)	151,769
Collective Investment Trust	69,948	82,169
Corporate Bonds	(2,427)	13,942
Municipal Bonds	425	10
Net Appreciation in Fair Value of Investments	$(1,187,043)	$2,737,787

Note 4 - **Fair Value Measurements:**

FASB ASC 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by the observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 4 - **Fair Value Measurements (Continued):**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Common stocks, exchanged traded funds, corporate bonds and municipal bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Collective investment trust: Valued at the net asset value of the units held by the Plan at year end.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 4 - **Fair Value Measurements (Continued):**

The Plan's investments are reported at fair value in the accompanying statement of financial position:

	Assets at Fair Value as of December 31, 2011			
	Quoted Prices In Active Markets For Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total Fair Value
Mutual Funds:				
Index Funds:				
Bond	$ 3,883,405	$ -	$ -	$ 3,883,405
International Equities	1,102,921	-	-	1,102,921
U. S. Equities	6,507,592	-	-	6,507,592
Balanced Funds	17,190,031	-	-	17,190,031
Value Funds	761,800	-	-	761,800
Growth Funds	1,708,239	-	-	1,708,239
Other Funds	1,099,547	-	-	1,099,547
Total Mutual Funds	32,253,535	-	-	32,253,535
Common Stocks:				
Industrials	$ 81,415	$ -	$ -	$ 81,415
Financial	48,879	-	-	48,879
Technology	167,936	-	-	167,936
Services	565,211	-	-	565,211
Healthcare	150,064	-	-	150,064
Consumer	115,560	-	-	115,560
Other	15,681	-	-	15,681
Total Common Stocks	1,144,746	-	-	1,144,746
Exchange Traded Funds:				
U. S. Equities	$ 194,732	$ -	$ -	$ 194,732
International Equities	158,900	-	-	158,900
Growth	113,206	-	-	113,206
Inflation-Protected Bonds	57,383	-	-	57,383
Value	360,986	-	-	360,986
Other	183,138	-	-	183,138
Total Exchange Traded Funds	1,068,345	-	-	1,068,345
Corporate Bonds	$ 183,460	$ -	$ -	$ 183,460
Municipal Bonds	11,657	-	-	11,657
Money Market Funds	429,220	-	-	429,220
Collective Investment Trust	-	5,397,118	-	5,397,118
Total Assets at Fair Value	$ 35,090,963	$ 5,397,118	$ -	$ 40,488,081

Note 4 - **Fair Value Measurements (Continued):**

The Plan's investments are reported at fair value in the accompanying statement of financial position:

	Assets at Fair Value as of December 31, 2010			
	Quoted Prices In Active Markets For Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total Fair Value
Mutual Funds:				
Index Funds:				
Bond	$ 2,681,954	$ -	$ -	$ 2,681,954
International Equities	941,816	-	-	941,816
U. S. Equities	6,679,698	-	-	6,679,698
Balanced Funds	18,693,802	-	-	18,693,802
Value Funds	822,907	-	-	822,907
Growth Funds	2,510,429	-	-	2,510,429
Other Funds	875,476	-	-	875,476
Total Mutual Funds	33,206,082	-	-	33,206,082
Common Stocks:				
Industrials	$ 183,804	$ -	$ -	$ 183,804
Financial	39,877	-	-	39,877
Technology	120,862	-	-	120,862
Services	571,200	-	-	571,200
Healthcare	125,458	-	-	125,458
Consumer	94,403	-	-	94,403
Other	19,957	-	-	19,957
Total Common Stocks	1,155,561	-	-	1,155,561
Exchange Traded Funds:				
U. S. Equities	$ 244,075	$ -	$ -	$ 244,075
International Equities	166,021	-	-	166,021
Growth	112,583	-	-	112,583
Inflation-Protected Bonds	61,432	-	-	61,432
Value	352,869	-	-	352,869
Other	149,172	-	-	149,172
Total Exchange Traded Funds	1,086,152	-	-	1,086,152
Corporate Bonds	$ 370,892	$ -	$ -	$ 370,892
Municipal Bonds	20,320	-	-	20,320
Money Market Funds	375,544	-	-	375,544
Collective Investment Trust	-	1,828,152	-	1,828,152
Total Assets at Fair Value	$ 36,214,551	$ 1,828,152	$ -	$ 38,042,703

There were no significant transfers between level 1 and 2 investments during the year ended December 31, 2011.

