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

For calo	ndar plan year 2013 or fis	cal plan year beginning 01/01/	/2014	and onding O	E/21/2014				
rui cale	nuai pian year 2013 or iis				5/31/2014				
A This	return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	ao	one-participant plan			
<b>B</b> This	return/report is:	the first return/report	x the final return/report						
		an amended return/report	X a short plan year return	n/report (less than 12 mo	onths)				
C Chec	ck box if filing under:	Form 5558	automatic extension		DF	VC program			
		special extension (enter descr	ription)						
Part I	Basic Plan Info	rmation—enter all requested inf	ormation						
<b>1a</b> Nar	ne of plan	·			1b Three	e-digit			
ANESTH	SIOLOGY CONSULTAN	ITS OF WALLA WALLA DEFINED	BENEFIT PENSION PLAN	1		number			
					(PN)	l e e e e e e e e e e e e e e e e e e e			
					1c Effective date of plan 01/01/2003				
		dress; include room or suite numbe NTS OF WALLA WALLA, P.C.	er (employer, if for a single-	employer plan)	2b Emplo	oyer Identification Number 91-1844984			
625 CATI	HERINE ST				2c Spons	sor's telephone number 509-529-1284			
	/ALLA, WA 99362-3131		2d Busin	ess code (see instructions) 621111					
<b>3a</b> Plai	n administrator's name ar	nd address XSame as Plan Spons	sor Name Same as Plar	Sponsor Address	<b>3b</b> Admir	nistrator's EIN			
					3c Admir	nistrator's telephone number			
<b>∆</b> If th	e name and/or FIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	<b>4b</b> EIN				
		mber from the last return/report.	the last return/report filed it	or this plan, enter the	4D EIN				
	nsor's name	·			4c PN				
<b>5a</b> Tot	al number of participants	at the beginning of the plan year			5a	5			
<b>b</b> Tot	al number of participants	at the end of the plan year			5b	0			
C Nui	mber of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	_				
	' '				5c				
		s during the plan year invested in e	-			X Yes No			
		the annual examination and repor? (See instructions on waiver eligib			PA)	X Yes □ No			
		ther line 6a or line 6b, the plan c	•		Form 5500.	·····			
-		it plan, is it covered under the PBG							
						<del>_</del>			
		or incomplete filing of this return	•						
SB or S		ner penalties set forth in the instructed signed by an enrolled actuary, a plete.							
SIGN HERE	Filed with authorized/	valid electronic signature.	11/26/2014	TIMOTHY G. CAUDILL	_, M.D.				
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal signing a	s plan administrator			
SIGN				<u> </u>					
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ıal signing a	as employer or plan sponsor			
Prepare		ame, if applicable) and address; in	clude room or suite numbe			telephone number (optional)			
				ŀ					

Form 5500-SF 2013 Page **2** 

Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of	Voor		_
	Total plan assets	7a	(a) Beginning of Tea				(b) Liiu oi	0		_
	Total plan liabilities	7b		0				0		
	Net plan assets (subtract line 7b from line 7a)	7c	507748	5				0		_
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) Tota			
	Contributions received or receivable from:		(a) Amount				(6) 1018			
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	116	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1161		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	507857	4						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	7	2						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5078646		
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-	5077485		
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruction	18:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Coc	les in t	he instructions	3:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Ar	nount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
	Was the plan covered by a fidelity bond?			10c	Χ				15000	20
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X			10000	<i>,</i>
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			Tou						
C	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					,	X Yes	Пи	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				0
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			01 36	OLIOI1	002 UI	LINIOA!	. 00	<u>'' ت</u>	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		letter ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		,ui		
	Enter the minimum required contribution for this plan year	•			T	12b				_
			***************************************							

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?	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) twhich assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> Tr	ust's EIN	•	

