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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pensio	n Benefit Guaranty Corporation	➤ Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.		spection
Part	Annual Report I	Identification Information					
For cale	endar plan year 2013 or fis	scal plan year beginning 01/01/20)13	and ending 1	2/31/2	2013	
	return/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)	! <u> </u>	
C Che	ck box if filing under:		DFVC program				
		special extension (enter descript	· ·				
Part I	I Basic Plan Infor	rmation—enter all requested inform	mation				1
	me of plan	OVEODD DIL O DDOEIT OLIADINA	O DI ANI		1b	Three-digit plan number	
ANESTHI	ESIA CONSULTANTS OF	OXFORD, PLLC PROFIT SHARING	3 PLAN			(PN) ▶	001
					1c	Effective date o	
						12/23	•
	n sponsor's name and add ESIA CONSULTANTS OF	dress; include room or suite number of OXFORD, PLLC	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 64-09	fication Number
23 CR 30	024				2c	Sponsor's telep	
), MS 38655				2d	Business code ((see instructions)
3a Pla	n administrator's name an	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4 If th	ne name and/or EIN of the	plan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b	EIN	
		nber from the last return/report.		, , , , , , , , ,			
a Spo	onsor's name				4c	PN	
5a Tot	tal number of participants	at the beginning of the plan year			5a		13
b Tot	tal number of participants	at the end of the plan year			5b		12
		account balances as of the end of the		•	5с		12
6a W	ere all of the plan's assets	during the plan year invested in elig	ible assets? (See instruc	tions.)			X Yes No
		the annual examination and report of					₩ vaa □ Na
		Of the contraction of the con					X Yes No
•		, ·			_		7 Not dotomolic od
Ciru	ie pian is a delined benen	it plan, is it covered under the PBGC	insurance program (see	ERISA SECTION 4021)?.		res 🗌 No 📙	Not determined
Caution	n: A penalty for the late of	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is	established.	
SB or S		ner penalties set forth in the instruction ad signed by an enrolled actuary, as vollete.					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN							
HERE	Signature of employ	Signature of employer/plan sponsor Date Enter name of individ			idual signing as employer or plan sponso		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's teleph							number (optional)
				}			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	353839				(2) 2110		32300	7	
	Total plan liabilities	7b		0							
	Net plan assets (subtract line 7b from line 7a)	7c	353839	96				33	32300	7	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(4) / 1110 4111				(-, ,	0.0			
	(1) Employers	8a(1)	11217	0							
	(2) Participants	8a(2)	8531	2							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	64017	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8	3765	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	105295	6							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	9	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	05304	6	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-2	21538	9	
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X					
					X					2000	00
				10c						30000	JU
	or dishonesty?			10d		X					
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 	•	•								
	instructions.)		. `	10e	Х					199	97
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ					
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	ne required	d notice or one of the	10i	Χ						
Part											
11	Is this a defined benefit plan subject to minimum funding requirem							Г	Yes	X N	No.
44	5500) and line 11a below)							Щ	res		٩U
	Enter the unpaid minimum required contribution for current year fr					11a			1		_
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	ᄔ	Yes	X N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4:			<u> </u>	ha. '	.ш	.1!	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter ti Day	ie date of t	ne le Yea		ıııng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	12b	I				
	Enter the minimum required contribution for this plan year					170					

Page	3 -		1
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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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OMB Nos. 1210-0110

1210-0089

2013

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and the second second	Pension Benefit Guaranty Corporation	► Complete all entries in acco	rdance with the inst	ructions to the Form 550	0-SF.	mapection
		Identification Information				
For	calendar plan year 2013 or fis	scal plan year beginning	01/01/2013	and ending	12,	/31/2013
A	This return/report is for:	x a single-employer plan	a multiple-employe	r plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)	
С	Check box if filing under:	x Form 5558	automatic extensio	n	Ė	DFVC program
	-	special extension (enter descripti	ion)		L	1
Ð	art II Basic Plan Info	prmation enter all requested info		**************************************		
	Name of plan	initiation enter an requested init	ormation		1b T	Three-digit
	,	ANMO OR OVEODD DITO DOOR	ITM 000000000000000000000000000000000000		l p	olan number
	AMESINESIA CONSULTA	ANTS OF OXFORD, PLLC PROF	IT SHARING PLA	N		PN) ▶ 001
						Effective date of plan
2a		ddress; include room or suite number	(employer, if for a sin	gle-employer plan)	·	Employer Identification Number
	ANESTHESIA CONSULT	ANTS OF OXFORD, PLLC		, ,		EIN) 64-0909661
					2c s	Sponsor's telephone number
	23 CR 3024					(662) 236-1202
						Business code (see instructions)
	OXFORD	MS 38655 Ind address X Same as Plan Spons	as Nama III Cana	Dia Carana Addina		
vu	i lan administrator s riginic a	nd address A Same as Flan Spons	sor Name Same a	is Plan Sponsor Address	J 3D A	Administrator's EIN
					2	
					JC A	Administrator's telephone number
	•					
4	If the name and/or EIN of th	e plan sponsor has changed since the	e last return/report file	d for this plan, enter the	4b ∈	EIN
		mber from the last return/report.				
	Sponsor's name				4c P	Ν̈́
5a		at the beginning of the plan year			5a	13
b	Number of participants	at the end of the plan yearaccount balances as of the end of the		·····	5b	12
	complete this item)	account balances as of the end of the	e pian year (defined b	enent plans do not	5c	12
6a		s during the plan year invested in eligil				X Yes No
b		f the annual examination and report of		lified public accountant (IC	PA)	
		? (See instructions on waiver eligibility		********************************		XYes No
		ther line 6a or line 6b, the plan can				
С	If the plan is a defined bene	fit plan, is it covered under the PBGC	insurance program (see ERISA section 4021)?		Yes No Not determined
Ca	aution: A penalty for the late	or incomplete filing of this return/r	report will be asses:	sed unless reasonable ca	ause is e	established.
Ur	nder penalties of perjury and o	ther penalties set forth in the instruction	ons, I declare that I h	ave examined this return/r	eport, inc	cluding, if applicable, a Schedule
be	s or Schedule MB completed a lief, it is true, correct, and con	and signed by an enrolled actuary, as	well as the electronic	version of this return/repo	ort, and to	o the best of my knowledge and
1986	IGN Signature of plan adn		- alvo 10	DAVID P. HUGGIN		
	ERE Signature of plan adn	Inistrator	Date 1 19 1			g as plan administrator
(ASSESSED)	IGN HALL			DAVID P. HUGGIN	<u>-</u>	
13939	ERE Signature of employe		Date (\	Enter name of individu	· · · · · · · · · · · · · · · · · · ·	g as employer or plan sponsor
H.	eparer's name (uxcluding firm	name, if applicable) and address; incl	lude room of suite nu	mber (optional)	Prepar	rer's telephone number (optional)