Note 5 - **Trustee Information (Unaudited):**

The following is a summary of the unaudited information regarding the Plan as of December 31, 2011 and 2010 and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by The Charles Schwab Trust Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the trustee that such information is complete and accurate.

	2011	2010
Mutual Funds	$32,253,535	$33,206,082
Collective Investment Trust	5,397,118	1,828,152
Exchange Traded Funds	1,068,345	1,086,152
Common Stock	1,144,746	1,155,561
Cash and Cash Equivalents	429,220	375,544
Corporate Bonds	183,460	370,892
Participant Notes	73,523	89,726
Municipal Bonds	11,657	20,320
Cash	7,070	26,255
	$40,568,674	$38,158,684
Investment Income:		
Dividends and Interest	1,077,790	793,124
Net (depreciation) appreciation in fair value of investments	(1,187,043)	2,737,787

Note 6 - **Tax Status:**

The plan obtained its latest determination letter on June 18, 2010, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator believes that the plan is designed and is correctly being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the plan is qualified and the related trust is tax-exempt.

Note 6 - **Tax Status (Continued):**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Note 7 - **Related Party:**

Anesthesia Group of Albany, P.C. provides certain accounting and administrative services to the Plan for which no fees are charged.

Note 8 - **Risk and Uncertainties:**

The Plan maintains various investments. Investment securities are exposed to various risks, such as interest rate risk, financial market risk and credit risk. Due to the level of the risk associated with investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the investment account balances and the amounts reported in the Plan's financial statements as of December 31, 2011.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

	(a)	(b)	(c)	(d)
	Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Cash Equivalents			
*	Charles Schwab	429,220 units Schwab Money Market Fund	**	$ 429,220
	Municipal Obligations			
	Oklahoma County Oklahoma	5,000 par value at 6.3% with maturity date of 9/1/19	**	5,994
	Tahlequah Oklahoma	5,000 par value at 5.272% with a maturity date of 12/1/17	**	5,663
	Corporate Obligations			
	Alcoa, Inc.	5,000 par value at 5.55% with a maturity date of 2/1/17	**	5,346
	Amerenenergy Gen	5,000 par value at 6.3% with a maturity date of 4/1/20	**	5,045
	American General Finance	10,000 par value at 6% with a maturity date of 10/15/14	**	7,275

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Arcelormittal	10,000 par value at 5.25% with a maturity of 8/5/20	**	9,078
Bank of America Corp.	5,000 par value at 5.25% with a maturity date of 3/12/25	**	4,357
Best Buy Co., Inc.	5,000 par value at 5.5% with a maturity date of 3/15/21	**	4,781
Dell, Inc.	5,000 par value at 5.65% with a maturity date of 4/15/18	**	5,791
Deutsche Bank AG London	25,000 par value at 4.88% with a maturity date of 5/31/12	**	24,818
Donnelley & Sons	5,000 par value at 7.625% with a maturity date of 6/15/20	**	4,675
General Electric Capital Corp	5,000 par value at 2.5% with a maturity date of 8/11/15	**	4,853

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
General Electric Capital Corp	10,000 par value at 4.75% with a maturity date of 2/13/19	**	10,009
Genworth Financial	15,000 par value at 7.70% with a maturity date of 6/15/20	**	14,133
Genworth Financial	5,000 par value at 6.515% with a maturity date of 5/22/18	**	4,600
Goldman Sachs Group Inc.	5,000 par value at 5.625% with a maturity date of 1/15/17	**	4,901
Icahn Enterprises	5,000 par value at 8.00% with a maturity date of 1/15/18	**	5,187
Icahn Enterprises	10,000 par value at 7.75% with a maturity date of 1/15/16	**	10,375

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Jefferies Group	10,000 par value at 5.125% with a maturity date of 4/13/18	**	8,787
Lorillard Tobacco	11,000 par value at 6.875% with a maturity date of 5/1/20	**	5,585
Merrill Lynch Co	5,000 par value at 5.7% with a maturity date of 5/2/17	**	4,548
Morgan Stanley	5,000 par value at variable interest with a maturity date of 8/24/30	**	5,015
Morgan Stanley	5,000 par value at 4.0% with a maturity date of 7/20/30	**	4,800
NASDAQ OMX	5,000 par value at 5.55% with a maturity date of 1/15/20	**	5,104
Nokia Corp.	5,000 par value at 5.375% with a maturity date of 5/15/19	**	5,059

