

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2012</div> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>			
<b>A</b>	This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan	
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	

<b>Part II Basic Plan Information</b> —enter all requested information			
<b>1a</b>	Name of plan <u>ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA DEFINED BENEFIT PENSION PLAN</u>	<b>1b</b>	Three-digit plan number (PN) ▶ <u>003</u>
		<b>1c</b>	Effective date of plan <u>01/01/2003</u>
<b>2a</b>	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC</u>  <u>PO BOX 1663</u> <u>WALLA WALLA, WA 99362-0031</u>	<b>2b</b>	Employer Identification Number (EIN) <u>91-1844984</u>
		<b>2c</b>	Sponsor's telephone number <u>509-529-1284</u>
		<b>2d</b>	Business code (see instructions) <u>621111</u>
<b>3a</b>	Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address <u>ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PO BOX 1663</u> <u>PC</u> <u>WALLA WALLA, WA 99362-0031</u>	<b>3b</b>	Administrator's EIN <u>91-1844984</u>
		<b>3c</b>	Administrator's telephone number <u>509-529-1284</u>
<b>4</b>	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. <b>a</b> Sponsor's name	<b>4b</b>	EIN
		<b>4c</b>	PN
<b>5a</b>	Total number of participants at the beginning of the plan year .....	<b>5a</b>	<u>5</u>
<b>b</b>	Total number of participants at the end of the plan year .....	<b>5b</b>	<u>5</u>
<b>c</b>	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	<b>5c</b>	
<b>6a</b>	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/11/2013	TIMOTHY G. CAUDILL, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	3521353	4045555
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	3521353	4045555
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	304500	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	225146	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		529646
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	5444	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		5444
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		524202
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		150000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> 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 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

<b>11</b>	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11a</b>	Enter the amount from Schedule SB line 39 .....	<b>11a</b>	0
<b>12</b>	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
<b>a</b>	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month _____ Day _____ Year _____		
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>			
<b>b</b>	Enter the minimum required contribution for this plan year .....	<b>12b</b>	

<b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>12c</b>	
<b>d</b> 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) .....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1844984</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>
<b>2</b>	Assets:
<b>a</b>	Market value ..... <b>2a</b> <u>3521353</u>
<b>b</b>	Actuarial value ..... <b>2b</b> <u>3521065</u>
<b>3</b>	Funding target/participant count breakdown:
<b>a</b>	For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>0</u> <b>(1) Number of participants</b> <u>0</u> <b>(2) Funding Target</b> <u>0</u>
<b>b</b>	For terminated vested participants ..... <b>3b</b> <u>0</u> <u>0</u>
<b>c</b>	For active participants:
<b>(1)</b>	Non-vested benefits ..... <b>3c(1)</b> <u>0</u>
<b>(2)</b>	Vested benefits ..... <b>3c(2)</b> <u>3117679</u>
<b>(3)</b>	Total active ..... <b>3c(3)</b> <u>5</u> <u>3117679</u>
<b>d</b>	Total ..... <b>3d</b> <u>5</u> <u>3117679</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>
<b>a</b>	Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>
<b>b</b>	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b>
<b>5</b>	Effective interest rate ..... <b>5</b> <u>7.11 %</u>
<b>6</b>	Target normal cost ..... <b>6</b> <u>414228</u>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<u>03/05/2013</u>
Signature of actuary	Date
<u>MARTIN F. PANOS</u>	<u>11-05933</u>
Type or print name of actuary	Most recent enrollment number
<u>THE PANOS GROUP, INC.</u>	<u>510-251-2112</u>
Firm name	Telephone number (including area code)
<u>2001 BROADWAY, 2ND FLOOR</u> <u>OAKLAND, CA 94612</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2012**  
**v. 120126**

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
9	Amount remaining (line 7 minus line 8) .....	0	0
10	Interest on line 9 using prior year's actual return of _____% .....		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year) .....		413023
b	Interest on (a) using prior year's effective interest rate of <u>6.09</u> % except as otherwise provided (see instructions) .....		25153
c	Total available at beginning of current plan year to add to prefunding balance .....		438176
d	Portion of (c) to be added to prefunding balance .....		0
12	Other reductions in balances due to elections or deemed elections .....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage .....	14	112.93 %
15	Adjusted funding target attainment percentage .....	15	112.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	16	117.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/05/2012	24000	0	12/07/2012	23000	0
05/03/2012	36000	0			
06/22/2012	91000	0			
07/30/2012	38000	0			
09/10/2012	67500	0			
12/03/2012	25000	0			
			Totals ►	18(b)	304500
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years. ....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date .....	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	19c 292840
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	414228	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	403386	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	0	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	<b>34</b>	10842	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	10842	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	292840	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	281998	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