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

Foi	calendar ı	plan year 201	13 or fiscal plai	n year beginning	01/01/2014			and en	ding 05/31	/2014		
•	Round of	f amounts to	nearest dolla	ar.								
•	Caution:	A penalty of S	\$1,000 will be a	assessed for late fil	ling of this report	unless reas	onable ca	use is establis	hed.			
	Name of pl							B Three-c	ligit		000	
AN	ESTHESIC	DLOGY CON	SULTANTS O	F WALLA WALLA	DEFINED BENE	FIT PENSIC	N PLAN	plan nu	mber (PN)	•	003	
C	Plan spons	or's name as	shown on line	e 2a of Form 5500	or 5500-SF			<b>D</b> Employe	r Identification	n Number	(EIN)	
				F WALLA WALLA,					91-18449		,	
									31-10-4-0	.04		
E	Гуре of plar	n: X Single	Multiple-A	A Multiple-B	F	Prior year pl	an size:	100 or fewer	101-500	More	than 500	
Pa	art I B	Basic Infor	mation		<u> </u>		<u> </u>					
1		e valuation da		Month _01	Day <u>01</u>	Year _	2014	_				
2	Assets:				·							
	<b>a</b> Market	t value							2a			5077471
	<b>b</b> Actuar	rial value							2b			5077471
3	Funding	target/partici	pant count bre	akdown:			(1) N	lumber of partic	cipants	(2)	Funding Targ	et
				iciaries receiving p	ayment	3a	, ,		0	• • •		C
	<b>b</b> For te	rminated ves	ted participants	s		3b			0			C
	<b>C</b> For ac	tive participa	nts:									
	(1)	Non-vested	benefits			3c(1)	-					C
	(2)	Vested ber	efits			3c(2)	-					4576470
	(3)	Total active	)			3c(3)			5			4576470
	<b>d</b> Total					<b>3d</b>			5			4576470
4	If the pla	ın is in at-risk	status, check	the box and compl	lete lines (a) and	(b)						
	<b>a</b> Fundir	ng target disr	egarding presc	cribed at-risk assun	nptions			_	4a			
				ssumptions, but dis					4b			
	at-r	isk status for	fewer than five	e consecutive year	s and disregardir	ng loading fa	ctor					
5	Effective	interest rate										5.88 %
6									6			0
		Enrolled Ac	•	olied in this schedule and	l accompanying sched	ulas statamants	and attachm	nents if any is com	olete and accura	e Fach prescr	ihad assumption w	as annlied in
	accordance w	ith applicable law	and regulations. In	n my opinion, each other a experience under the pla	assumption is reasona							
			mate of anticipated	охрононое анастине ри								
	SIGN									40/00/	2044	
П	IERE		Cia	mature of actual				_		10/22/2	2014	
NAAE	RTIN F. PA	MOS	Sig	gnature of actuary						Date	000	
IVIAI	XIIN F. FA	MINOS	Typo or	print name of actu	lory.				Most ro	14-05	ent number	
тыс	: DANOS (			print name or actu	iary				WOSt Tec			
Inc	: PANOS C	GROUP, INC	•	Firm name				<del></del>	Talanhana n		51-2112	40)
200	1 BROAD	WAY, 2ND F	LOOR	Firm name					releprione n	amber (inci	uding area cod	ie)
OA	KLAND, CA	A 94612										
								<u> </u>				
			A	ddress of the firm								
		as not fully re	eflected any reg	gulation or ruling p	romulgated unde	r the statute	in comple	eting this sched	dule, check tl	ne box and	see	
ınstr	uctions											

