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).

2042

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instru	ctions to the Form 5500	0-SF.	
Part I	Annual Report Ide	entification Information				
For calend	ar plan year 2012 or fisca	l plan year beginning 01/01/20	12	and ending 1:	2/31/2012	
	turr/report is for.	a single-employer plan		lan (not multiemployer)	a one-partici	pant plan
B This ref	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am
		special extension (enter descript	ion)			
Part II	Basic Plan Inform	nation—enter all requested inforr	nation			
1a Name	of plan				1b Three-digit	
ANESTHES	IOLOGY CONSULTANTS	S OF WALLA WALLA DEFINED BE	ENEFIT PENSION PLAN	١	plan number	
					(PN) >	003
					1c Effective date of	of plan /2003
22 Plan s	noncor's name and addre	ess; include room or suite number (omployer if for a single	omployor plan)		
ANESTHES	SIOLOGY CONSULTANTS	S OF WALLA WALLA, PC	employer, il for a single-	employer plan)	2b Employer Ident (EIN) 91-18	344984
					2c Sponsor's telep	phone number
PO BOX 16						9-1284
WALLA WA	LLA, WA 99362-0031				2d Business code	` ,
0		🗖	🗖		6211	
		address Same as Plan Sponsor		n Sponsor Address	3b Administrator's 91-18	EIN 344984
NESTHESIC C	DLOGY CONSULTANTS	OF WALLA WALLA, PO BOX 166; WALLA WAL	3 LA, WA 99362-0031		3c Administrator's	telephone number
					509-52	9-1284
		an sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN	
	•	er from the last return/report.			4c PN	
	or's name	the beginning of the plan year				5
_					5a	
		the end of the plan year			5b	5
		count balances as of the end of the	. , ,	•	5c	
		uring the plan year invested in eligi				X Yes No
		e annual examination and report of				
under	29 CFR 2520.104-46? (S	See instructions on waiver eligibility	and conditions.)			X Yes No
lf you	ı answered "No" to eithe	er line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500.	
Caution: A	A penalty for the late or i	incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is established.	
		penalties set forth in the instruction				
	edule MB completed and : true, correct, and complet	signed by an enrolled actuary, as we	vell as the electronic ver	sion of this return/report,	, and to the best of my	knowledge and
Donor, it io	· · · · · ·			_		
SIGN	Filed with authorized/val	id electronic signature.	04/11/2013	TIMOTHY G. CAUDILL	L, M.D.	
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual signing as plan adı	ministrator
SIGN						
HERE	Signature of employer	r/plan sponsor	Date	Enter name of individu	ual signing as employe	er or plan sponsor
Preparer's		ne, if applicable) and address; inclu			Preparer's telephone	
	. 3	, , , , , , , , , , , , , , , , , ,		, ,		· · · /
				<u> </u>		
I						

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		<u> </u>						
<u> </u>	t III Financial Information Plan Assets and Liabilities		(a) Danimin mark Van				(h) Fud of Voor		
		7-	(a) Beginning of Yea				(b) End of Year		
	Total plan assets	7a 7b	302130	0			4045555		
	Net plan assets (subtract line 7b from line 7a)	76 7c	352135			4045555			
	· · · · · · · · · · · · · · · · · · ·	76							
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)	30450	0					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	22514	16					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					529646		
	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	544	4					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5444		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					524202		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in tl	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X			
b		? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?			10c	Χ		150000		
d	, , ,			100			150000		
	or dishonesty?			10d		X			
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a					X			
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		Χ			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h					
Dont	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part 11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	0		
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo								
b	Enter the minimum required contribution for this plan year					12b			
				_		_	· · · · · · · · · · · · · · · · · · ·		

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			1	
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		
<u>e</u>	Will the 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 resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department 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