## Anesthesiology Consultants of Walla Walla

### Defined Benefit Pension Plan

Schedule of Active Participant Data

Plan Year: 1/1/2012 to 12/31/2012

Valuation Date: 1/1/2012

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

\*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 45.2

Average Service: 6

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2012****This Form is Open to Public  
Inspection****Part I Annual Report Identification Information**

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<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
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<b>C</b> Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)		

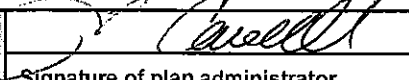
**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA DEFINED BENEFIT PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 003
	<b>1c</b> Effective date of plan 01/01/2003
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC  PO BOX 1663  WALLA WALLA WA 99362-0031	<b>2b</b> Employer Identification Number (EIN) 91-1844984
	<b>2c</b> Sponsor's telephone number 509-529-1284
	<b>2d</b> Business code (see instructions) 621111
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC  PO BOX 1663  WALLA WALLA WA 99362-0031	<b>3b</b> Administrator's EIN 91-1844984
	<b>3c</b> Administrator's telephone number 509-529-1284
<b>4</b> 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. <b>a</b> Sponsor's name	<b>4b</b> EIN
	<b>4c</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b> 5
<b>b</b> Total number of participants at the end of the plan year .....	<b>5b</b> 5
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	<b>5c</b>
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to either 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/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		4-8-13	TIMOTHY G. CAUDILL, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)



**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets .....	7a	3521353	4045555
b Total plan liabilities .....	7b	0	0
c Net plan assets (subtract line 7b from line 7a) .....	7c	3521353	4045555
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers .....	8a(1)	304500	
(2) Participants .....	8a(2)		
(3) Others (including rollovers) .....	8a(3)		
b Other income (loss) .....	8b	225146	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	8c		529646
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	8d		
e Certain deemed and/or corrective distributions (see instructions) .....	8e		
f Administrative service providers (salaries, fees, commissions) .....	8f	5444	
g Other expenses .....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g) .....	8h		5444
i Net income (loss) (subtract line 8h from line 8c) .....	8i		524202
j Transfers to (from) the plan (see instructions) .....	8j		

**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:  
1A
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	10b	X	
c Was the plan covered by a fidelity bond? .....	10c	X	150000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	10d	X	
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.) .....	10e	X	
f Has the plan failed to provide any benefit when due under the plan? .....	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	10i		

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ..... ☒ Yes ☐ No

**11a** Enter the amount from Schedule SB line 39 ..... 11a 0

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 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 ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

**b** Enter the minimum required contribution for this plan year ..... 12b

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2012****This Form is Open to Public  
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

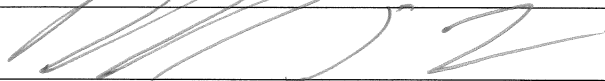
<b>A</b> Name of plan ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA DEFINED BENEFIT PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶ 003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC	<b>D</b> Employer Identification Number (EIN) 91-1844984
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2012		
<b>2</b> Assets:		
<b>a</b> Market value .....	<b>2a</b>	3521353
<b>b</b> Actuarial value .....	<b>2b</b>	3521065
<b>3</b> Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b> 0	0
<b>b</b> For terminated vested participants.....	<b>3b</b> 0	0
<b>c</b> For active participants:		
(1) Non-vested benefits .....	<b>3c(1)</b>	0
(2) Vested benefits .....	<b>3c(2)</b>	3117679
(3) Total active.....	<b>3c(3)</b> 5	3117679
<b>d</b> Total.....	<b>3d</b> 5	3117679
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b> Effective interest rate .....	<b>5</b>	7.11%
<b>6</b> Target normal cost .....	<b>6</b>	414228