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NY Magic Inc.	10,000 par value at 6.5% with a maturity date of 3/15/14	**	9,464
Protective Life	5,000 par value at 6.4% with a maturity date of 1/15/18	**	5,539
SLM Corp.	5,000 par value at 6.00% with a maturity date of 6/15/26	**	4,335
Common Stock			
American Capital Agency	450 shares	**	12,636
American International Group	50 shares	**	1,160
American International Group 21WTS	26 shares	**	143
Apple, Inc.	50 shares	**	20,250
Arena Pharmaceuticals, Inc.	10,000 shares	**	18,700
Bank Montreal Quebec	200 shares	**	10,962
Bank of America Corp.	400 shares	**	2,224

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Baywater Uranium New	2,000 shares	**	338
Berkshire Hathaway	200 shares	**	15,260
Biopure Corporation	11,300 shares	**	-
Cadence Pharmaceuticals	2,000 shares	**	7,900
Chesapeake Energy Corp	500 shares	**	11,145
Cisco System Inc.	200 shares	**	3,616
Citigroup Inc. New	200 shares	**	5,262
Cloud Peak Energy Inc.	1,000 shares	**	19,320
Coca Cola Bottling Company	100 shares	**	5,855
Coca Cola Company	300 shares	**	20,991
Coherent Inc.	300 shares	**	15,681
Conoco Phillips	250 shares	**	18,217
Denison Minds Corp.	1,000 shares	**	1,250

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Edwards Lifesciences Corp	100 shares	**	7,070
Ford Motor Company	1,000 shares	**	10,760
F5 Networks Inc.	500 shares	**	53,060
Gasfrac Energy Services	1,500 shares	**	10,275
General Dynamics Corp	33 shares	**	1,992
General Electric Company	400 shares	**	7,164
General Motors Co	20 shares	**	405
GlaxoSmithKline PLC	200 shares	**	9,126
Google Inc.	85 shares	**	54,901
Great Panther Silver	700 shares	**	1,365
Intel Corp	500 shares	**	12,125
JNR Resources Inc.	10,000 shares	**	650
Johnson & Johnson	350 shares	**	22,953
Laramide Resources	1,250 shares	**	884

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Lilly Eli & Company	400 shares	**	16,624
Marina Biotech, Inc.	6 shares	**	5
Merge Healthcare, Inc.	3,000 shares	**	14,550
Metabolix, Inc.	500 shares	**	2,275
Microsoft Corporation	750 shares	**	19,470
Monsanto Co New	100 shares	**	7,007
National Grid	100 shares	**	4,848
Netflix Inc.	25 shares	**	1,732
Nevsun Resources LTD	200 shares	**	1,106
Nokia Corp.	750 shares	**	3,615
Novartis AG	110 shares	**	6,289
Pacira Pharmaceuticals	1,000 shares	**	8,650
Paladin Res LTD	500 shares	**	702

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Petromanas Energy Inc.	3,000 shares	**	459
Pfizer Inc.	1,050 shares	**	22,722
Pinetree Capital LTD	850 shares	**	1,232
Plug Power Inc. New	100 shares	**	204
Polar Wireless Corp.	7,500 shares	**	712
Proctor & Gamble Company	375 shares	**	25,016
Quest Rare Minerals	300 shares	**	660
Rare Element Resources	350 shares	**	1,137
Rockgate Capital Corp	3,000 shares	**	2,107
Royal Caribbean LTD	300 shares	**	7,431
Silver Wheaton Corp	50 shares	**	1,448
Silvercorp Metals, Inc.	100 shares	**	640
Six Flags Entertainment	200 shares	**	8,248
Spectra Energy Corporation	202 shares	**	6,211

