Form 5500-SF	Short Form Annual	•	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service						2012				
Department of Labor Employee Benefits Security Administratio	Retirement Income Security Ac		sections 6057(b) and 6058	e						
Pension Benefit Guaranty Corporation	Complete all entries in according to the second	cordance with the inst	dance with the instructions to the Form 5500-SF.							
	t Identification Information	2010	and and here	0/04/	2040					
For calendar plan year 2012 or				3/31/2						
A This return/report is for:	X a single-employer plan		plan (not multiemployer)		a one-partici	pant plan				
B This return/report is:	the first return/report	X the final return/repo								
	an amended return/report	X a short plan year ret	urn/report (less than 12 m	onths)						
C Check box if filing under:	Form 5558	automatic extension	1		DFVC progra	am				
	special extension (enter descr									
	ormation—enter all requested info	ormation				I				
1a Name of plan				1b	Three-digit plan number					
OLUMBIA BASIN ANESTHESI	A, PLLC PROFIT SHARING PLAN				(PN) ►	001				
		1c	Effective date o	f plan						
					01/01	•				
2a Plan sponsor's name and a COLUMBIA BASIN ANESTHES	address; include room or suite numbe A, PLLC	r (employer, if for a sing	le-employer plan)	2b	Employer Identi (EIN) 91-18	fication Number 95889				
350 SOUTH PIONEER WAY				2c	Sponsor's telep 509-76					
IOSES LAKE, WA 98837				2d	2d Business code (see instru 621111					
3a Plan administrator's name	and address Same as Plan Spons	or Name Same as P	lan Sponsor Address	3b	Administrator's	EIN 395889				
		KE, WA 98837			509-76	telephone number 5-1281				
4 If the name and/or EIN of t name, EIN, and the plan r	he plan sponsor has changed since t umber from the last return/report.	he last return/report filed	for this plan, enter the	4b	EIN					
a Sponsor's name				4c	PN					
5a Total number of participan	ts at the beginning of the plan year			5a		3				
b Total number of participan	ts at the end of the plan year			5b		0				
	h account balances as of the end of t			5c		0				
6a Were all of the plan's ass	ets during the plan year invested in el	igible assets? (See instr	uctions.)			X Yes No				
	of the annual examination and report 6? (See instructions on waiver eligibi					X Yes 🗌 No				
If you answered "No" to	either line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.					
Caution: A penalty for the lat	e or incomplete filing of this return	/report will be assesse	d unless reasonable cau	ise is	established.					
	other penalties set forth in the instruc and signed by an enrolled actuary, a mplete.									
SIGN Filed with authorize	d/valid electronic signature.	05/22/2013	ROBERT MISASI							
HERE Signature of plan	administrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator				
SIGN										
HERE	loyer/plan sponsor	Date	Enter name of individu	ndividual signing as employer or plan spor						
	name, if applicable) and address; inc					number (optional)				
	tice and OMB Control Numbers, see the					Form 5500-SF (2012)				

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
а	Total plan assets	7a	29753				0		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	29753	5			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)		_					
	Other income (loss)	8b	1194	-5	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		11945		
u	to provide benefits)	8d	30948	0					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					309480		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-297535		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
b Par	If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions	ature codes	s from the List of Plan Chara	cterist	ic Coo	les in th	ne instructions:		
10	During the plan year:				Yes	No	Amount		
a				10a		X	Anoun		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		x			
С	Was the plan covered by a fidelity bond?			10c	Х		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 c instructions.)	of the benefi	ts under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (Caa in struct							
n	2520.101-3.)			10h		x			
i		ne required i	notice or one of the	10h 10i		X			
i Part	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107	ne required i	notice or one of the			X			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required i I-3	notice or one of the	10i	Scheo	dule SB	8 (Form		
i Part 11	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ne required i I-3 ents? (If "Ye	notice or one of the	10i	<u></u>	dule SB	8 (Form		
i Part 11	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ne required i I-3 ents? (If "Ye	notice or one of the	10i		dule SB	Yes No		
i Part 11 11a 12	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	ents? (If "Ye requiremen as applicat	notice or one of the es," see instructions and com ts of section 412 of the Code	10i	ection :	dule SB 11a 302 of 1	ERISA? Yes No		
i Part 11 11a 12 a	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (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 beir granting the waiver.	ne required i I-3 ents? (If "Ye requiremen as applicat g amortized	notice or one of the es," see instructions and com ts of section 412 of the Code ole.) d in this plan year, see instruction	10i	ection :	dule SB 11a 302 of 1	ERISA? Yes No		
i Part 11 11a 12 a a	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (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 being the standard for a prior	e required i I-3 ents? (If "Ye requiremen as applicat ig amortized e MB (Form	notice or one of the es," see instructions and com ts of section 412 of the Code ole.) d in this plan year, see instruc 	10i		dule SB 11a 302 of enter th	ERISA? Yes No		

