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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	rt I		t Identification Informa	tion								
For	r calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013											
A T	his ret	urn/report is for:	X a single-employer plan	а	multiple-employer pl	an (not multiemployer)	er) a one-participant plan					
Вт	his ret	urn/report is:	the first return/report	x th	e final return/report							
			an amended return/repo	ort a s	hort plan year returr	n/report (less than 12 m	onths)				
C	C Check box if filing under: Form 5558 automatic extension								am			
			special extension (enter	description)								
Pa	rt II	Basic Plan Inf	ormation—enter all request	ted information	on							
	Name (1b	Three-digit				
ANES	THESI	OLOGY, INC. PS PI	ROFIT SHARING PLAN					plan number (PN) ▶	001			
							1c	Effective date or				
								11/01				
		oonsor's name and a OLOGY, INC. PS	address; include room or suite	number (emp	loyer, if for a single-	employer plan)	2b	Employer Identification (EIN) 91-10	fication Number 84707			
5633	N I IDG	SERWOOD ST					2c	Sponsor's telephone number 509-482-2359				
SPOK	(ANE, \	WA 99208-1224					2d	Business code (
			and address Same as Plan		ш	Sponsor Address	3b	Administrator's I	EIN 084707			
NEST	HESIO	LOGY, INC. PS		N LIDGERW KANE, WA 9			3c	Administrator's telephone number 509-482-2359				
	15.11											
4			the plan sponsor has changed a number from the last return/repo		return/report filed to	or this plan, enter the	4b EIN					
а		or's name					4c	PN				
5a	Total r	number of participan	ts at the beginning of the plan	year			5a		8			
b	Total r	number of participan	ts at the end of the plan year				5b		0			
С			h account balances as of the e	•	• •	-	5c		0			
6a	Were	all of the plan's asse	ets during the plan year investe	ed in eligible a	assets? (See instruc	tions.)			X Yes No			
b			of the annual examination and						X Yes □ No			
			6? (See instructions on waiver either line 6a or line 6b, the						M 163 140			
С	-		efit plan, is it covered under the						Not determined			
			<u> </u>			<u> </u>			1			
			e or incomplete filing of this other penalties set forth in the i						able a Schedule			
SB c	or Šche		and signed by an enrolled actu									
SIGN		Filed with authorize	d/valid electronic signature.		03/19/2014	PHILIP OGDEN, MD						
HEK	· C	Signature of plan	administrator		Date	Enter name of individ	lual siç	gning as plan adn	ninistrator			
SIGI												
HER			loyer/plan sponsor		Date	Enter name of individ		, , ,				
Prep	oarer's i	name (including firm	name, if applicable) and addre	ess; include r	oom or suite numbe	r (optional)	Prep	oarer's telephone	number (optional)			

Form 5500-SF 2013 Page **2**

Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year			
	Total plan assets	7a	(a) Beginning of Tea				(b) Elia or real			
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	329216	3			0			
	Income, Expenses, and Transfers for this Plan Year	, ,,	(a) Amount	72100			<u> </u>			
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)	9407	0						
	(2) Participants									
	(3) Others (including rollovers)	(including rollovers)								
b	Other income (loss)	8b	23418	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					328255			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	361690	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	348	5						
g	Other expenses	8g	3	2						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3620418			
	Net income (loss) (subtract line 8h from line 8c)	8i					-3292163			
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 2R 3D 2A	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 fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:			
Par	Part V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	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	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		450000			
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			100						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		0			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11		ents? (If "	Yes " see instructions and com	nlete	Sched	lule SF	R (Form			
	5500) and line 11a below)									
	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			- t:						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	<u> </u>	Mon		, and e	enter th Day	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		- 1					
h	Enter the minimum required contribution for this plan year				1	12b	İ			

