Form 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This fame is a minute to be f			2012	
Department of Labor Employee Benefits Security Administration	This form is required to be fi Retirement Income Security Act the Intern		ections 6057(b) and 6058		This Form is Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the instru	ctions to the Form 550	0-SF.	Inspection
	dentification Information				
For calendar plan year 2012 or fisc)12	and ending 1	2/31/2	2012
A This return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-participant plan
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths	
C Check box if filing under:			DFVC program		
	special extension (enter descrip				
	mation—enter all requested infor	mation			
1a Name of plan ANESTHESIOLOGY, INC. PS PROP	FIT SHARING PLAN			1b	Three-digit plan number (PN) ▶ 001
				1c	Effective date of plan 11/01/1979
2a Plan sponsor's name and addr ANESTHESIOLOGY, INC. PS	ess; include room or suite number	(employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 91-1084707
5633 N LIDGERWOOD ST				2c	Sponsor's telephone number 509-482-2359
SPOKANE, WA 99208-1224				2d	Business code (see instructions) 621111
3a Plan administrator's name and ANESTHESIOLOGY, INC. PS		Name Same as Pla	n Sponsor Address	3b	Administrator's EIN 91-1084707
		VA 99208-1224			Administrator's telephone number 509-482-2359
name, EIN, and the plan num	blan sponsor has changed since the ber from the last return/report.	e last return/report filed f	or this plan, enter the		EIN
a Sponsor's name	the basis is a file allowed as a second			1	PN
5a Total number of participants a	0 0 1 7			5a	8
	t the end of the plan year			5b	8
				5c	8
6a Were all of the plan's assets of	during the plan year invested in elig	ible assets? (See instrue	ctions.)		X Yes No
	he annual examination and report of				X Yes 🗌 No
	(See instructions on waiver eligibilit ner line 6a or line 6b, the plan car				
Caution: A penalty for the late or					
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruction I signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule
0.0.1	alid electronic signature.	09/10/2013	PHILIP OGDEN, MD		
HERE Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	ning as plan administrator
SIGN					
HERE Signature of employe		Date		ual sig	ning as employer or plan sponsor
Preparer's name (including firm na	me, if applicable) and address; incl	ude room or suite numbe	er (optional)	Prep	parer's telephone number (optional)
			0F		
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the i	nstructions for Form 5500	-5F.		Form 5500-SF (2012)