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Staples Inc.	500 shares	**	6,945
Sunpower Corp.	30 shares	**	187
Tasman Metals LTD	1,950 shares	**	3,003
Tital Medical Inc.	10,000 shares	**	13,200
Titan Uranium, Inc.	5,000 shares	**	772
Tournigan Gold Corp	5,000 shares	**	325
UEX Corp	1,000 shares	**	648
Uranerz Energy Corp	500 shares	**	910
Uranium Resources New	12,600 shares	**	9,147
Western Union Company	30,000 shares	**	547,800
Weyerhaeuser Co.	700 shares	**	13,069

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Mutual Funds			
Adirondack Research & Management	1,146.369 units Adirondack Small Cap Fund	**	15,877
American Funds	30,097.831 units Growth Fund of America	**	852,672
American Funds	22,105.418 units EuroPacific Growth Fund	**	777,227
Annaly Capital Management, Inc.	1,400.000 units Annaly MTG Mgmt Inc.	**	22,344
Dodge & Cox Funds	5,604.706 units Dodge & Cox Stock Fund	**	569,662
Dodge & Cox Funds	727.131 units Dodge & Cox International Stock Fund	**	21,261
Dodge & Cox Funds	223.787 units Dodge & Cox Stock Fund	**	22,746
Fidelity Investments	123.634 units Fidelity SLCT Technology	**	10,691

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
HNP Capital, LLC	1,309.154 HNP Growth & Preservation Fund	**	11,992
Manning & Napier	589,130.031 units Manning & Napier Pro-Blend Extended Term	**	8,618,972
Manning & Napier	305,850.155 units Manning & Napier Pro-Blend Conservative Term Fund	**	3,902,648
Manning & Napier	191,237.367 units Manning & Napier Pro-Blend Moderate Term Fund	**	2,346,482
Manning & Napier	145,510.808 units Manning & Napier Pro-Blend Maximum Term Fund	**	2,216,130
Meridian Funds, Inc.	204.811 units Meridian Growth Fund	**	8,526
Meridian Funds, Inc.	1,107.568 units Meridian Value Fund	**	31,100

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
The Oakmark Funds	1,866.073 units Oakmark Equity Income Fund	**	50,477
Pacific Investment Management Company, LLC	998.223 units PIMCO Total Return Fund Class D	**	10,851
Pioneer Investments	729.076 units Pioneer High Yield Fund Class C	**	7,021
Royce Pennsylvania	81,231.573 units Royce Pennsylvania Mutual Fund Investment	**	874,052
T Rowe Price	4,952.875 units T Rowe Price Balanced Fund	**	93,807
Third Avenue Fund	885.075 units Third Ave Real Estate Value Fund	**	17,967
Vanguard	513.210 units Vanguard Health Care Fund	**	66,065
Vanguard	2,559.512 units of Vanguard International Value Portfolio	**	68,160

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Vanguard	3,297.536 units of Vanguard Morgan Growth Fund Inc.	**	57,608
Vanguard	1,411.101 units of Vanguard Short Term Investment Grade	**	15,014
Vanguard	2,701.357 units of Vanguard U.S. Value	**	27,554
Vanguard	265.735 units Vanguard Value Index Fund	**	5,440
Vanguard	799.770 units Vanguard Wellington Fund Investor	**	25,065
Vanguard	102.338 units Vanguard 500 Index Fund Investor	**	11,851
Vanguard	18,799.819 units Vanguard 500 Index	**	1,798,203
Vanguard	353,036.809 units Vanguard Total BD Mkt Index Signal	**	3,883,405

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Vanguard	42,096.229 units Vanguard Total Intl Stk Index Signal	**	1,102,921
Vanguard	155,496.134 units Vanguard Total Stock Market Index Fund I	**	4,697,538
Wasatch Funds	601.300 units Wasatch Ultra Growth Fund	**	12,206
Exchange Traded Funds			
BlackRock Institutional Trust Company, N.A.	826 units ISHARES Morningstar Fund	**	48,651
BlackRock Institutional Trust Company, N.A.	1,154 units ISHARES Morningstar Fund	**	91,051
BlackRock Institutional Trust Company, N.A.	3,030 units ISHARES MSCI Emerging Markets Index Fund	**	114,958
BlackRock Institutional Trust Company, N.A.	150 units ISHARES MSCI Value Index Fund	**	6,405
BlackRock Institutional Trust Company, N.A.	379 units ISHARES Russell Midcap Index	**	37,301