Page	2	-
------	---	---

Schedule SB (Form 5500) 2013

Pá	art II	Begin	ning of Year	Carryov	er and F	Prefunding Ba	alances							
							_		(a) Carryover baland	e	(b)	Prefund	ng balar	nce
7		Ū	nning of prior year		,	•	•			0				0
8			or use to offset pr	-	-					0				0
9	. ,		ng (line 7 minus lir							0				0
10			using prior year's											
11			ess contributions to											
	-		of excess contribu		•	-				_				117843
			) using prior year's provided (see ins								7542			
C Total available at beginning of current plan year to add to prefunding balance												125385		
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	alance									0
12	Other re	eductions	s in balances due	to election	s or deem	ed elections				0				0
13	3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0	
Р	Part III Funding Percentages													
14	Funding	g target a	ttainment percent	age								14	110	0.94 %
<ul><li>14 Funding target attainment percentage</li></ul>											15	11	0.94 %	
16	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement													
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	art IV	Con	tributions and	d Liquid	ity Shor	tfalls								
18	Contrib		ade to the plan for		-		oloyees:							
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer(			nount paid by mployees	<b>(a)</b> D (MM-DD-		(b) Amount employe		(	<b>c)</b> Amou empl	ınt paid l oyees	ру
								-						
							Totals ►	18	(b)	0	18(c)			0
19	Discour	nted emp	loyer contributions	s – see ins	tructions fo	or small plan with	a valuation o	date af	ter the beginning of t	he year:				
	<b>a</b> Cont	ributions	allocated toward u	unpaid mir	nimum requ	uired contributions	from prior y	ears		19a				0
	<b>b</b> Cont	ributions	made to avoid res	trictions a	djusted to	valuation date				-				0
	<b>C</b> Conti	ributions a	allocated toward mi	nimum req	uired contri	bution for current y	ear adjusted	to valu	ation date	19с				0
20		-	outions and liquidit	-										
		•	-									<u> </u>	Yes	No
	<b>b</b> If line	e 20a is "	Yes," were require	ed quarterly	y installme	nts for the current	year made	in a tin	nely manner?				Yes	X No
	C If line	20a is "	Yes," see instructi	ons and co										
		Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th												
		(1) 15	) (		(2)	2nd			(3) 3rd			(4) 4tl	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	nt rate:								
	<b>a</b> Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment 6.99 %		N/A, fu	ıll yield	curve	e used
	<b>b</b> Appl	icable month (	enter code)			21b				0
22	Weight	ed average ret	tirement age			. 22				56
23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired		
	attachr	nent							Yes	× No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0
29				unpaid minimum required contrib		29				0
30	Remair	ning amount of	f unpaid minimum required cor		30				0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Target	normal cost a	nd excess assets (see instruct	ions):						
	<b>a</b> Targe	et normal cost	(line 6)			. 31a				0
	<b>b</b> Exce	ess assets, if ap	pplicable, but not greater than	line 31a		31b				0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent	
	<b>a</b> Net s	shortfall amortiz	zation installment			0				0
	<b>b</b> Waiv	er amortization	n installment			0				0
33				ter the date of the ruling letter gran		33				0
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34				0
				Carryover balance	Prefunding bala	ince	To	otal bala	ance	
35			use to offset funding							0
36	•				1	36				0
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0
38	•	,	ess contributions for current ye			1				
- 30				ar (see instructions)		38a				0
				prefunding and funding standard o		38b				0
39				ear (excess, if any, of line 36 over		39				0
40				)	•	40				0
Pa	rt IX			Pension Relief Act of 2010		)				
			de to use PRA 2010 funding re		,	•				
				sher for this plan.			2 plus 7 yea	ers F	715 \	years
				41a was made				2010		2011
12			,			42	<u>- □ 2009                                 </u>			
			-	d over to future plan years		-				
73	LACCOO	motamment ac	celeration amount to be came	a over to ruture plan years		, TO				

# Anesthesiology Consultants of Walla Walla

### **Defined Benefit Pension Plan**

Schedule of Active Participant Data Plan Year: 1/1/2014 to 5/31/2014 Valuation Date: 1/1/2014

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	3	0	0	0	0	0	0	3
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	0	3	0	0	0	0	0	0	5

<sup>\*</sup>Employees who have not met the minimum eligibility requirements are excluded

Average Age:

47.2

Average Service:

8

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### 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).