							File as an	attacnmei	nt to Form	5500 or	5500-	or.							
Fo	r calendar	plar	n year 2012	2 or f	iscal plan y	ear beginni	ing 01/	01/2012				and end	ding	12/31/2	2012				
•	Round of	ff an	nounts to	near	est dollar.														
		_	enalty of \$	1,000) will be ass	sessed for la	ate filing of t	his report u	ınless reas	onable ca	use is	establis	hed.			1			
	Name of p		GY CONS	SULT	ANTS OF \	WALLA WAI	LLA DEFINI	ED BENEFI	IT PENSIO	N PLAN	В	Three-d	•	(PN)	•		C	03	
С	Plan spon	sor's	name as	shov	n on line 2	a of Form 5	500 or 5500)-SF			D	Employe	r Idei	ntification	n Nui	mber (I	EIN)		
AN	ESTHESI	OLO	GY CONS	ULT	ANTS OF \	WALLA WAI	LLA, PC				91-	1844984	ļ						
E	Type of pla	n:	X Single		Multiple-A	Multiple	e-B	F P	Prior year pla	an size: 🔀	100	or fewer		101-500		More tl	nan 500		
Р	art I	3as	ic Infor	mat	ion														
1			luation da			Month 01	Da	y <u>01</u>	Year	2012									
2	Assets:							,											
	a Marke	t va	lue											2a					3521353
	b Actua	rial v	value											2b					3521065
3	Funding	tar	get/particip	ant o	ount break	down:				(1) N	lumbei	of partic	cipan	ts		(2) F	unding	Target	
	a For re	tire	d participar	nts a	nd beneficia	aries receivi	ing paymen	t	3a					0					0
	b For te	rmir	nated veste	ed pa	rticipants				3b					0					0
	C For a	ctive	participan	ıts:				_											
	(1)	Ν	on-vested	bene	fits				3c(1)										0
	(2)	V	ested bene	efits					3c(2)										3117679
	(3)	T	otal active						3c(3)					5					3117679
	d Total								3d					5					3117679
4	If the pla	an is	in at-risk	statu	s, check the	e box and co	omplete line	es (a) and (b	b)										
	a Fundi	ng t	arget disre	gard	ng prescrib	ed at-risk a	assumptions							4a					
							ut disregard							4b					
5	Effective	e int	erest rate.											5					7.11 %
6	Target r	orm	al cost											6					414228
Sta	To the best of accordance v	f my l	pplicable law a	e infor and re	mation supplie		le and accompa other assumption the plan.												
	SIGN HERE														0	3/05/2	013		
					Signa	ture of actu	ıary				_				[Date			
MA	RTIN F. P.	ANC	S													11-059	33		
					Type or pi	int name of	actuary						ı	Most rece	ent e	nrollme	ent num	ber	
ТН	E PANOS	GRO	OUP, INC.												5	510-25	1-2112		
)1 BROAD KLAND, C		Y, 2ND FL 4612	OOF		Firm name						-	Telep	hone nu	mbe	r (inclu	ding are	ea code	•)
					Add	ress of the f	firm				_								
If the	actuary b	126 1	not fully rof	lecto	d any regu	lation or ruli	ing promulg	ated under	the statute	in comple	ating th	nie echor	حابيا	chack th	a ha	v and c	200		П
	actuary r	ias I	iot fully rel	ICULE	u arry regu	iation of full	ing promulg	aicu ulluel	uic statute	iii comple	Juny II	113 361166	aui c ,	OFFICE LIT	G DO	n ailu S	- C-C		

