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

Part I		Identification Information					
For calend	dar plan year 2013 or f	iscal plan year beginning 01/01/201	3	and ending 1	2/31/	2013	
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This re	eturn/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:	X Form 5558	automatic extension			DFVC progra	am
	3	special extension (enter descripti	•				
Part II	Basic Plan Info	ormation—enter all requested inform	•				
1a Name		onter an requestion internal	iduo.ii		1b	Three-digit	
	·	TES PROFIT SHARING PLAN & TRUS	ST			plan number	
					_	(PN) ▶	001
					1c	Effective date o	•
22 Plan	enoneor's name and a	ddress; include room or suite number (ampleyer if for a single	omployor plan)	2h	02/01	
BROAD AN	NESTHESIA ASSOCIA	20	Employer Identi (EIN) 65-03	07987			
						Sponsor's telep	
501 GLADE	S ROAD		800-248				
	ON, FL 33432-1419				2d	Business code ((see instructions)
						62111	11
3a Plan	administrator's name a	nnd address	Name Same as Plar	n Sponsor Address	3b	Administrator's	
ROAD ANE	STHESIA ASSOCIAT				30		tolophone number
		BOCA RATOR	N, FL 33432-1419		36	800-248	telephone number 3-1639
		ne plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
	e, EIN, and the plan nu sor's name	umber from the last return/report.			40	PN	
		s at the beginning of the plan year			+	FIN	47
_					5a		47
		s at the end of the plan year			5b		48
		account balances as of the end of the		-	5с		48
6a Were	e all of the plan's asse	ts during the plan year invested in eligil	ole assets? (See instruc	tions.)			X Yes No
		of the annual examination and report of					V v U N-
		6? (See instructions on waiver eligibility either line 6a or line 6b, the plan can					X Yes ∐ No
							1 Nat data
C ir the	pian is a defined bene	efit plan, is it covered under the PBGC i	nsurance program (see	ERISA Section 4021)?		Yes INO	Not determined
Caution:	A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.	
		ther penalties set forth in the instruction					
	ledule MB completed a true, correct, and com	and signed by an enrolled actuary, as wanter.	ell as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and
,		<u> </u>		1			
SIGN HERE	Filed with authorized	d/valid electronic signature.	10/14/2014	PETER ZUCKOFF			
TILIKE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adn	ninistrator
SIGN							
HERE		oyer/plan sponsor	Date	Enter name of individ	ual siç	gning as employe	er or plan sponsor
Preparer's	s name (including firm	name, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)

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Por	rt III Financial Information									
_ Pa			()5 : : ()		T		<i>(</i>) =			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) En		ear 437617	,
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b	020012		1		111	+57017		
	Net plan assets (subtract line 7b from line 7a)		925312	1	-			114	137617	,
8		7c					(h)		107017	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)	83569	6						
	(2) Participants	8a(2)	39191	3						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	101344	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						22	41050	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4583	5						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1071	9						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							56554	1
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						2	184496	3
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3H 2A 2J 2R 3D 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
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					9336
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					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all					X				
	instructions.)			10e		X				
	, , , , , , , , , , , , , , , , , , ,			10f						
g				10g		X				
h	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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	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 amortize	ed in this plan year, see instru		and e	enter th	ne date o	f the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year					12b				

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

This Form is Open to Public Inspection

Part I	Annual Report Identification Information	ance with the instri	ictions to the Form 55	100-SF.	
		/01/2013	and ending	12/31/201	3
A This re	eturn/report is for.	a multiple-employer	plan (not multiemployer)) a one-partic	ipant plan
B This re	etum/report is:	the final return/repor	; }	- Bound	4
	Second Se	a short plan year retu	m/report (less than 12 n	months)	
C Check	hard hard	automatic extension	.,	☐ DFVC progr	ram
	special extension (enter description			☐ p. 10 b.så.	
Part II	Basic Plan Information—enter all requested informa	·			
1a Name		E(Q) I		1b Three-digit	
	ANESTHESIA ASSOCIATES PROFIT SHARING	PLAN & TRUST	•	plan number	
				(PN) ▶	001
			÷.	1c Effective date 02/01/199	
	sponsor's name and address; include room or suite number (em ANESTHESIA ASSOCIATES	ployer, if for a single	-employer plan)	2b Employer iden (EIN) 65-03	
¥ 4				2c Sponsor's tele	
501 GL	ADES ROAD			800-248-1	
BOCA R	7.000			2d Business code	(see instructions)
	ATON FL 33432-1419 administrator's name and address Same as Plan Sponsor Na	ma Ecama as Dia	- C Addus	621111	f** [b]
	ANESTHESIA ASSOCIATES	inie Loame as Pia	n Sponsor Address	3b Administrator's 65-030798	The second secon
1000000	E 66 8 40 30 0 0 6 6 6 6 7 0 0 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5		•	3c Administrator's	telephone number
501 GL	ADES ROAD			800-248-1	639
				eo-reconstant	
BOCA R	ATON FL 33432-1419				
4 If the	name and/or EIN of the plan sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b EIN	
	, EIN, and the plan number from the last return/report.			4c PN	
	number of participants at the beginning of the plan year		2474777704461274261666111111111111111111111111111		2.7
	number of participants at the end of the plan year			Ju	47 48
	er of participants with account balances as of the end of the pla			30	40
comp	lete this item)				48
	all of the plan's assets during the plan year invested in eligible				🗓 Yes 🗌 No
D Are you	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an	independent qualifie	d public accountant (IQ	PA)	☑ Yes ☐ No
	answered "No" to either line 6a or line 6b, the plan cannot				
C If the	plan is a defined benefit plan, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)?	∏ Yes ∏No ∏	Not determined
Caution: /	penalty for the late or incomplete filing of this return/repo				
	alties of perjury and other penalties set forth in the instructions,				able a Schodule
SB or Sch€	edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ven	sion of this return/report	i, and to the best of my	knowledge and
SIGN	MINNI	10/14/2014	PETER ZUCKOFF		50 A
HERE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan adn	ninistrator
SIGN					12,12,4
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employe	r or plan sponsor
Preparer's	name (including firm name, if applicable) and address; include r		(optional)	Preparer's telephone	
			Ì	***************************************	