С	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		
е	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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	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		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re	turn/Report o	of Small Emplo	yee		OMB Nos. 12	
Department of the Treasury Internal Revenue Service		enefit Plan					10-0089
Department of Labor Employee Benefits Security Administration	This form is required to be filed Retirement Income Security Act of 1 the Internal	ee 8(a) of	2012 is Open to P	ublic			
Pension Benefit Guaranty Corporation	Complete all entries in accordation			00 SE		spection	UDIIC
Part I Annual Report lo	dentification Information	ince with the matter	cions to the Point 550	10-3F.			
For calendar plan year 2012 or fisc	al plan year beginning 01/	01/2013	and ending		03/31/201	3	
A This return/report is for:	X a single-employer plan	multiple-employer p	an (not multiemployer)		a one-partic		
B This return/report is:		he final return/report				pantplan	
+		50 M	n/report (less than 12 m	(onthe)	r		
C Check box if filing under:		utomatic extension		onans)	-		
	special extension (enter description				DFVC progr	am	
Part II Basic Plan Infor	mation—enter all requested informati						
1a Name of plan	indicion-enter an requested informati	011		16	Three-digit		
	hesia, PLLC Profit Shar	ing Plan			plan number		
		August			(PN) ►	001	
				1c	Effective date of	f plan	
2a Plan shonsor's name and addr	ess; include room or suite number (em	1			01/01/198		
Columbia Basin Anesth	nesia, PLLC	ployer, if for a single-	employer plan)		Employer Identi (EIN) 91-189	5889	
1350 South Pioneer Wa	ау			2c	Sponsor's telep 509-765-1	hone number 281	r
Moses Lake	WA 98837		-		Business code 621111	see instructio	ons)
3a Plan administrator's name and		ne Same as Plan	Sponsor Address	3b	Administrator's		
Columbia Basin Anesth	nesia, PLLC			20	91-189588 Administrator's		_
1350 South Pioneer Wa Moses Lake 4 If the name and/or FIN of the p	WA 98837				509-765-12	281	
 If the name and/or EIN of the p name, EIN, and the plan numb a Sponsor's name 	lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the	4b			
	the beginning of the plan year			4c	PN		
	the end of the plan year			5a			3
	count balances as of the end of the pla			5b		0	0
complete this item)	secure balances as of the cha of the pla	n year (denned bene	in plans do not	5c			0
D Are you claiming a waiver of th under 29 CFR 2520.104-46? (\$	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	independent qualifie	d public accountant (IQ	PA)		X Yes [X Yes [] No] No
Caution: A penalty for the late or	incomplete filing of this return/repor	t will be assessed u	Inless reasonable cau	se is e	established.		
Under penalties of periury and other	penalties set forth in the instructions, l signed by an enrolled actuary, as well	declare that I have	wamined this return/ren		-l	able, a Sched knowledge ar	ule nd
SIGN KALL	flues	5/6/13	Robert Misasi				
Signature of plan adm	inistrator	Date	Enter name of individu	ual sigr	ning as plan adm	inistrator	w.
SIGN			Υ.				
HERE Signature of employer	r/plan sponsor	Date	Enter name of individu	ual sign	ning as employed		
Preparer's name (including firm nam	e, if applicable) and address; include r	oom or suite number	(optional)	Prepa	arer's telephone	number (optic	inal)
For Paperwork Reduction Act Notice a	nd OMB Control Numbers, see the instru	tions for Form 5500 s	· E				

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yes	ar	1		(b) E=			
а	Total plan assets	7a		975:	35		(b) En		ear	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2	975	35					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	+		(b)	Tetel		
а	Contributions received or receivable from:		(d) / unount				(d)	Total		
	(1) Employers	8a(1)		_	_					
	(2) Participants	8a(2)			_					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1194	15					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1194
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	0948	30					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			-					
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-	-				
i	Net income (loss) (subtract line 8h from line 8c)	8i								309480
j	Transfers to (from) the plan (see instructions)	8j	·····		-				- 2	297535
Pa	t IV Plan Characteristics	၂								-
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2J 2K 3D	feature cod	les from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chara	cterist	ic Coc	les in t	the instruc	tions:		
Par	V Compliance Questions									
10							r			
	During the plan year: Was there a failure to transmit to the plan any participant contribut	1	4		Yes	No		Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not ir	nclude transactions reported	10b		х				
С	Was the plan covered by a fidelity bond?			10c	х					90000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	fidelity bon	d, that was caused by fraud	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)	er persons f the benef	by an insurance carrier, îts under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	nd.)	10g		х			_	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	tions and 29 CFR	10g		x				
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	notice or one of the	10j						
									-	
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Ye				lule SE	B (Form	П	Yes	□ No
11		ents? (If "Ye				lule SE	3 (Form		Yes	No No
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding r	ents? (If "Yo	nts of section 412 of the Code			11a			Yes Yes	
11 11a 12	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	ents? (If "Yo requiremen as applicat	nts of section 412 of the Code	or se		11a 302 of	ERISA?		Yes	X No
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding re (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 being granting the waiver.	ents? (If "Ye requiremer as applicat g amortized	nts of section 412 of the Code ole.) d in this plan year, see instruc Mon	or se		11a 302 of	ERISA?	he lett	Yes er ruli	X No
11 11a 12 a If y	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding re (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 being	ents? (If "Yo requiremer as applicat g amortized MB (Form	nts of section 412 of the Code ole.) d in this plan year, see instruc Mon n 5500), and skip to line 13.	e or se ctions, th	ction 3	11a 302 of enter th	ERISA?		Yes er ruli	X No

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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?		☐ Yes	No	N/A
Part \					
13a	Has a resolution to terminate the plan been adopted in any plan year?	. [X]	Yes N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				0
b \	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	
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	L	A 103	
	c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)) PN(s)
Part V	/III Trust Information (optional)				
	ame of trust	14b T	rust's EIN		