8(a) of | This Form is Open to Public

2013

OMB Nos. 1210-0110 1210-0089

Pension Benefit Guaranty Corporation inspection Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2013 or fiscal plan year beginning 01/01/2014 and ending 05/31/2014 a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan the first return/report B This return/report is: the final return/report an amended return/report X a short plan year return/report (less than 12 months) Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Aresthesiology Consultants of Walla Walla Defined Benefit Pension plan number Plan lo 0 3 (PN) ▶ 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Anesthesiology Consultants of Walla Walla, P.C. (EIN) 91-1844984 2c Spansor's telephone number 625 Catherine St 509-529-1284 2d Business code (see instructions) Walla Walla 99362-3131 621111 3a Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a b Total number of participants at the end of the plan year ..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) ... 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes 🗓 Not determined Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN TIMOTHY G. CAUDILL, M.D. HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Pai	t III   Financial Information								
7	Plan Assets and Liabilities		(a) Paginning of Va		Т		(b) Fad at Va		
<del></del>	Total plan assets	7a	(a) Beginning of Yes	7748	<del>.</del> -		(b) End of Ye	<u>ar</u>	
	Total plan liabilities	7b		,,,,	0		· · · · · ·		
	Net plan assets (subtract line 7b from line 7a)	7c	50	7748	35				
	Income, Expenses, and Transfers for this Plan Year	1 ,,,	(a) Amount		+		(b) Total		
	Contributions received or receivable from:		(a) Amount		+-		(b) Iotal	u.	.00
	(1) Employers	8a(1)			0			Γ <u> </u>	1,4 %
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0			<u> </u>	
b	Other income (loss)	. 8b		116	51				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1161
	Benefits paid (including direct rollovers and insurance premiums	0.4	50	7857	74		1000	•	Ĕ.
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	. 8d	30	, 05 .	0			<del>:                                    </del>	1
		8e 8f			+				- 10 mg
	Administrative service providers (salaries, fees, commissions)	<del>                                     </del>		-	72			-	-
	Other expenses	8g	- 1000 to 1000		_				70646
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i							78646 77485
	Net income (loss) (subtract line 8h from line 8c)		Transport Anna Service Control	-	+		<u> </u>	-30	//465
		8j			Щ.,				
	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	facture co	doe from the List of Disa Cha-		- C-		Alan imakuuskis		
Ja	1. The plan provides pension benefits, effer the applicable pension 1.2.	leature co	des from the List of Plan Char	acten	suc Ct	oues 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 Co	des in t	he instructions:		
						,			
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amoi	unt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	<del>-</del>	10b		х		_	
С	Was the plan covered by a fidelity bond?			10c	Х			1!	50000
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					-	1		
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X	]		
	instructions.)			10e					
T	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		Х			
g			<u> </u>	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the	ne required	i notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	***************************************	10i	<u> </u>	<u> </u>	<u> </u>		
Part	<del></del>					<del></del>	<del></del>		
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	0		
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.				and	enter ti Day			ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year					12b	_		

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

OMB No. 1210-/1110

2014

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

Single-Employer Defined Benefit Plan

**Actuarial Information** 

This Form is Open to Public Inspection

	File as an attachme		5500 or 5500-SF.			
For calendar plan year 2013 or fiscal plan	an year beginning 01/01/	2014	and endir	g	05/31/	2014
▶ Round off amounts to nearest dol						
Caution: A penalty of \$1,000 will be	assessed for late filing of this report	unless reas	onable cause is establishe	d.		<u></u>
A Name of plan		רו בווא ד בווי	<b>B</b> Three-digi			0.0.2
BENEFIT PENSION PLAN	CANTS OF WALLA WALLA DE	FINED	plan numb	er (PN)	<b>)</b>	003
BENEFIT TERROTOR TERRO						
C Plan sponsor's name as shown on lir	ne 2a of Form 5500 or 5500-SF		D Employer le	dentificat	ion Number	EIN)
·	CANTS OF WALLA WALLA, P	°C	91-184498			,
E Type of plan: X Single Multiple	-A Multiple-B	⊃rior year pla	an size: 🛛 100 or fewer [	101-5	00 More	than 500
Part I Basic Information					,	
1 Enter the valuation date:	Month 01 Day 01	Year	2014			<del></del>
2 Assets:			,			
<b>a</b> Market value				. 2a		5077471
<b>b</b> Actuarial value				2b		5077471
3 Funding target/participant count br	eakdown:		(1) Number of particip	ants	(2)	Funding Target
	eficiaries receiving payment	3a		0	. ,	C
<b>b</b> For terminated vested participan	ıts	3b		0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C
<b>c</b> For active participants:						
(1) Non-vested benefits		3c(1)				C
(2) Vested benefits		3c(2)				4576470
(3) Total active				5		4576470
d Total		3d		5		4576470
4 If the plan is in at-risk status, check	the box and complete lines (a) and (l	b)				
a Funding target disregarding pres	cribed at-risk assumptions	·····		4a		AMONTO CONTRACTOR SENSORS SE
<b>b</b> Funding target reflecting at-risk at-risk status for fewer than five	assumptions, but disregarding transitions consecutive years and disregarding	on rule for p	lans that have been in	4b		
_				5		5.88%
6 Target normal cost				6		C
Statement by Enrolled Actuary						
To the best of my knowledge, the information sup accordance with applicable law and regulation combination, offer my best estimate of anticipated	plied in this schedule and accompanying schedule in my opinion, each other assumption is reasonable d experience under the plan.	es, statements a e (taking into ad	and attachments, if any, is complete ecount the experience of the plan a	and accur nd reasona	ate. Each prescril ble expectations)	ped assumption was applied in and such other assumptions, in
SIGN HERE					10/22/2	014
	gnature of actuary					014
Martin F. Panos	griature or actuary				<b>Date</b> 140593	:3
	r print name of actuary			Mostra		
The Panos Group, Inc.	print name or actuary				cent enrollmo	
	Firm name		Tele	ephone r	umber (inclu	ding area code)
2001 Broadway, 2nd Floor					•	·
	612					
A	Address of the firm					
If the actuary has not fully reflected any re	gulation or ruling promulgated under t	the statute i	n completing this schedule	, check	the box and s	ee