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		03/05/2013
Signature of actuary		Date
Martin F. Panos		1105933
Type or print name of actuary		Most recent enrollment number
The Panos Group, Inc.		510-251-2112
Firm name		Telephone number (including area code)
2001 Broadway, 2nd Floor		
Oakland CA 94612		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2012  
v. 120126



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....		<b>31a</b>	414228
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	403386
<b>32</b> Amortization installments:			
<b>a</b> Net shortfall amortization installment .....	Outstanding Balance	Installment	
	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>	0
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		<b>34</b>	10842
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....		<b>36</b>	10842
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....		<b>37</b>	292840
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....		<b>38a</b>	281998
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....		<b>40</b>	0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....		<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....		<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	
<b>42</b> Amount of acceleration adjustment .....		<b>42</b>	
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....		<b>43</b>	

**Anesthesiology Consultants of Walla Walla  
Defined Benefit Pension Plan**

Statement of Actuarial Assumptions and Method  
Plan Year: 1/1/2012 to 12/31/2012  
Valuation Date: 1/1/2012

		<u>For Funding</u>		<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
		<u>Min</u>	<u>Max</u>		
<b>Interest Rates</b>	Seg 1	5.54%	1.98%	Pre-Retirement 5.50%	Pre-Retirement 5.50%
	Seg 2	6.85%	5.07%	Post-Retirement 5.50%	Post-Retirement 5.50%
	Seg 3	7.52%	6.19%		
<b>Pre-Retirement</b>					
<b>Turnover</b>	None			None	None
<b>Mortality</b>	None			None	None
<b>Assumed Ret Age</b>	Normal retirement age 62 and 5 years of participation			Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
<b>Post-Retirement</b>					
<b>Mortality</b>	2012 Applicable Mortality Table from Rev Rul 2006-67			GAR 94 without loads projected to 2002 with scale AA 50%M/50%F	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
<b>Assumed Benefit Form For Funding</b>				Normal Form	
<b>Calculated Effective Interest Rate</b>				7.11%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 99.9% of the market value of assets.

**Anesthesiology Consultants of Walla Walla**  
**Defined Benefit Pension Plan**

Summary of Plan Provisions  
Plan Year: 1/1/2012 to 12/31/2012

<b>Plan Effective Date</b>	January 1, 2003
<b>Plan Year</b>	From January 1 to December 31
<b>Eligibility</b>	<p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p style="padding-left: 40px;">0 year of service Minimum age 21</p>
<b>Normal Retirement Age</b>	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p style="padding-left: 40px;">Attainment of age 62 Completion of 5 years of participation</p>
<b>Normal Retirement Benefit</b>	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: as follows:</p> <p style="padding-left: 40px;">10 percent of compensation times credited years</p> <p>Credited years are years commencing with the date of hire and ending with the retirement year excluding the following:</p> <p style="padding-left: 40px;">Years with less than 1,000 hours</p> <p style="padding-left: 40px;">with a maximum of 10 years</p> <p style="padding-left: 40px;">Maximum benefit is \$16,667 per month Maximum percent of salary is 100%</p> <p>Benefit is based on average salary during the highest 3 consecutive years of employment</p>
<b>Normal Form of Benefit</b>	A benefit payable for the life of the participant
<b>Accrued Benefit</b>	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
<b>Termination Benefit</b>	<p>Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:</p> <p style="padding-left: 40px;">Immediate 100% vesting</p>

**Anesthesiology Consultants of Walla Walla**  
**Defined Benefit Pension Plan**

Summary of Plan Provisions  
Plan Year: 1/1/2012 to 12/31/2012

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

Years with less than 1,000 hours

**Top-Heavy Minimum Benefit**

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours  
excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

**Top-Heavy Normal Form**

A benefit payable for the life of the participant

**Top-Heavy Vesting**

In any year the plan is top-heavy the participants will vest in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

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

Years with less than 1,000 hours

**Top-Heavy Status**

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

**Death Benefit**

Actuarial Equivalent of the accrued benefit earned to date of death

## Anesthesiology Consultants of Walla Walla

### Defined Benefit Pension Plan

Schedule of Active Participant Data

Plan Year: 1/1/2012 to 12/31/2012

Valuation Date: 1/1/2012

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

\*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 45.2

Average Service: 6