## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Р	ension B	enefit Guaranty Corporation	► Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Insp	ection
Pa	art I	Annual Report Id	lentification Information				•	
For	calend	lar plan year 2011 or fisca		1	and ending	2/31/2	011	
Α	This re	turn/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participa	nt plan
В	This re	turn/report is:	the first return/report	the final re	eturn/report			
		[	an amended return/report	a short pla	an year return/report (less than 12 m	onths)		
<b>C</b>	Chaale	box if filing under:	X Form 5558		extension		DFVC program	1
C	Cneck	box if filing under:	븍		, exterision		Di vo piogran	I
_	4 11		special extension (enter description					
	art II		mation—enter all requested inform	ation		41-		
		of plan	S PROFIT SHARING PLAN & TRUS	_			Three-digit plan number	
BRU	AD AN	ESTRESIA ASSOCIATE	S PROFIT SHARING PLAN & TRUS	1			(PN)	001
						1c	Effective date of p	olan
							02/01/1	
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identific	ation Number
BRO	AD AN	IESTHESIA ASSOCIATE	S				(EIN) 65-0307	7987
						2c	Sponsor's telepho	
		SROAD					800-248-	
BOC	ARAI	ON, FL 33432-1419				2d	Business code (se	
	Diama			-+ "C	.,,,	2 h	621111	
		ESTHESIA ASSOCIATES	address (if same as plan sponsor, ei 501 GLADES		; )	30	Administrator's EI 65-030	
			BOCA RATO	N, FL 3343	32-1419	3с	Administrator's tel	ephone number
							800-248-	1639
4			plan sponsor has changed since the I	ast return/i	report filed for this plan, enter the	4b	EIN	
а		e, Eliv, and the plan numb sor's name	per from the last return/report.			4c	PN	
			the beginning of the plan year			5a		4
b			the end of the plan year					4
		•	• •			5b		4
С			count balances as of the end of the p	• (	•	5с		4
6a		,	luring the plan year invested in eligib					X Yes No
b		·	ne annual examination and report of		•			
		•	See instructions on waiver eligibility		•			X Yes No
-			er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
Pa -	rt III	Financial Informa	ation			1		
1	Plan /	Assets and Liabilities			(a) Beginning of Year		(b) End o	
а		•		. 7a	7000648			7515191
b		•		. 7b	7000048			7545404
<u>C</u>		•	7b from line 7a)	7c	7000648			7515191
8		ne, Expenses, and Transf			(a) Amount		(b) To	tal
а		ibutions received or recei	vable from:	8a(1)	808086			
	1			8a(2)	257843			
	` '	·	)	8a(3)	15030			
b	` '	, ,			-185903			
_					100000			895056
c d			8a(2), 8a(3), and 8b)rollovers and insurance premiums	8c				000000
u				. 8d	352617			
е	Certa	in deemed and/or correct	tive distributions (see instructions)	8e				
f			rs (salaries, fees, commissions)		27896			
g					0			
h		·	8e, 8f, and 8g)					380513
i			e 8h from line 8c)					514543
i		` , `	ee instructions)					
		, , -   -	,	OJ				