Pa	art II	Beginning of Year	Carryov	er Prefunding Balan	ces							
						(a)	Carryover balance		(b)	Prefund	ing bala	ince
				icable adjustments (line 13 f				0				0
8		•	•	funding requirement (line 35				0				0
9	Amount r	emaining (line 7 minus	ine 8)					0				0
10	Interest o	on line 9 using prior year	's actual re	turn of%								
11	Prior yea	r's excess contributions	to be adde	d to prefunding balance:								
	<b>a</b> Presen	t value of excess contril	outions (line	e 38a from prior year)								117843
				interest rate of6.40%								7542
	<b>c</b> Total av	vailable at beginning of cu	ırrent plan y	ear to add to prefunding balar	ice						-	125385
	<b>d</b> Portion	of (c) to be added to p	efunding b	alance								0
12	Other rec	luctions in balances due	to election	s or deemed elections				0				0
13	Balance a	at beginning of current y	ear (line 9	+ line 10 + line 11d – line 12	)			0				0
P	art III	Funding Percent	ages	<u> </u>								
										14	110	.94%
		funding target attainme								15		0.94%
	Prior yea	r's funding percentage f	or purposes	s of determining whether car	ryover/pref	unding bala	nces may be used t	o reduc	е	16	94	1.56%
17				is less than 70 percent of the						17		%
Pa	art IV	Contributions ar	nd liquidi	tv shortfalls			distribute of					
200800000000000000000000000000000000000				vear by employer(s) and emp	olovees:							
	(a) Date	(b) Amount		(c) Amount paid by		Date	(b) Amount pai	id by	T (	c) Amou	ınt paid	by
(N	1M-DD-YY	YY) employe	r(s)	employees	(MM-DI	D-YYYY)	employer(s	)		empl	oyees	
		, in the second										
	,											
					Totals ▶	18(b)		(	18(c)			0
19	Discounte	ed employer contribution	ıs – see ins	tructions for small plan with	a valuation	date after t	he beginning of the	year:				
	a Contrib	outions allocated toward	unpaid min	imum required contributions	from prior	years		19a				0
	<b>b</b> Contrib	outions made to avoid re	strictions a	djusted to valuation date				19b				0
	<b>c</b> Contrib	utions allocated toward m	ninimum req	uired contribution for current y	ear adjuste	d to valuatio	n date	19c	-			0
20	Quarterly	contributions and liquid	ity shortfalls	s:								
-	•	•	•	the prior year?						X	Yes	No
				tallments for the current yea						_	3	□ No
				ete the following table as ap		ory mai		[			J . JU	ت ت
	• 11 ZUG 13	5 165, 366 manucions	and compi	Liquidity shortfall as of er		er of this pla	ın year					
		(1) 1st		(2) 2nd	,		3rd			(4) 4th	)	