Part III Financial Information				-				
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year		
a Total plan assets	7a	345652	9			3292163		
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	3456529			3292163			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:		29700	0					
(1) Employers		6750						
(3) Others (including rollovers)		-5791						
b Other income (loss)		23341						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		20041	2			540001		
d Benefits paid (including direct rollovers and insurance premiu						340001		
to provide benefits)		69915	9					
e Certain deemed and/or corrective distributions (see instruction	ns) 8e		0					
f Administrative service providers (salaries, fees, commissions)) 8f	491	0					
g Other expenses	8g	29	8					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						704367		
i Net income (loss) (subtract line 8h from line 8c)						-164366		
J Transfers to (from) the plan (see instructions)	····· 8j							
b If the plan provides welfare benefits, enter the applicable welf Part V Compliance Questions	fare feature codes f	rom the List of Plan Charac	cterist	ic Coc	es in the in	structions:		
10 During the plan year:				Yes	No	Amount		
 a Was there a failure to transmit to the plan any participant con 29 CFR 2510.3-102? (See instructions and DOL's Voluntar) 	ntributions within th y Fiduciary Correct	e time period described in on Program)	10a		X	Allount		
b Were there any nonexempt transactions with any party-in-information line 10a.)	terest? (Do not incl	ude transactions reported	10b		x			
C Was the plan covered by a fidelity bond?			10c	Х		450000		
d Did the plan have a loss, whether or not reimbursed by the p or dishonesty?			10d					
e Were any fees or commissions paid to any brokers, agents, insurance service or other organization that provides some of	or other persons by				X			
instructions.)		under the plan? (See	10e		x			
instructions.)f Has the plan failed to provide any benefit when due under the		under the plan? (See	10e 10f					
f Has the plan failed to provide any benefit when due under th	ne plan?	under the plan? (See	10f	×	x			
 f Has the plan failed to provide any benefit when due under th g Did the plan have any participant loans? (If "Yes," enter and h If this is an individual account plan, was there a blackout per 	ne plan? punt as of year end. riod? (See instructio	under the plan? (See		X	x	3726		
f Has the plan failed to provide any benefit when due under thg Did the plan have any participant loans? (If "Yes," enter among	ne plan? punt as of year end. riod? (See instruction ded the required no	under the plan? (See 	10f 10g	X	X X	3726		
 f Has the plan failed to provide any benefit when due under th g Did the plan have any participant loans? (If "Yes," enter amound h If this is an individual account plan, was there a blackout per 2520.101-3.) i If 10h was answered "Yes," check the box if you either provi 	ne plan? punt as of year end. riod? (See instruction ded the required no	under the plan? (See 	10f 10g 10h	X	X X	3726		
 f Has the plan failed to provide any benefit when due under th g Did the plan have any participant loans? (If "Yes," enter and h If this is an individual account plan, was there a blackout per 2520.101-3.) i If 10h was answered "Yes," check the box if you either proviex exceptions to providing the notice applied under 29 CFR 252 	ne plan? bunt as of year end. riod? (See instruction ded the required no 20.101-3 uirements? (If "Yes	under the plan? (See)	10f 10g 10h 10i	Scheo	X X X	rm		
 f Has the plan failed to provide any benefit when due under th g Did the plan have any participant loans? (If "Yes," enter and h If this is an individual account plan, was there a blackout per 2520.101-3.) i If 10h was answered "Yes," check the box if you either provi exceptions to providing the notice applied under 29 CFR 252 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding req 	ne plan? punt as of year end. riod? (See instruction ded the required no 20.101-3 uirements? (If "Yes	under the plan? (See)	10f 10g 10h 10i plete	Scheo	X X X	rm		
 f Has the plan failed to provide any benefit when due under th g Did the plan have any participant loans? (If "Yes," enter and h If this is an individual account plan, was there a blackout per 2520.101-3.) i If 10h was answered "Yes," check the box if you either provi exceptions to providing the notice applied under 29 CFR 252 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding req 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 	ne plan? punt as of year end. riod? (See instruction ded the required no 20.101-3 uirements? (If "Yes	under the plan? (See)	10f 10g 10h 10i plete	Schec	X X X Iule SB (Fo	rm Yes No		
 f Has the plan failed to provide any benefit when due under th g Did the plan have any participant loans? (If "Yes," enter and h If this is an individual account plan, was there a blackout per 2520.101-3.) i If 10h was answered "Yes," check the box if you either provi exceptions to providing the notice applied under 29 CFR 252 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding req 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 	ne plan? punt as of year end. riod? (See instruction ded the required no 20.101-3 uirements? (If "Yes nding requirements	under the plan? (See)	10f 10g 10h 10i plete	Schec	X X X Iule SB (Fo	rm		
 f Has the plan failed to provide any benefit when due under th g Did the plan have any participant loans? (If "Yes," enter and h If this is an individual account plan, was there a blackout per 2520.101-3.) i If 10h was answered "Yes," check the box if you either proviexceptions to providing the notice applied under 29 CFR 252 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding req 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum fur (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b a If a waiver of the minimum funding standard for a prior year i granting the waiver. 	ne plan? punt as of year end. riod? (See instruction ded the required no 20.101-3 uirements? (If "Yes nding requirements pelow, as applicable is being amortized i	under the plan? (See 	10f 10g 10h 10i plete or se	Scheo	X X X Iule SB (Fo 11a 302 of ERIS	rm Yes No 		
 f Has the plan failed to provide any benefit when due under th g Did the plan have any participant loans? (If "Yes," enter and h If this is an individual account plan, was there a blackout per 2520.101-3.) i If 10h was answered "Yes," check the box if you either proviexceptions to providing the notice applied under 29 CFR 252 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding req 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding funding for a prior year in a waiver of the minimum funding standard for a prior year in the amount funding standard for a prior year in the standard	ne plan? punt as of year end. riod? (See instruction ded the required no 20.101-3 uirements? (If "Yes nding requirements pelow, as applicable is being amortized i	under the plan? (See 	10f 10g 10h 10i plete or se	Scheo	X X X Iule SB (Fo 11a 302 of ERIS	A? Yes No		