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BlackRock Institutional Trust Company, N.A.	315 units ISHARES S&P US Preferred Fund	**	11,220
BlackRock Institutional Trust Company, N.A.	1,160 units ISHARES TR DJ Total Market	**	73,022
BlackRock Institutional Trust Company, N.A.	120 units ISHARES TR DJ US UTILS	**	10,598
BlackRock Institutional Trust Company, N.A.	360 units ISHARES TR Dow Jones Select Dividends	**	19,357
BlackRock Institutional Trust Company, N.A.	280 units ISHARES TR Lehman BD Fund	**	8,313
BlackRock Institutional Trust Company, N.A.	150 units ISHARES TR Lehman Tips Bond Fund	**	17,503
BlackRock Institutional Trust Company, N.A.	788 units ISHARES TR MSCI EAFE Fund	**	39,030
BlackRock Institutional Trust Company, N.A.	235 units ISHARES TR S&P Global	**	8,975

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BlackRock Institutional Trust Company, N.A.	124 units ISHARES TR S&P Global Healthcare	**	6,959
BlackRock Institutional Trust Company, N.A.	449 units ISHARES TR S&P Smallcap 600 Index Fund	**	34,082
BlackRock Institutional Trust Company, N.A.	325 units ISHARES Trust	**	11,297
BlackRock Institutional Trust Company, N.A.	600 units ISHARES Trust FTSE EPRA	**	15,150
BlackRock Institutional Trust Company, N.A.	290 units ISHARES Trust S&P Global	**	2,477
Claymore Securities, Inc.	625 units Claymore Exchange Traded Fund	**	21,894
Invesco Powershares Capital Mgmt, LLC	275 units Powershares QQQ Trust Series 1	**	15,353
Proshares	389 units Proshares Ultrapro E	**	23,398
State Street Global Advisors	450 units DJ Wilshire REIT ETF	**	28,980

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
State Street Global Advisors	375 units Sector SPDR Energy Select	**	25,924
State Street Global Advisors	310 units SPDR Barclays Cap Tips	**	17,986
Vanguard	1,567 units Vanguard Index Funds	**	82,252
Vanguard	569 units Vanguard Index Funds	**	35,659
Vanguard	1,833 units Vanguard Index Funds	**	113,206
Vanguard	1,150 units Vanguard International Equity Index Fund	**	43,942
Vanguard	1,341 units Vanguard Mid Cap Value	**	69,298
Vanguard	588 units Vanguard Specialized Funds	**	34,104

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

Schedule H, Line 4i - Schedule of Assets Held at End of Year

As of December 31, 2011

EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Collective Investment Trust			
Wells Fargo	121,256.298 units Wells Fargo Stable Value Fund	**	5,397,118
Other			
Participant Loans	Interest ranging from 4.25% to 9.25%	-0-	73,523

* - A party-in-interest as defined by ERISA

**- Cost omitted for participant directed investments

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Cash Equivalents			
* Charles Schwab	429,220 units Schwab Money Market Fund	**	$ 429,220
Municipal Obligations			
Oklahoma County Oklahoma	5,000 par value at 6.3% with maturity date of 9/1/19	**	5,994
Tahlequah Oklahoma	5,000 par value at 5.272% with a maturity date of 12/1/17	**	5,663
Corporate Obligations			
Alcoa, Inc.	5,000 par value at 5.55% with a maturity date of 2/1/17	**	5,346
Amerenenergy Gen	5,000 par value at 6.3% with a maturity date of 4/1/20	**	5,045
American General Finance	10,000 par value at 6% with a maturity date of 10/15/14	**	7,275

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Arcelormittal	10,000 par value at 5.25% with a maturity of 8/5/20	**	9,078
Bank of America Corp.	5,000 par value at 5.25% with a maturity date of 3/12/25	**	4,357
Best Buy Co., Inc.	5,000 par value at 5.5% with a maturity date of 3/15/21	**	4,781
Dell, Inc.	5,000 par value at 5.65% with a maturity date of 4/15/18	**	5,791
Deutsche Bank AG London	25,000 par value at 4.88% with a maturity date of 5/31/12	**	24,818
Donnelley & Sons	5,000 par value at 7.625% with a maturity date of 6/15/20	**	4,675
General Electric Capital Corp	5,000 par value at 2.5% with a maturity date of 8/11/15	**	4,853