Page	2	_

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Balan	ces							
						-	(a) (Carryover balance	;	(b)	Prefundi	ng balance	
7		Ū	0 , ,		cable adjustments (line 13 f	•			0			0	
8			•	-	unding requirement (line 35				0			0	
9	Amount	t remainir	ng (line 7 minus li	ne 8)					0			0	
10	Interest	on line 9	using prior year's	s actual ret	urn of%								
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:								
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)					413023			
					nterest rate of6.09%							25153	
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce						438176	
	d Portion of (c) to be added to prefunding balance									0			
12	Other re	eductions	s in balances due	to elections	or deemed elections				0			0	
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0			0	
P	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age							14	112.93 %	
15	Adjuste	d funding	g target attainmen	t percentag	e						15	112.93 %	
16					of determining whether car						16	117.46 %	
17	If the cu	urrent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%	
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan ye	ear by employer(s) and emp	oloyees:							
(N	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount p employer		(c) Amou	nt paid by oyees	
03	3/05/2012	2		24000	0	12/07/20	012		23000			0	
05	5/03/2012	2		36000	0								
06	6/22/2012	2		91000	0								
07	7/30/2012	2		38000	0								
09	9/10/2012	2		67500	0								
12	2/03/2012	2		25000	0		T						
						Totals ►	18(b)		304500	18(c)		0	
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of the	e year:				
	a Conti	ributions	allocated toward	unpaid mini	mum required contributions	from prior y	/ears		19a			0	
	b Contr	ributions	made to avoid res	trictions ad	justed to valuation date				19b			0	
	C Contr	ributions a	allocated toward mi	inimum requ	uired contribution for current y	ear adjusted	l to valuatior	n date	19c			292840	
20	Quarter	ly contrib	outions and liquidit	ty shortfalls	:						_		
	a Did th	he plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes X No	
	b If line	e 20a is "	Yes," were require	ed quarterly	installments for the curren	t year made	in a timely	manner?		<u></u>		Yes No	
	C If line	20a is "	Yes," see instructi	ons and co	mplete the following table a	s applicable): 						
	_				Liquidity shortfall as of e	nd of quarte		_ • .					
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	unt rate:								
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, full yie	ld curv	e used	
	b App	olicable month (enter code)			21b			0	
22	Weigh	ited average ret	tirement age			. 22			62	
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		tuarial assumptions for the current				ed Yes	X No	
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No	
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	t	Yes	No	
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27	_			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28			0	
29			contributions allocated toward		29			0		
30	Rema	ining amount of	unpaid minimum required cor	. 30			0			
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	ions):						
	a Target normal cost (line 6)									
	b Exc	. 31b			403386					
32	32 Amortization installments: Outstanding Balance							ment		
	a Net	shortfall amortiz	zation installment			0			0	
	b Wai	ver amortization	n installment			0			0	
33				ter the date of the ruling letter gra) and the waived amount	0	33			0	
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	- 31b + 32a + 32b - 33)	34			10842	
				Carryover balance	Prefunding bala	nce	Total b	alance		
35			use to offset funding						0	
36	Additio	onal cash requir	rement (line 34 minus line 35)			36			10842	
37	Contri	butions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37			292840	
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)						
						. 38a			281998	
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard of	carryover balances	38b			0	
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39			0	
40	Unpai	d minimum requ	uired contributions for all years	3		40			0	
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
							2 plus 7 years	15	years	
	b Eligi	ible plan year(s) for which the election in line	41a was made					2011	
42			•			42				
				d over to future plan years		43				