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

14a Name of trust	14b Trust's EIN

	rm 5500-SF	Short Form Annual		of Small Emplo	yee	OMB Nos. 1210- 1210-		
	rtment of the Treasury mal Revenue Service	This form is required to be f	Benefit Plan	and 4065 of the Employ	00	2012		
	epertment of Labor enefits Security Administration	Retirement Income Security Act	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).					
Pension B	enefit Guaranty Corporation	▶ Complete all entries in according		•	00 SE	This Form is Open to Publi Inspection		
Part I	Annual Report Id	entification Information	sidurico with the mat	actions to the Form 350	<u>00-3</u> F.			
For calend	ar plan year 2012 or fisca	al plan year beginning (01/01/2012	and ending		12/31/2012		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan		
B This ret	urn/report is:	the first return/report	the final return/repor	t				
] an amended return/report] a short plan year retu	/m/report (less than 12 m	nonths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program		
		special extension (enter descrip	tion)					
Part II	Basic Plan Inform	nation-enter all requested inform	mation					
1a Name	of plan				1b	Three-digit		
ANESTH.	ESIOLOGY, INC.	PS PROFIT SHARING PL	AN			plan number		
					10			
						Effective date of plan 11/01/1979		
2a Plan sp	onsor's name and addre	ss; include room or suite number (employer, if for a single	e-employer plan)	+	Employer Identification Number		
ANESTHE	ESIOLOGY, INC.	PS				(EIN) 91-1084707		
5633 N	LIDGERWOOD ST				2c	Sponsor's telephone number		
3035 N	DIDGERWOOD 51					509-482-2359		
SPOKANE	1	WA 99208-1224			2d	Business code (see instructions	i)	
3a Plan ac	Iministrator's name and a	2200 1001	Name DSame as Pla	n Sponsor Address	26	621111 Administrative 500		
	SIOLOGY, INC. 1	L)		n Sponsor Address	30	Administrator's EIN 91 - 1084707		
	,				3c	Administrator's telephone numb	er	
5633 N	LIDGERWOOD ST					509-482-2359		
SPOKANE		WA 99208-1224						
4 If the na	ame and/or EIN of the pla	an sponsor has changed since the	last return/report filed f	or this plan, enter the	4b	FIN		
name, a Sponso	EIN, and the plan numbe	r from the last return/report.		•	-		·····	
		he beginning of the plan year				PN	*****	
					5a		8	
		he end of the plan year			5b		8	
comple	te this item)	ount balances as of the end of the		1	5c		g	
6a Were a	Ill of the plan's assets du	ring the plan year invested in eligit				X Yes	No	
D Are you	I claiming a waiver of the	annual examination and report of	an independent qualifie	ad nublic accountant (IOE	201			
under 2	9 CFR 2520.104-46? (Se	ee instructions on waiver eligibility	and conditions.)		,	X Yes 🛛 I	No	
		r line 6a or line 6b, the plan canr						
Under penal	ties of periupy and other r	complete filing of this return/re	port will be assessed	unless reasonable caus	se is e	stablished.		
op of oched	the MD completed and si	penalties set forth in the instruction gned by an enrolled actuary, as w	ell as the electronic ver	examined this return/report.	ort, inc and to	luding, if applicable, a Schedule the best of my knowledge and		
belief, it is tru	ue, correct, and complete	0	. (and seet of my mornougo and		
SIGN	Ach D	721	alintis	PHILIP OGDEN,	MD			
UEDE	Signature of plan admin	nistrator		· · · · · ·			_	
SIGN	1-8					ing as plan administrator		
HERE	Signature of amplements		- 1193	PHILIP OGDEN,				
Preparer's na	Signature of employer/j ame (including firm name	, if applicable) and address; includ	Date ' '	Lnter name of individu	al sign	ing as employer or plan sponsor		
					riepa	rer's telephone number (optional	"	
For Panerwork	Reduction Act Notice and	I OMB Control Numbers, see the ins			S. San i			