Page	3 -	. 1	
гаус	J		

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	es 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 the confidence 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(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	Benefit Guaranty Corporation	➤ Complete all entries in accord	ance with the instru	uctions to the Form 550)0-SF.	mspection			
Part I		dentification Information	7 72						
_	dar plan year 2013 or fisc	V cainala ampleus plan	/01/2013	and ending	***************************************	12/31/2013			
_	otalim oport io for.			plan (not multiemployer)		a one-participant plan			
B This re	eturn/report is:		the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	k box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter description				· · · · · · · · · · · · · · · · · · ·			
Part II		mation—enter all requested informat	tion						
1a Name			•		1b	Three-digit			
ANESIL	HESIOLOGY, INC.	PS PROFIT SHARING PLAN	1			plan number 001			
					10	(PN) ▶ UU1 Effective date of plan			
						11/01/1979			
2a Plans	sponsor's name and add	ress; include room or suite number (em	ployer, if for a single	e-employer plan)	+	Employer Identification Number			
ANESTH	HESIOLOGY, INC.	PS				(EIN) 91-1084707			
ECOO N	T TOGERNIOOD CM					Sponsor's telephone number			
יז ככמב	N LIDGERWOOD ST					509-482-2359			
SPOKAN	יםו	WA 99208-1224		 		Business code (see instructions)			
	administrator's name and		ma Teama as Pla	n Sponsor Address	+	621111 Administrator's FIN			
	HESIOLOGY, INC.	Пата процести	me Dame as no	n Sponsor Address	SU	Administrator's EIN 91-1084707			
-	had the late for the same or the same of t				3с	Administrator's telephone number			
5633 N	LIDGERWOOD ST				ı	509-482-2359			
SPOKAN	ſΕ	WA 99208-1224							
4 If the	name and/or EIN of the p	plan sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b	EIN			
name	e, EIN, and the plan numb	per from the last return/report.	· · · · · · · · · · · · · · · · · · ·	ar tina pranty annual and	70	CIN			
	sor's name				4c	PN			
		t the beginning of the plan year		1	5a	8			
		t the end of the plan year			5b	0			
C Numb comp	per of participants with acolete this item)	count balances as of the end of the pla	n year (defined bene	∍fit plans do not	5c	0			
6a Were	all of the plan's assets of	during the plan year invested in eligible	assets? (See instruc	xtions.)		X Yes No			
b Are you	ou claiming a waiver of the	ne annual examination and report of an	independent qualifie	ed public accountant (IQF	PA)	U Vaa □ Na			
If you	answered "No" to eith	See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot	d conditions.)	and must instead use !	Earm I	X Yes No			
		plan, is it covered under the PBGC insu							

Caution: A	A penalty for the late or	incomplete filing of this return/repor	rt will be assessed	unless reasonable caus	se is e	stablished.			
SB or Sche	alties of perjury and other edule MB completed and	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/report.	ort, inc	cluding, if applicable, a Schedule			
belief, it is	true, correct, and comple	te.	do in circuit	Sion of the recursing any	and .	The best of my knowledge and			
SIGN	Phil	Qd. M	3/18/2014	PHILIP OGDEN,	MD				
HERE	Signature of plan adn	ninjstrator	Date	Enter name of individu	ıal sign	ning as plan administrator			
SIGN	(ALT:1)	(Orlando	3/18/2014	PHILIP OGDEN,					
HERE	Signature of employe	W 4	Date	 		ning as employer or plan sponsor			
Preparer's		ne, if applicable) and address; include r				rer's telephone number (optional)			
						• • • • • • • • • • • • • • • • • • • •			
				ļ-					
				1		·			

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T		(b) En	d of '	√ear		
a	Total plan assets	. 7a		2921	63		(0) =11				
b						*************					
c	Net plan assets (subtract line 7b from line 7a)	. 7c	32	2921	63						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	I		
a	Contributions received or receivable from: (1) Employers	. 8a(1)		940	70			1010		***************************************	
	(2) Participants	T			0					******	
	(3) Others (including rollovers)				0					·····	
b	Other income (loss)		2	341	85					-	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			1 12	T					3282	5.5
	Benefits paid (including direct rollovers and insurance premiums			***************************************							
	to provide benefits)	8d	36	169	01						
	Certain deemed and/or corrective distributions (see instructions) \dots	8e			0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)			34	85						
<u>g</u>	Other expenses	. 8g			32						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3	62041	18
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)			3					- 3	29216	63
j	Transfers to (from) the plan (see instructions)	8j			0					***************************************	**********
Par	t IV Plan Characteristics			***************************************							
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides wel	eature cod	es from the List of Plan Chara	cteris	tic Cod	des in	the instruct	tions:			
10	During the plan year:				Yes	No	T				
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withir	n the time period described in	40-	res	No X		Ame	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10a 10b		Х					
С	Was the plan covered by a fidelity bond?			10b	Х				4	15000	0 (
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х					
e		er persons	by an insurance carrier,	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 vear er	nd.)	10g	Х						0
***************************************	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10g		Х		***************************************	•••••	***************************************	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						- (
Part	S2-2-1				1	······································	2 25			<u> </u>	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	ule SE	3 (Form	Гп	Yes	П No	
	Enter the unpaid minimum required contribution for current year from					11a			100		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(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 granting the waiver.		Mont	tions, th	and e	nter th Day	e date of the	he let Year		ing	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year		***************************************		. <u>.</u>	12b					_

	Form 5500-SF 2013 Page 3 -			
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)			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	[Х]	Yes 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 of the PBGC?			X Yes ∏ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
		·····		
		· · · · · · · · · · · · · · · · · · ·		ļ
Part	VIII Trust Information (optional)			
14a !	Name of trust	14b ⊺	rust's EIN	
		1		