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

Oepartment of the Treasury Internal Revenue Service

Department of Lebor 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	enetit Guaranty Corporation			cordance	with the instruc	tions to the Form 550	0-SF.		
Part I	Annual Report								
For calend	ar plan year 2012 or fi		•	01/01/	2012	and ending		12/31/201	2
	turn/report is for:	X a single-em		=		an (not multiemployer)		a one-partici	pant plan
B This re	turn/report is:	the firs1 retu	-	H	al return/report				
		an amended	d return/report	a short	t plan year returr	/report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558		autom	atic extension			DFVC progra	am
		special exte	nsion (enter descri	iption)					
Part II	Basic Plan Info	rmation—ente	er all requested info	ormation				-	
1a Name				<u> </u>			1b	Three-digit	
	ESI O LOGY CONS	ULTANTS OF	WALLA WALL	A DEFI	NED BENEF	T PENSION		plan number	003
PLAN							10	(PN)	
								Effective date of 01/01/2003	
2a Plans	ponsor's name and ad	dress: include ro	om or suite numbe	r (employe	r. if for a single-	employer plan)			ification Number
	ESIOLOGY CONS				i, ii ioi a singio	ossipio yor plany	25	(EIN) 91-184	
							2c	Sponsor's telep	
PO BOX	1663							509-529-1	
							2d	Business code	(see instructions)
							621111		
	dministrator's name ar	_			Same as Plan	Sponsor Address	3b	Administrator's	
ANESTH	ANESTHESIOLOGY CONSULTANTS OF WALLA WALLA, PC						30	91 - 184498	4 telephone number
							JC	509-529 - 12	
PO BOX	PO BOX 1663							305 325-12	104
WALLA WALLA WA 99362-0031									
4 If the r	name and/or EIN of the	e plan sponsor ha	s changed since th	he last retu	rn/report filed fo	r this plan, enter the	4b	EIN	
	, EIN, and the plan nur or's name	noer from the las	a return/report.				4c	DNI	
		at the beginning	of the plan year				5a	<u> </u>	- · · · · · · · · · · · · · · · · · · ·
						***************************************	5b		
	er of participants with							_	
compl	ete this item)						5c		
						ions.)			X Yes No
D Are yo	ou claiming a waiver of	the annual exam	nination and report	of an indep	pendent qualifie	d public accountant (IQI	PA)		X Yes No
						and must instead use			M les ∐ No
					-	inless reasonable cau			
						examined this return/rep			able, a Schedule
SB or Sche	edule MB completed at	nd signed by an e	enrolled actuary, as	well as the	e electronic vers	ion of this return/report,	and t	to the best of my	knowledge and
belief, it is t	rue, correct, and com	olete.	/						
StGN /	38 /	nellS			4-8-13	TIMOTHY G. CAU	DIL	L, M.D.	
HERE	Signature of plan a	dministrator		Da	to	Enter name of individu	ial sia	ning oc plan odn	niniatratar
% 1620X	Oignature of planta	ammstrator		Da	<u></u>	_Enter hame of mornio	ıaı siğ	ming as plan aun	ninistrator
SIGN HERE									
A CONTRACTOR	Signature of emplo			Da Da		Enter name of individu			
r reparer S	name (including firm n	апе, п аррисави	e) and address; ind	aude room	or suite number	(optional)	rrep	arers telephone	number (optional)
					•				
						Ī			V. a

Pa	rt III Financial Information				-					
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Ye	ar	
а	Total plan assets	. 7a		213	53					5555
b	Total plan liabilities	7b			0					
С	Net plan assets (subtract line 7b from line 7a)	7c	35	213	53		-		404	5555
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:	0-(4)		0450	20		. I + 10%		1.00	F 1.35.
	(1) Employers	8a(1)		045	+					<u> </u>
	(2) Participants	8a(2)			+		22. 92			
b	(3) Others (including rollovers) Other income (loss)	8a(3)	2	2514	16				insiz 2	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c					<u> </u>			9646
d	Benefits paid (including direct rollovers and insurance premiums	. OC :				`	113		52	9646
	to provide benefits)	8d								140
e	Certain deemed and/or corrective distributions (see instructions)	8 e					3			
f	Administrative service providers (salaries, fees, commissions)	8f		544	14		: Š			4.8
_ g	Other expenses	8g				1 :	1 200		10000	1.000000
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5444
i	Net income (loss) (subtract line 8h from line 8c)	8i					_		52	4202
j	Transfers to (from) the plan (see instructions)	8j								- 1
Pai	t IV Plan Characteristics									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions:		
10	During the plan year:		<u> </u>		Yes	No		Amou	unt	
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	х				15	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	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 cinstructions.)	er persons b	y an insurance carrier, s under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end.	.)	10g		х	_			
h		See instruction	ons and 29 CFR	10h		_				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	10i						
Part		· · · · · · · · · · · · · · · · · · ·	<u></u> .							
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "Yes	s," see instructions and com	plete	Sched	lule SE	3 (Form	X	Yes [
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	orse	ction 3	302 of	ERISA?		Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		and e	nter th Day	e date of	the lette Year	•)
	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
<u>b</u>	Enter the minimum required contribution for this plan year		······			12b				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