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
General Electric Capital Corp	10,000 par value at 4.75% with a maturity date of 2/13/19	**	10,009
Genworth Financial	15,000 par value at 7.70% with a maturity date of 6/15/20	**	14,133
Genworth Financial	5,000 par value at 6.515% with a maturity date of 5/22/18	**	4,600
Goldman Sachs Group Inc.	5,000 par value at 5.625% with a maturity date of 1/15/17	**	4,901
Icahn Enterprises	5,000 par value at 8.00% with a maturity date of 1/15/18	**	5,187
Icahn Enterprises	10,000 par value at 7.75% with a maturity date of 1/15/16	**	10,375

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Jefferies Group	10,000 par value at 5.125% with a maturity date of 4/13/18	**	8,787
Lorillard Tobacco	11,000 par value at 6.875% with a maturity date of 5/1/20	**	5,585
Merrill Lynch Co	5,000 par value at 5.7% with a maturity date of 5/2/17	**	4,548
Morgan Stanley	5,000 par value at variable interest with a maturity date of 8/24/30	**	5,015
Morgan Stanley	5,000 par value at 4.0% with a maturity date of 7/20/30	**	4,800
NASDAQ OMX	5,000 par value at 5.55% with a maturity date of 1/15/20	**	5,104
Nokia Corp.	5,000 par value at 5.375% with a maturity date of 5/15/19	**	5,059

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NY Magic Inc.	10,000 par value at 6.5% with a maturity date of 3/15/14	**	9,464
Protective Life	5,000 par value at 6.4% with a maturity date of 1/15/18	**	5,539
SLM Corp.	5,000 par value at 6.00% with a maturity date of 6/15/26	**	4,335
Common Stock			
American Capital Agency	450 shares	**	12,636
American International Group	50 shares	**	1,160
American International Group 21WTS	26 shares	**	143
Apple, Inc.	50 shares	**	20,250
Arena Pharmaceuticals, Inc.	10,000 shares	**	18,700
Bank Montreal Quebec	200 shares	**	10,962
Bank of America Corp.	400 shares	**	2,224

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Baywater Uranium New	2,000 shares	**	338
Berkshire Hathaway	200 shares	**	15,260
Biopure Corporation	11,300 shares	**	-
Cadence Pharmaceuticals	2,000 shares	**	7,900
Chesapeake Energy Corp	500 shares	**	11,145
Cisco System Inc.	200 shares	**	3,616
Citigroup Inc. New	200 shares	**	5,262
Cloud Peak Energy Inc.	1,000 shares	**	19,320
Coca Cola Bottling Company	100 shares	**	5,855
Coca Cola Company	300 shares	**	20,991
Coherent Inc.	300 shares	**	15,681
Conoco Phillips	250 shares	**	18,217
Denison Minds Corp.	1,000 shares	**	1,250

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Edwards Lifesciences Corp	100 shares	**	7,070
Ford Motor Company	1,000 shares	**	10,760
F5 Networks Inc.	500 shares	**	53,060
Gasfrac Energy Services	1,500 shares	**	10,275
General Dynamics Corp	33 shares	**	1,992
General Electric Company	400 shares	**	7,164
General Motors Co	20 shares	**	405
GlaxoSmithKline PLC	200 shares	**	9,126
Google Inc.	85 shares	**	54,901
Great Panther Silver	700 shares	**	1,365
Intel Corp	500 shares	**	12,125
JNR Resources Inc.	10,000 shares	**	650
Johnson & Johnson	350 shares	**	22,953
Laramide Resources	1,250 shares	**	884

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Lilly Eli & Company	400 shares	**	16,624
Marina Biotech, Inc.	6 shares	**	5
Merge Healthcare, Inc.	3,000 shares	**	14,550
Metabolix, Inc.	500 shares	**	2,275
Microsoft Corporation	750 shares	**	19,470
Monsanto Co New	100 shares	**	7,007
National Grid	100 shares	**	4,848
Netflix Inc.	25 shares	**	1,732
Nevsun Resources LTD	200 shares	**	1,106
Nokia Corp.	750 shares	**	3,615
Novartis AG	110 shares	**	6,289
Pacira Pharmaceuticals	1,000 shares	**	8,650
Paladin Res LTD	500 shares	**	702