Pa	irt III Financial Information				···			·	
7	Plan Assets and Liabilities	2.11	(a) Beginning of Ye	ar			(b) End	of Yea	
а	Total plan assets	7a	92	2531	21	***************************************		-	1437617
b	Total plan fiabilities	7b		j.					1 42
С	Net plan assets (subtract line 7b from line 7a)	7c	. 92	531	21				1437617
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	otal	
: а	Contributions received or receivable from: (1) Employers	8a(1)	.8	356	96				
	(2) Participants	8a(2)	3	919	13				er i Krimsteren. E Stematekis
	(3) Others (including rollovers)	8a(3)			11				
b	Other income (loss)	8b	10	134	41 :				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2241050
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		458	35				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		107	1.9			3. i. i.	
<u>g</u>	Other expenses	8g				d.j.		<u>, 18.</u>	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						·····	56554
i	Net income (loss) (subtract line 8h from line 8c)	Bi		5.1.	W.				2184496
j	Transfers to (from) the plan (see instructions)	8j				4.677			
Par	If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions								
10	During the plan year:				Yes	No	I	Amoun	t
а	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	$\mathbf{X}_{:}$				9336
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				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	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 by of the benefits	an insurance carrier, under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	?,,,,,,,,	>><0,<0,<0,<0,<0,>>>-,<0,>>>,<0,>>>>>>>>>>	10f		Х]		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.	-14-14-14-14-14-14-14-14-14-14-14-14-14-	10g		Х			
h	If this is an individual account plan, was there a blackout period? ((2520.101-3.)			10h		X			
į	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i		***************************************			
							······································	***************************************	
Part	VI Pension Funding Compliance								1995.
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							Y	es No
11	Is this a defined benefit plan subject to minimum funding requireme		· · · · · · · · · · · · · · · · · · ·					∏ Ye	es No
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	m Schedule	SB (Form 5500) line 39			11a			es No
11 11a	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below). Enter the unpaid minimum required contribution for current year fro	m Schedule equirements	SB (Form 5500) line 39 of section 412 of the Code			11a			
11 11a 12	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to the minimum funding the subject to	om Schedule requirements as applicable g amortized in	SB (Form 5500) line 39 of section 412 of the Code .) n this plan year, see instruc	or se	ction 3	11a 102 of	ERISA?	T Ye	es 🛛 No
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s 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	em Schedule requirements as applicable g amortized in MB (Form 5	SB (Form 5500) line 39 of section 412 of the Code) of this plan year, see instruction Mont 500), and skip to line 13.	or se	ction 3	11a 102 of nter th	ERISA?	Ye letter	es 🛛 No

Schedule H/I, Line 4a Schedule of Delinquent Participant Contributions

Name of Plan:			
Broad Anesthesia Associates Profit	Sharing Plan & Trust		
Employer Identification No.: ▶	65-0307987		
Plan year (beginning/ending):▶	1/1/2013-12/31/2013	Plan number:▶	1

Participant Contributions Transferred Late to Plan	Transactions	Total Fully			
Check here if	Contributions	Contributions	Contributions	Corrected Under	
Late Participant Loan	Not	Corrected	Pending	VFCP and PTE	
Repayments are included:	Corrected	Outside VFCP	Correction in	2002-51	
	Corrected	Outside VFCP	VFCP	2002-31	
00.226	0	¢0.226	0	¢0.226	
\$9,336	0	\$9,336	0	\$9,336	
	<u>l</u>				