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

Single-Employer Defined Benefit Plan

OMB No. 1210-0110

2012

This Form is Open to Public

Employee Benefits Security Administration	Internal Revenu	e Code (th	e (the Code).			spection	
Pension Benefit Guaranty Corporation	Pension Benefit Guaranty Corporation File as an attachment to Form 5500 or 5500-SF.						
For calendar plan year 2012 or fiscal p	<u> </u>		and endir	na	12/31/2	012	
Round off amounts to nearest do				.3		The sales have been selected and the sales of the sales o	
	e assessed for late filing of this report ur	nless reaso	nable cause is establishe	d.			
A Name of plan			B Three-dig				
•	TANTS OF WALLA WALLA DEF	INED				003	
BENEFIT PENSION PLAN			plan numl	Der (PN)			
C Plan sponsor's name as shown on lii	ne 2a of Form 5500 or 5500-SF		D Employer I	dentificat	ion Number (E	IN)	
·					•	,	
ANESTHESIOLOGY CONSULT	FANTS OF WALLA WALLA, PC	:	91-184498	4			
E Type of plan: ☒ Single ☐ Multiple	e-A Multiple-B	ior vear pla	n size: X 100 or fewer	7 101-50	00 More tha	an 500	
			L				
Part I Basic Information	01 - 01		2012				
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u>	_ Year	2012				
2 Assets:							
a Market value				. 2a		3521353	
b Actuarial value				2b		3521065	
3 Funding target/participant count br	eakdown:		(1) Number of particip	ants	(2) Fu	unding Target	
a For retired participants and bene	eficiaries receiving payment	3a		0		C	
b For terminated vested participar	nts	3b		0		C	
c For active participants:							
(1) Non-vested benefits		3c(1)				0	
(2) Vested benefits		3c(2)				3117679	
()		3c(3)		5		3117679	
` '		3d		5		3117679	
	the box and complete lines (a) and (b)		П	-	Pada Malea.	311,0,5	
	, , , , ,			4a			
	cribed at-risk assumptions			44			
	assumptions, but disregarding transition /e consecutive years and disregarding k			4b			
				5		7.11%	
6 Target normal cost				6		414228	
Statement by Enrolled Actuary							
To the best of my knowledge, the information sup	plied in this schedule and accompanying schedules, n my opinion, each other assumption is reasonable (experience under the plan.	statements an taking into acc	d attachments, if any, is complete ount the experience of the plan ar	and accura nd reasonab	ate. Each prescribed ble expectations) and	l assumption was applied in d such other assumptions, in	
SIGN HERE					03/05/201	L3	
Siq Martin F. Panos	gnature of actuary				Date 1105933		
Type of The Panos Group, Inc.	r print name of actuary				cent enrollmen		
	Firm name		Tele	phone n	umber (includir	ng area code)	
2001 Broadway, 2nd Floor						,	
	612						
A	ddress of the firm						
If the actuary has not fully reflected any reinstructions	gulation or ruling promulgated under the	statute in	completing this schedule	check to	he box and see	;	

Page	2 -	
------	-----	--

Part II	l Begi	inning of Year Car	ryover Prefunding	g Balan	ces	(a)	Carryover balance		(b)	Prefund	ing balance
		jinning of prior year afte		,				0			(
		for use to offset prior y			1			0			(
		ning (line 7 minus line 8)						0			(
		9 using prior year's act									

	-	cess contributions to be						ŀ			413023
b Ir	nterest on (a	e of excess contribution a) using prior year's effe e provided (see instruct	ctive interest rate of	<u>6.09</u> %	except						25153
		e at beginning of current p	,		F.a.			H			438176
) to be added to prefund	•	-				-			150176
						n to a self-objective		0			(
		ns in balances due to ele						0			(
	(3, -1, 1)	inning of current year (li		a – line 12)			- 0			
Part I	II Fur	nding Percentages	5			****					
	ding target	attainment percentage								14	112.93%
15 Adju	usted fundir	ng target attainment perd	entage							15	112.93%
curr	ent year's f	ding percentage for purpunding requirement								16	117.46%
17 If the	e current va	lue of the assets of the	plan is less than 70 per	cent of the	funding targ	et, enter	such percentage			17	%
Part I	V Cor	ntributions and liq	uidity shortfalls								
18 Con	tributions m	ade to the plan for the p	plan year by employer(s	and emp	loyees:						
	Date	(b) Amount paid by			(a) Da		(b) Amount pa		(c) Amount paid by		
	D-YYYY)	employer(s)	employee		(MM-DD-)	YYYY)	employer(s	5)		empl	oyees
	5/2012		000	0							
	3/2012		000	0						-	
	2/2012	91	000	0	···						
	/2012	38	000	0							
09/10	/2012	67.	500	0							
12/03	/2012	25	000	0	And the second						
12/07	/2012	23	000	0							
					Totals ▶	18(b)	3	04500	18(c)		0
19 Disco	ounted emp	loyer contributions – se	e instructions for small p	olan with a	valuation da	te after th	ne beginning of the	vear:			
		allocated toward unpaid						19a	/		0
b Contributions made to avoid restrictions adjusted to valuation date											0
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date									292840		
20 Quarterly contributions and liquidity shortfalls:											2,20,10
	•	ave a "funding shortfall"						<u> </u>		П	Yes X No
	•	· ·								□	
		were required quarterly		•		nely man	ner /		······································	······	Yes No
C If 2	∠∪a is "Yes,'	' see instructions and co				f this -1:	1 VOOR				
	(1) 1s	t	Liquidity shortfa (2) 2nd	ii as of end	oi quarter o		n year 3rd	1		(4) 4th	
	(., 13	-	(2) 2110			(5)				(· / -Tul	
					I						