Pa	rt III Financial Information	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning of Year	r	(b) En			Year	
а	Total plan assets	7a	3,538,39	96				3,323,007	
b	Total plan liabilities	7b	<u> </u>	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	3,538,39	96		3,323,007			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	112,1	70					
	(2) Participants	8a(2)	85,3:						
***************************************	(3) Others (including rollovers)	8a(3)	<u> </u>						
b	Other income (loss)	8b	640,1	75					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						837,657	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,052,9	56				837,037	
е	Certain deemed and/or corrective distributions (see instructions)	8e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Shellon Santa (Santa	
f	Administrative service providers (salaries, fees, commissions)	8f		90					
g	Other expenses	8g		· · · · · · · · · · · · · · · · · · ·					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-		1,053,046	
i	Net income (loss) (subtract line 8h from line 8c)	8i						(215,389)	
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics				SEGNORA	900 1900 1900			
	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Dian Charac	toricti	o Cod	oe in f	ho inetrustic	NO:	
	2A 2E 2F 2G 2J 2T 3D	Jatare coo	os nom the fist of Fian Onarac	(0) (3()	C Cou	es III (ne mstructic	nis.	
h			- from the List of Disc. Ohm.						
5	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Characte	eristic	Code	s in the	e instruction	IS:	
Pa	nt V Compliance Questions					·			
10	During the plan year:				F				
	During the plant year.				Yes	Nα	Ι Δ	mount	
a	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in	10a	Yes	No x	Α	mount	
b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	iary Corre ? (Do not i	ction Program)nclude transactions reported	10a	Yes	х	Α	mount	
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest on line 10a.)	ciary Corre ? (Do not i	ction Program)nclude transactions reported	10b			^		
b	Was there a failure to transmit to the plan any participant contribut 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.) Was the plan covered by a fidelity bond?	ciary Corre	ction Program)nclude transactions reported		Yes	х	A	300,000	
b c d	Was there a failure to transmit to the plan any participant contribut 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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Corre ? (Do not i	ction Program)	10b		х	A		
b	Was there a failure to transmit to the plan any participant contribut 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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the plan to the provides some or all of the plan to the plan t	ciary Corre (Do not i	nclude transactions reported and, that was caused by fraud by by an insurance carrier, efits under the plan? (See	10b 10c 10d	x	x	A	300,000	
b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions are 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ciary Corre (Do not i	nction Program)	10b 10c 10d		x	A		
b c d	Was there a failure to transmit to the plan any participant contribut 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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	ciary Corre	nclude transactions reported and, that was caused by fraud by by an insurance carrier, efits under the plan? (See	10b 10c 10d	x	x	A	300,000	
b c d	Was there a failure to transmit to the plan any participant contribut 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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	ciary Corre	nclude transactions reported and, that was caused by fraud by by an insurance carrier, efits under the plan? (See	10b 10c 10d	x	x	A	300,000	
b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (fidelity borner persons of the benchmarks of year e	and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g	x	x x	A	300,000	
c d e	Was there a failure to transmit to the plan any participant contribut 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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity borner persons of the bences of year e	and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g	x	x x	A	300,000	
b c d d e f g h	Was there a failure to transmit to the plan any participant contribut 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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (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 2520.101	fidelity borner persons of the bences of year e	and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g	x	x x	A	300,000	
c d e f g h	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (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 2520.101	fidelity borner persons of the benchmar	ction Program)	10b 10c 10d 10e 10f 10g 10h	x x x	x x x		300,000	
c d e f g h i	Was there a failure to transmit to the plan any participant contribut 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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (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 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	fidelity borner persons of the bence sof year e See instru	ction Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the	10b 10c 10d 10e 10f 10g 10h	x x x	x x x	B (Form	300,000	
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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 resunegative amount)	the left of a	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding				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?	***************************************	***************	☐ Ye	s X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer			13a					
b	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	rred to another plan, or	brought under the c	ontrol	ſ	Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.))					
1	3c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)			·					
14a Name of trust						14b Trust's EIN			