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Page **2**

	Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) En	d of Ye	ar
<u>a</u> 1	Total plan assets	. 7a		4565	29		(-)		3292
b 1	Fotal plan liabilities	7b							
CN	Net plan assets (subtract line 7b from line 7a)	7c	3,	4565	29				3292
<u>}</u>	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
	Contributions received or receivable from:						(5)	Total	19 M 13
	1) Employers	8a(1)	·	2970	_				
	2) Participants	8a(2)		675	-				
	3) Others (including rollovers)	8a(3)		-579	-				
	Other income (loss)	8b		2334	12				
d B	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1					5400
u b	enefits paid (including direct rollovers and insurance premiums p provide benefits)	8d	e	5991	59				
	Certain deemed and/or corrective distributions (see instructions)	8e			0	*			
	dministrative service providers (salaries, fees, commissions)	8f	······	49	10				
	ther expenses	8g		• • • • • • • • • • • • • • • • • • • •	98				
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h	Sector and the sector		-				7047
	let income (loss) (subtract line 8h from line 8c)	81	ş	-	-				7043
	ransfers to (from) the plan (see instructions)	81					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-1643
art		8		-					
art V			om the List of Plan Chara						
art V	During the plan year:				Yes	No		Amou	nt
art V	During the plan year: Was there a failure to transmit to the plan any participant contributi	ons within the	time period described in	1				Amou	nt
art V a v b v	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo Were there any nonexempt transactions with any party-in-interest?	ions within the ciary Correctic 2 (Do not inclu	time period described in on Program)	10a		No		Amou	nt
art V a V b V	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions within the ciary Correctic ' (Do not inclu	time period described in n Program) de transactions reported	10a 10b	Yes	No X		Amou	
art V D (a V b V c c d (During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions within the ciary Correctic ' (Do not inclu idelity bond, ff	time period described in on Program) de transactions reported	10a 10b 10c		No X X		Amou	nt 4500
art V a V b V c c d [During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	ions within the ciary Correctic ' (Do not inclu idelity bond, th	time period described in on Program) de transactions reported mat was caused by fraud	10a 10b	Yes	No X		Amou	
art V a V b V c c d C c e V	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe nsurance service or other organization that provides some or all of	ions within the ciary Correctic (Do not inclu idelity bond, the pr persons by the benefits t	time period described in on Program) de transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d	Yes	No X X		Amou	
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Page	J	-	

C Enter the amo	int contributed by the employer to the plan for this plan year	12c	Т				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
e Will the minimi	m funding amount reported on line 12d be met by the funding deadline?	I	Π	Yes		ο Γ	N/A
	erminations and Transfers of Assets	L	lend.			L	L
13a Has a resolution	to terminate the plan been adopted in any plan year?	\square	Yes	s X	No		
If "Yes," enter	he amount of any plan assets that reverted to the employer this year	13a	Т				
b Were all the pl of the PBGC?	in assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c	control			<u></u> П	Yes	X No
C If during this pl	an year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t r liabilities were transferred. (See instructions.)	0					
13c(1) Name of	lan(s): 13	Bc(2) E	EINC	s)	1:	3c(3)	PN(s)
Part VIII Trust I	formation (optional)						
14a Name of trust		14b 1	rust	t's EIN			
			1000	. o Lint			