Pa	art V Assumptio	ns Used to Determine I	Funding Target and Targ	et Normal Cost						
21	Discount rate:				ACC 4.00 A ACC 2.00 ACC 4.00 A					
	a Segment rates:	1st segment: 5 . 5 4 %	6	N/A, full yield curve used						
	b Applicable month (e		. 21b							
22	Weighted average ret	irement age	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22	62				
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined Pre	escribed - separate	Substitu	ute				
Pa	rt VI Miscellaned	ous Items								
24			arial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required	 d			
	attachment						Yes	X No		
25	Has a method change	been made for the current pla	n year? If "Yes," see instructions	regarding required attac	chment		Yes	X No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachmen	tX	Yes	No		
27		•	r applicable code and see instru		27					
Pa	rt VII Reconcilia	tion of Unpaid Minimu	m Required Contribution	s For Prior Years	-					
28			ears		28			C		
29	Discounted employer	contributions allocated toward	unpaid minimum required contrib	utions from prior years	29			C		
30			ributions (line 28 minus line 29).		30			C		
3445		Required Contribution				<u> </u>	- 11			
		d excess assets (see instruction		FINE WAS STORED						
					31a		4	14228		
			ne 31a		31b			03386		
32	Amortization installmen	nce	Installm							
-					0	·····				
	b Waiver amortization	0								
33		***************************************	r the date of the ruling letter grar	ting the approval						
-) and the waived amount		33			0		
34	Total funding requirem	ent before reflecting carryover	prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	10842				
			Carryover balance	Prefunding balar	nce Total balance					
35	Balances elected for us	se to offset funding	-							
								0		
36	Additional cash require	ment (line 34 minus line 35)			36			10842		
37	Contributions allocated (line 19c)	37		292840						
38		s contributions for current year								
					38a		28	31998		
	b Portion included in lir	38b	0							
	Unpaid minimum requir	39	(
	Unpaid minimum requir	40			0					
Par			nsion Relief Act of 2010							
	<u></u>	to use PRA 2010 funding relie								
	a Schedule elected					2 plus 7 years] 15 yea	ars		
	b Eligible plan year(s) f	or which the election in line 41	a was made		2008	3 2009 2010	20	11		
42	Amount of acceleration	adjustment			42					
		eleration amount to be carried		43						

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

	For Funding Min Max	For 417(e)	For Actuarial Equiv.						
Interest Rates	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%								
Pre-Retirement									
Turnover	None	None	None						
Mortality	None	None	None						
Assumed Ret Age	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						
Post-Retirement									
Mortality	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						
Assumed Benefit Form l	For Funding	Normal Form							
Calculated Effective Inte	erest Rate	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

Plan Effective Date

January 1, 2003

Plan Year

From January 1 to December 31

Eligibility

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:

0 year of service Minimum age 21

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62 Completion of 5 years of participation

Normal Retirement Benefit

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: as follows:

10 percent of compensation times credited years

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

Years with less than 1,000 hours

with a maximum of 10 years

Maximum benefit is \$16,667 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive years of employment

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Termination Benefit

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:

Immediate 100% vesting

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