Form 5500-SF	Short Form Annua	l Return/Report Benefit Plan	t of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be		4 and 4065 of the Employe	е	2	2012	
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is Open to F Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in action	cordance with the inst	ructions to the Form 550	0-SF.		P	
Part IAnnual ReportFor calendar plan year 2012 or fis	Identification Information	2012	and ending 1	2/31/2	2012		
A This return/report is for:	X a single-employer plan		r plan (not multiemployer)		a one-partici	pant plan	
B This return/report is:	the first return/report	the final return/repo				·	
·	an amended return/report	a short plan year re	turn/report (less than 12 mo	onths))		
C Check box if filing under:	Form 5558	automatic extension	n		DFVC progra	am	
	special extension (enter descr	iption)					
Part II Basic Plan Info	rmation—enter all requested info	ormation				Γ	
1a Name of plan OLUMBIA BASIN ANESTHESIA I	PLLC PROFIT SHARING PLA			1b	Three-digit plan number (PN) ►	001	
				1c	Effective date o		
2a Plan sponsor's name and add OLUMBIA BASIN ANESTHESIA	dress; include room or suite numbe PLLC	er (employer, if for a sing	le-employer plan)	2b	Employer Identi (EIN) 91-18	fication Number 95889	
50 SOUTH PIONEER WAY				2c	Sponsor's telep 509-76		
OSES LAKE, WA 98837				2d	Business code (62111	(see instructions)	
3a Plan administrator's name an	d address	or Name Same as P	lan Sponsor Address	3b	Administrator's	EIN 95889	
4 If the name and/or EIN of the	plan sponsor has changed since t	he last return/report filed	d for this plan, enter the	4b	EIN		
name, EIN, and the plan num a Sponsor's name	nber from the last return/report.			4c	PN		
	at the beginning of the plan year			5a		3	
b Total number of participants	at the end of the plan year			5b			
	account balances as of the end of t		•	_			
				5c			
b Are you claiming a waiver of	 during the plan year invested in electron the annual examination and report (See instructions on waiver eligibities) 	t of an independent qual	lified public accountant (IQI	PA)		X Yes No	
	ther line 6a or line 6b, the plan c						
	or incomplete filing of this return						
	ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete.						
SIGN Filed with authorized/	valid electronic signature.	02/26/2013	ROBERT MISASI				
HERE Signature of plan ad	dministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator	
SIGN							
HERE Signature of employ	yer/plan sponsor	Date	Enter name of individu	dividual signing as employer or plan spons			
Preparer's name (including firm na	ame, if applicable) and address; in	clude room or suite num	ber (optional)	Prep	arer's telephone	number (optional)	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	. 7a	55418	7			297535
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	7c	55418	7			297535
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		570	•			
(1) Employers	. 8a(1)	579				
(2) Participants	8a(2)	708	3			
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	6268	6			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		75559
to provide benefits)	8d	31724	0			
e Certain deemed and/or corrective distributions (see instructions)	8e	1497	1			
f Administrative service providers (salaries, fees, commissions)	. 8f					
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					332211
i Net income (loss) (subtract line 8h from line 8c)	8i					-256652
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits. 						
Part V Compliance Questions				Vee	Na	
10 During the plan year:a Was there a failure to transmit to the plan any participant contribution	tiono within th	as time period departihed in		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
C Was the plan covered by a fidelity bond?			10c	X		90000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,	,	10d		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the benefits	s under the plan? (See	10e		×	
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year end	.)	10q		Х	
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instruction	ons and 29 CFR	10g		х	
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required n	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ection :	302 of I	ERISA? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.						
a If a waiver of the minimum funding standard for a prior year is bein				, and e		•
granting the waiver.		Mon	th		Day	Year
			th		Day_	Year

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	X	Yes No)	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