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Form	<b>カカロロ</b>	->-⊢	ンロエ

Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 3H 2A 2J 2R 3D 2T
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions							
10	Durir	ng the plan year:		Yes	No		Am	ount	
а	Was	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X					500000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part '	VI	Pension Funding Compliance							
	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
а	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
		the minimum required contribution for this plan year		Г	12b				
		the amount contributed by the employer to the plan for this plan year			12c				
d	Subtr	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
	•	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	з П	No	N/A
art '		Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?			,	res X	No		
		es," enter the amount of any plan assets that reverted to the employer this year		- T					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol		_	_	
		PBGC?						Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1				
1:	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the completed and signed by an enrolled actuary, as well as the electronic version of this returned.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	HARVEY PLOSKER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Par	Annual Report Identification Information	63 /63 /6	011	and andless	1	2/31/2011
For ca	ilendar plan year 2011 or fiscal plan year beginning	01/01/2		and ending		
A Th	is relum/report is for:	జ		ot multiemployer)	L	a one-participant pian
B Th	ils return/report is:	니	turn/report			
	an amended return/report	片	-	ort (less than 12 mor	nths)	7
C CI	neck box if filing under: X Form 5558	automatic	extension		L	DFVC program
	special extension (enter descrip	otion)				
Par	Basic Plan Information—enter all requested info	rmation				
1a N	lame of pian					Three-digit pian number
BRO	AD ANESTHESIA ASSOCIATES PROFIT SHARII	NG PLAN	& TRUST			(PN)   001
						Effective date of plan
					0	2/01/1992
2a F	Plan sponsor's name and address; include room or suite number	(employer, If	for a single-empl	ioyer plan)		Employer Identification Number
BRO	AD ANESTHESIA ASSOCIATES			.		EIN) 65-0307987
				#A		Sponsor's telephone number
501	GLADES ROAD			*  -		300-248-1639 Business code (see instructions)
Boo	a RATON FL 33432-1419	)		.		521111
	A MION		")			Administrator's EIN
BRC	Plan administrator's name and address (if same as plan sponsor AD ANESTHESIA ASSOCIATES	Tontor Carrie	,	Ĺ		65-0307987
501	GLADES ROAD			1		Administrator's telephone number 800-248-1639
BOO	A RATON FL 33432-1419 If the name and/or EIN of the plan sponsor has changed since to	he last return/	enort filed for thi	s nian enter the		EIN
4	if the name and/or EIN of the plan sponsor has changed since to name, EIN, and the plan number from the last return/report.	ile last return	eport med for the	s plan, onto	710	LIIV
a	Sponsor's name				4c	
5a	Total number of participants at the beginning of the plan year				5a	41
b	Total number of participants at the end of the plan year			14-19-14-0-14-1	5b	41
	Number of participants with account balances as of the end of the	he pian year (	defined benefit pl	lans do not 📑	5c	41
	complete this item)					
6a	Were all of the plan's assets during the plan year invested in el	igibie assets?	See instructions)	s.)tbile secountant (IOF		<u></u>
b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligible	iity and condit	ions.)	*************************	*******	X Yes No
	if you answered "No" to either 6a or 6b, the plan cannot us	e Form 5500.	SF and must in:	stead use Form 550	10	
Pa	rt III   Financial Information	200 0 0				(1) T. 1. (1)(
7	Plan Assets and Liabilities		(a) Beg	inning of Year		(b) End of Year 7515191
а	Total plan assets	7a		700064	8	7513171
	Total plan liabilities			700064	4-	7515191
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	<u> </u>	700064	8	
8	Income, Expenses, and Transfers for this Plan Year	1,74	(a)	Amount .		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)_		80808	6	
	(2) Participants	8a(2)		25784	3	
	(2) Participants			1503	0	
h	Other Income (loss)			-18590	3	
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					895056
c d	Benefits paid (including direct rollovers and insurance premium	8		35261	7	
u	to provide benefits)	<u>au</u>		33201		
е	Certain deemed and/or corrective distributions (see instructions		<del> </del>	.2789	6	
f	Administrative service providers (salaries, fees, commissions).		<del> </del>		0	
g	Other expenses	8g	To the Section	475-345-386-3	1995 148	380513
- h	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>	Egypt to the second of		101	514543
ì	Net Income (loss) (subtract line 8h from line 8c)	81	F. 1037 Vall	sp attenderity and	100	
j	Transfers to (from) the plan (see instructions)	8]	EF.	<u>, , , , , , , , , , , , , , , , , , , </u>	=112	Form 5500-SF (2011)
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	19 101 FUITH 030U-				v.012811

Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 22 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Pfluciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?.  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).  f If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).  if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  12 Is this a defined contribution plan subject to minimum funding requirements? (If "Yes," see Instructions and complete Schedule SB (Form 5500).    Yes
9a   If the plan provides pansion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   2F 2F 2G 3H 2A 2J 2R 3D 2T     b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:   b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:   D   During the plan year:   a   Was there a fallure to transmit to the plan any participant contributions within the time period described in 2   28 CFR 2510.3-102? (See instructions and DoL's Voluntary Flduciary Correction Program)   10a   X     b   Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a.)   10c   X   50     c   Was the plan covered by a fidelity bond?   10c   X   10d   X     or dishonestly?   Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions)   10d   X   10d   X     g   Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   10f   X   10d
During the plan year:   a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)
Was there a fallure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)
Was there a fallure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)
on line 10a.)
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and complete Schedule SB (Form Yes is this a defined benefit plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.  Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulir granting the waiver.  Month Day Year  12b  Enter the minimum required contribution for this plan year.
or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)
provided the plan have any participant loans? (If "Yes," enter amount as of year end.)
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
if this is an individual account pian, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3
Part VI Pension Funding Compliance  11 is this a defined benefit pian subject to minimum funding requirements? (if "Yes," see Instructions and complete Schedule SB (Form 5500)).  12 is this a defined contribution pian subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a if a waiver of the minimum funding standard for a prior year is being amortized in this pian year, see instructions, and enter the date of the letter ruling granting the waiver
11 is this a defined benefit pian subject to minimum funding requirements? (if "Yes," see Instructions and complete Schedule SB (Form 5500))
12 Is this a defined contribution pian subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a if a waiver of the minimum funding standard for a prior year is being amortized in this pian year, see instructions, and enter the date of the letter rulir granting the waiver
b Enter the minimum required contribution for this plan year
t: Piper the engage (Altituded by the employer to the picer to the picer John Marianana and Altitude (Altituded by the employer to the picer to the
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)
e Will the minimum funding amount reported on line 12d be met by the funding deadline?
Part VII Plan Terminations and Transfers of Assets
13a Has a resolution to terminate the plan been adopted in any plan year?
If "Yes," enter the amount of any pian assets that reverted to the employer this year
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
C If during this pian year, any assets or ilabilities were transferred from this pian to another plan(s), identify the plan(s) to which assets or ilabilities were transferred: (See instructions.)
13c(1) Name of pian(s): 13c(2) EiN(s) 13c(3)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, i declare that I have examined this return/report, including, if applicable, a Sche SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and to the best of my knowledge at the electronic version of this return/report, and the electronic version of the electronic version version of the electronic version
belief, it is true, correct, and complete.
belief, it is true, correct, and comprise.
belief, it is true, correct, and complete.

Date Date

Signature of employer/plan sponsor

SIGN\_ HERE