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Petromanas Energy Inc.	3,000 shares	**	459
Pfizer Inc.	1,050 shares	**	22,722
Pinetree Capital LTD	850 shares	**	1,232
Plug Power Inc. New	100 shares	**	204
Polar Wireless Corp.	7,500 shares	**	712
Proctor & Gamble Company	375 shares	**	25,016
Quest Rare Minerals	300 shares	**	660
Rare Element Resources	350 shares	**	1,137
Rockgate Capital Corp	3,000 shares	**	2,107
Royal Caribbean LTD	300 shares	**	7,431
Silver Wheaton Corp	50 shares	**	1,448
Silvercorp Metals, Inc.	100 shares	**	640
Six Flags Entertainment	200 shares	**	8,248
Spectra Energy Corporation	202 shares	**	6,211

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Staples Inc.	500 shares	**	6,945
Sunpower Corp.	30 shares	**	187
Tasman Metals LTD	1,950 shares	**	3,003
Tital Medical Inc.	10,000 shares	**	13,200
Titan Uranium, Inc.	5,000 shares	**	772
Tournigan Gold Corp	5,000 shares	**	325
UEX Corp	1,000 shares	**	648
Uranerz Energy Corp	500 shares	**	910
Uranium Resources New	12,600 shares	**	9,147
Western Union Company	30,000 shares	**	547,800
Weyerhaeuser Co.	700 shares	**	13,069

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Mutual Funds			
Adirondack Research & Management	1,146.369 units Adirondack Small Cap Fund	**	15,877
American Funds	30,097.831 units Growth Fund of America	**	852,672
American Funds	22,105.418 units EuroPacific Growth Fund	**	777,227
Annaly Capital Management, Inc.	1,400.000 units Annaly MTG Mgmt Inc.	**	22,344
Dodge & Cox Funds	5,604.706 units Dodge & Cox Stock Fund	**	569,662
Dodge & Cox Funds	727.131 units Dodge & Cox International Stock Fund	**	21,261
Dodge & Cox Funds	223.787 units Dodge & Cox Stock Fund	**	22,746
Fidelity Investments	123.634 units Fidelity SLCT Technology	**	10,691

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
HNP Capital, LLC	1,309.154 HNP Growth & Preservation Fund	**	11,992
Manning & Napier	589,130.031 units Manning & Napier Pro-Blend Extended Term	**	8,618,972
Manning & Napier	305,850.155 units Manning & Napier Pro-Blend Conservative Term Fund	**	3,902,648
Manning & Napier	191,237.367 units Manning & Napier Pro-Blend Moderate Term Fund	**	2,346,482
Manning & Napier	145,510.808 units Manning & Napier Pro-Blend Maximum Term Fund	**	2,216,130
Meridian Funds, Inc.	204.811 units Meridian Growth Fund	**	8,526
Meridian Funds, Inc.	1,107.568 units Meridian Value Fund	**	31,100

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
The Oakmark Funds	1,866.073 units Oakmark Equity Income Fund	**	50,477
Pacific Investment Management Company, LLC	998.223 units PIMCO Total Return Fund Class D	**	10,851
Pioneer Investments	729.076 units Pioneer High Yield Fund Class C	**	7,021
Royce Pennsylvania	81,231.573 units Royce Pennsylvania Mutual Fund Investment	**	874,052
T Rowe Price	4,952.875 units T Rowe Price Balanced Fund	**	93,807
Third Avenue Fund	885.075 units Third Ave Real Estate Value Fund	**	17,967
Vanguard	513.210 units Vanguard Health Care Fund	**	66,065
Vanguard	2,559.512 units of Vanguard International Value Portfolio	**	68,160

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Vanguard	3,297.536 units of Vanguard Morgan Growth Fund Inc.	**	57,608
Vanguard	1,411.101 units of Vanguard Short Term Investment Grade	**	15,014
Vanguard	2,701.357 units of Vanguard U.S. Value	**	27,554
Vanguard	265.735 units Vanguard Value Index Fund	**	5,440
Vanguard	799.770 units Vanguard Wellington Fund Investor	**	25,065
Vanguard	102.338 units Vanguard 500 Index Fund Investor	**	11,851
Vanguard	18,799.819 units Vanguard 500 Index	**	1,798,203
Vanguard	353,036.809 units Vanguard Total BD Mkt Index Signal	**	3,883,405