Pa	art V Assumptions Used to Determine F	unding Target and Targe	et Normal Cost						
21					**************************************				
	a Segment rates: 1st segment: 4.99%	egment rates: 1st segment: 2nd segment: 3rd segmer 6.32% 6.99							
	<b>b</b> Applicable month (enter code)			21b	C				
22		eighted average retirement age							
23	Mortality table(s) (see instructions)	Substitu	te						
Pa	rt VI Miscellaneous Items		•		PARK ALL AND A STATE OF THE STA				
24	Has a change been made in the non-prescribed actual attachment.		-						
25	Has a method change been made for the current plan	year? If "Yes," see instructions	regarding required attac	hment	Yes X No				
26	Is the plan required to provide a Schedule of Active P	articipants? If "Yes," see instruc	tions regarding required	attachment	X Yes No				
27	If the plan is subject to alternative funding rules, enter attachment	• •	• •	27					
Pa	rt VII Reconciliation of Unpaid Minimun	n Required Contribution	s For Prior Years		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
28	Unpaid minimum required contributions for all prior ye	ars		28	. 0				
29	Discounted employer contributions allocated toward u (line 19a)	•		29	0				
30	Remaining amount of unpaid minimum required contri	ibutions (line 28 minus line 29)		30	0				
Pa	rt VIII Minimum Required Contribution F	or Current Year							
31	Target normal cost and excess assets (see instruction	ns):							
	a Target normal cost (line 6)			31a	0				
	<b>b</b> Excess assets, if applicable, but not greater than lin	e 31a		31b	0				
32	Amortization installments:	Outstanding Bala	nce	Installment					
	a Net shortfall amortization installment		0	0					
	<b>b</b> Waiver amortization installment		0	0					
33	If a waiver has been approved for this plan year, enter (Month Day Year		33	0					
34	Total funding requirement before reflecting carryover/	orefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	0				
		Prefunding balan	ce	Total balance					
35	Balances elected for use to offset funding requirement				0				
36	Additional cash requirement (line 34 minus line 35)			36	0				
	Contributions allocated toward minimum required cont (line 19c)	I to valuation date	37	0					
38	Present value of excess contributions for current year								
	a Total (excess, if any, of line 37 over line 36)	0							
	<b>b</b> Portion included in line 38a attributable to use of pre	38a 38b	0						
39	Unpaid minimum required contribution for current year	39	0						
40	Unpaid minimum required contributions for all years	40	0						
Par	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
	If an election was made to use PRA 2010 funding relief for this plan:								
	a Schedule elected								
	<b>b</b> Eligible plan year(s) for which the election in line 41a								
42	Amount of acceleration adjustment	42							
	Excess installment acceleration amount to be carried of		43						

### Anesthesiology Consultants of Walla Walla Defined Benefit Pension Plan

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 5/31/2014 Valuation Date: 1/1/2014

	For Funding Min Max	For 417(e)	For Actuarial Equiv.			
Interest Rates	Seg 1 4.99% 1.25%	Seg 1 0.97%	Pre-Retirement 5.50%			
	Seg 2 6.32% 4.06%	Seg 2 3.50%	Post-Retirement 5.50%			
	Seg 3 6.99% 5.08%	Seg 3 4.60%				
Pre-Retirement						
Turnover	None	None	None			
Mortality	None	None	None			
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation			
Post-Retirement						
Mortality 2014 Applicable Mortality Table from Notice 2013-49		2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49			
Assumed Benefit Form F	or Funding	Normal Form				
Calculated Effective Inte	erest Rate	5.88%				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

#### Anesthesiology Consultants of Walla Walla Defined Benefit Pension Plan

Summary of Plan Provisions Plan Year: 1/1/2014 to 5/31/2014 Valuation Date: 1/1/2014

Plan Effective Date

January 1, 2003

Plan Year

From January 1 to May 31

**Eligibility** 

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:

0 year of service Minimum age 21

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62 Completion of 5 years of participation from entry date

**Normal Retirement Benefit** 

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive years of employment

Normal Form of Benefit

A benefit payable for the life of the participant

**Accrued Benefit** 

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

**Termination Benefit** 

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Immediate 100% vesting

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

### Anesthesiology Consultants of Walla Walla Defined Benefit Pension Plan

Summary of Plan Provisions Plan Year: 1/1/2014 to 5/31/2014 Valuation Date: 1/1/2014

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

**Top-Heavy Normal Form** 

A benefit payable for the life of the participant

**Top-Heavy Status** 

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

**Death Benefit** 

Actuarial Equivalent of the accrued benefit earned to date of death

# Anesthesiology Consultants of Walla Walla

### **Defined Benefit Pension Plan**

Schedule of Active Participant Data Plan Year: 1/1/2014 to 5/31/2014 Valuation Date: 1/1/2014

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	3	0	0	0	0	0	0	3
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	0	3	0	0	0	0	0	0	5

<sup>\*</sup>Employees who have not met the minimum eligibility requirements are excluded

Average Age:

47.2

Average Service:

8