	rm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	This form is required to be filed		and 4065 of the Employe	he	2012
Employee	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	Retirement Income Security Act of 1 the Internal F	974 (ERISA), and se Revenue Code (the (ections 6057(b) and 6056 Code).	8(a) of	This Form is Open to Public Inspection
Part I		Complete all entries in accorda	nce with the instru	ctions to the Form 550	0-SF.	
	dar plan year 2012 or fisc	dentification Information	01/2012	and ending		12/31/2012
_				plan (not multiemployer)		a one-participant plan
	eturn/report is:		ne final return/report			
			•	m/report (less than 12 m	onths)	
C Check	box if filing under:		utomatic extension		,	DFVC program
	5	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
Part II	Basic Plan Infor	mation—enter all requested informati	on			
1a Name COLUME	e of plan	HESIA PLLC PROFIT SHARI			1b	Three-digit plan number (PN) • 001
					1c	Effective date of plan 01/01/1987
2a Plans COLUME	sponsor's name and addr	ess; include room or suite number (em) HESIA PLLC	oloyer, if for a single	-employer plan)		Employer Identification Number (EIN) 91-1895889
1350 S	OUTH PIONEER WA	ΑY			2c	Sponsor's telephone number 509-765-1281
					2d	Business code (see instructions)
MOSES		WA 98837				621111
	administrator's name and		ne Same as Pla	n Sponsor Address	3b	Administrator's EIN 91-1895889
MOSES		WA 98837				509-765-1281
name	e, EIN, and the plan numb or's name	plan sponsor has changed since the las per from the last return/report.	t return/report filed fo	or this plan, enter the	4b 4c	
•		the beginning of the plan year			40 5a	
		the end of the plan year			5a 5b	3
		count balances as of the end of the pla			55	
comp	lete this item)				5c	3
		luring the plan year invested in eligible				X Yes 🗌 No
D Are y unde	ou claiming a waiver of th 29 CFR 2520.104-46? (ne annual examination and report of an See instructions on waiver eligibility and	independent qualifie	ed public accountant (IQ	PA)	X Yes No
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.
Caution: /	A penalty for the late or	incomplete filing of this return/repor	t will be assessed	uniess reasonable cau	se is (established.
Under pen SB or Sch	alties of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well	declare that I have	examined this return/ren	ort. in	cluding, if applicable, a Schedule
SIGN	lut Ille		2/15/13	Robert Misasi		
HERE	Signature of plan adm	ninistrator	Date		ual sig	ning as plan administrator
SIGN					aar org	
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite numbe	r (optional)		arer's telephone number (optional)
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the instruc	ctions for Form 5500-	SF.		Form 5500-SF (2012) v. 120126

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Part III	Fina	ncial	Information

Part III Financial Information									
7 Plan Assets and Liabilities (a) Beginning o	f Year			(b) E	nd of Ye	ear			
a Total plan assets 7a	5541	87				297			
b Total plan liabilities									
C Net plan assets (subtract line 7b from line 7a) 7c	5541	87				297			
8 Income, Expenses, and Transfers for this Plan Year (a) Amount				(h) Total				
a Contributions received or receivable from: (1) Employers	5790								
(2) Participants	70	83							
(3) Others (including rollovers)		新聞							
b Other income (loss)	626	86	1.1.103		nini of stated of States (States) States (States)				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			*******	and the second	043940a933494	75			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	3172								
e Certain deemed and/or corrective distributions (see instructions) 8e	149	71 器	40 (d.		and a state of the				
f Administrative service providers (salaries, fees, commissions) 8f	··· ·			a de de la come	(Chronica) (Chronica)				
g Other expenses	······	94.02 92.02 92.02							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h		and And	an is said						
i Net income (loss) (subtract line 8h from line 8c)					·	-2566			
j Transfers to (from) the plan (see instructions)		een Ref			(Jane 199	-			
Part IV Plan Characteristics			的公司进						
 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2E 2F 2G 2J 3B 3D 				the instr					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracterist	tic Cod	les in t	the instru	ctions:				
If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cr Part V Compliance Questions	aracteris	tic Cod	les in t	the instru	ctions:				
Part V. Compliance Questions 10 During the plan year:		tic Cod	les in t	the instru		unt			
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	lin 10a			the instru	Amo	unt			
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	lin 10a		No	the instru		unt			
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ed 10b		No X	the instru		unt 900			
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ed 10b 10c	Yes	No X	the instru					
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a ed 10b 10c ud	Yes	No X X	the instru					
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ed 10b 10c ^{Jd}	Yes	No X X X	the instru					
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ad 10b 10c 1d 10d 10e 10f	Yes	No X X X X X						
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ad 10b 10c 10d 10d 10e 10f 10g	Yes	No X X X X	the instru					
 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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ed 10b 10c 10d 10d 10d 10e 10f 10g 10h	Yes	No X X X X X X X						
 Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ad 10b 10c 10d 10d 10e 10f 10g	Yes	No X X X X X X X						
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ed 10b 10c 1d 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X			900			
 Part V. Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a 2d 10b 10c 1d 10c 10d 10d 10g 10g 10h 10h	X	No X X X X X X X ule SB						
 Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ad 10b 10c 10d 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X ule SB	G (Form	Amo:	900 Yes [] N			
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ad 10b 10c 10d 10d 10d 10f 10g 10h 10i	X	No X X X X X X X X ule SB	G (Form	Amo:	900			
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ad 10b 10c 1d 10c 10d 10d 10e 10f 10g 10h 10h 10i 	Yes X Sched	No X X X X X X X X X Ule SB	G (Form		900 Yes 🗌 M Yes 🗶 M			
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in 10a ad 10b 10c 1d 10c 10d 10d 10e 10f 10g 10h 10i 10i complete code or se	Yes X Sched	No X X X X X X X X X X Ule SB	G (Form		900 Yes 🗌 M Yes 🗶 M			

Form 5500-SF 2012

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C Enter the amount contributed by the employer to the plan for this plan year	.	12c				
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)		12d			_	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>			sП	No [N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?		x	Yes	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		 13a	<u>L_</u>			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	hė co	ntrol			Yes	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to					
13c(1) Name of plan(s):	130	: (2) El	N(s)		13c(3)	PN(s)
Part VIII Trust Information (optional)						
14a Name of trust	14	4b Tr	ust's El	N	. <u></u>	