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Vanguard	42,096.229 units Vanguard Total Intl Stk Index Signal	**	1,102,921
Vanguard	155,496.134 units Vanguard Total Stock Market Index Fund I	**	4,697,538
Wasatch Funds	601.300 units Wasatch Ultra Growth Fund	**	12,206
Exchange Traded Funds			
BlackRock Institutional Trust Company, N.A.	826 units ISHARES Morningstar Fund	**	48,651
BlackRock Institutional Trust Company, N.A.	1,154 units ISHARES Morningstar Fund	**	91,051
BlackRock Institutional Trust Company, N.A.	3,030 units ISHARES MSCI Emerging Markets Index Fund	**	114,958
BlackRock Institutional Trust Company, N.A.	150 units ISHARES MSCI Value Index Fund	**	6,405
BlackRock Institutional Trust Company, N.A.	379 units ISHARES Russell Midcap Index	**	37,301

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BlackRock Institutional Trust Company, N.A.	315 units ISHARES S&P US Preferred Fund	**	11,220
BlackRock Institutional Trust Company, N.A.	1,160 units ISHARES TR DJ Total Market	**	73,022
BlackRock Institutional Trust Company, N.A.	120 units ISHARES TR DJ US UTILS	**	10,598
BlackRock Institutional Trust Company, N.A.	360 units ISHARES TR Dow Jones Select Dividends	**	19,357
BlackRock Institutional Trust Company, N.A.	280 units ISHARES TR Lehman BD Fund	**	8,313
BlackRock Institutional Trust Company, N.A.	150 units ISHARES TR Lehman Tips Bond Fund	**	17,503
BlackRock Institutional Trust Company, N.A.	788 units ISHARES TR MSCI EAFE Fund	**	39,030
BlackRock Institutional Trust Company, N.A.	235 units ISHARES TR S&P Global	**	8,975

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BlackRock Institutional Trust Company, N.A.	124 units ISHARES TR S&P Global Healthcare	**	6,959
BlackRock Institutional Trust Company, N.A.	449 units ISHARES TR S&P Smallcap 600 Index Fund	**	34,082
BlackRock Institutional Trust Company, N.A.	325 units ISHARES Trust	**	11,297
BlackRock Institutional Trust Company, N.A.	600 units ISHARES Trust FTSE EPRA	**	15,150
BlackRock Institutional Trust Company, N.A.	290 units ISHARES Trust S&P Global	**	2,477
Claymore Securities, Inc.	625 units Claymore Exchange Traded Fund	**	21,894
Invesco Powershares Capital Mgmt, LLC	275 units Powershares QQQ Trust Series 1	**	15,353
Proshares	389 units Proshares Ultrapro E	**	23,398
State Street Global Advisors	450 units DJ Wilshire REIT ETF	**	28,980

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.
Schedule H, Line 4i - Schedule of Assets Held at End of Year
As of December 31, 2011
EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
State Street Global Advisors	375 units Sector SPDR Energy Select	**	25,924
State Street Global Advisors	310 units SPDR Barclays Cap Tips	**	17,986
Vanguard	1,567 units Vanguard Index Funds	**	82,252
Vanguard	569 units Vanguard Index Funds	**	35,659
Vanguard	1,833 units Vanguard Index Funds	**	113,206
Vanguard	1,150 units Vanguard International Equity Index Fund	**	43,942
Vanguard	1,341 units Vanguard Mid Cap Value	**	69,298
Vanguard	588 units Vanguard Specialized Funds	**	34,104

See Independent Auditor's Report.

EMPLOYEES' PROFIT SHARING PLAN OF ANESTHESIA GROUP OF ALBANY, P.C.

Schedule H, Line 4i - Schedule of Assets Held at End of Year

As of December 31, 2011

EIN: 14-1551793, Plan No. 001

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Collective Investment Trust			
Wells Fargo	121,256.298 units Wells Fargo Stable Value Fund	**	5,397,118
Other			
Participant Loans	Interest ranging from 4.25% to 9.25%	-0-	73,523

* - A party-in-interest as defined by ERISA

**- Cost omitted for participant directed investments