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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

Eor color	Annual Repoi	ficcal plan year baginning 04/04/	2014	and anding 40	21/2014				
For calen	idar pian year 2014 or	fiscal plan year beginning 01/01/2			/31/2014 /5:1	Callandar Barbara Par			
A This r	return/report is for:	X a single-employer plan		er plan (not multiemployer) of the plan (not multiemployer) of	-				
		a one-participant plan	a foreign plan	.,,		,			
B This re	eturn/report is	the first return/report	the final return/rep	ort					
		an amended return/report	an amended return/report						
C Check	k box if filing under:	X Form 5558	automatic extensi	on	☐ DFVC p	rogram			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	formation—enter all requested in	nformation						
1a Nam	e of plan				1b Three-digit				
ANESTHE	SIA CONSULTANTS	OF OXFORD, PLLC PROFIT SHAI	RING PLAN		plan numb (PN) ▶	er 001			
					1c Effective d				
						12/23/1991			
		address; include room or suite num	per (employer, if for a sir	ngle-employer plan)	2b Employer I	dentification Number			
ANESTHES	SIA CONSULTANTS (OF OXFORD, PLLC			(EIN) 64-0909661				
						telephone number			
23 CR 3024 OXFORD, I						ode (see instructions)			
,						621111			
3a Plan	administrator's name	and address XSame as Plan Spor	nsor.		3b Administrati	tor's EIN			
						tor's telephone number			
		the plan sponsor has changed since tumber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN				
	nsor's name				4c PN				
5a Tota	al number of participan	ts at the beginning of the plan year			5a	1:			
b Tota	al number of participan	ts at the end of the plan year			5b	1-			
		h account balances as of the end o	f the plan year (defined b	•	5c	1			
d(1) ⊤d	otal number of active p	participants at the beginning of the p	olan year		5d(1)				
d(2) To	otal number of active	d(2) Total number of active participants at the end of the plan year							
		participants at the end of the plan ye	ear		5d(2)				
		terminated employment during the	plan year with accrued b	benefits that were	5d(2) 5e				
less	than 100% vested	terminated employment during the	plan year with accrued b	benefits that were	5e	d.			
Caution: Under pe SB or Sch	than 100% vested A penalty for the late enalties of perjury and hedule MB completed	e or incomplete filing of this retuother penalties set forth in the instruand signed by an enrolled actuary,	plan year with accrued b rn/report will be assess actions, I declare that I h	benefits that were sed unless reasonable cau ave examined this return/re	5e use is established bort, including, if a	pplicable, a Schedule			
Caution: Under pe SB or Sch	than 100% vested A penalty for the late enalties of perjury and hedule MB completed strue, correct, and correct.	e or incomplete filing of this retuother penalties set forth in the instruand signed by an enrolled actuary,	plan year with accrued b rn/report will be assess actions, I declare that I h	benefits that were sed unless reasonable cau ave examined this return/re	5e use is established bort, including, if a	pplicable, a Schedule			
Caution: Under pe SB or Sch belief, it is	than 100% vested A penalty for the late enalties of perjury and hedule MB completed strue, correct, and correct.	e or incomplete filing of this retuother penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	plan year with accrued b rn/report will be assess actions, I declare that I h	benefits that were sed unless reasonable cau ave examined this return/re	se is established bort, including, if a c, and to the best of	pplicable, a Schedule of my knowledge and			
Caution: Under per SB or Schellef, it is SIGN HERE	than 100% vested A penalty for the late enalties of perjury and hedule MB completed strue, correct, and co-filed with authorize	e or incomplete filing of this retuother penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	rn/report will be assessations, I declare that I has well as the electronic	sed unless reasonable cau ave examined this return/report	se is established bort, including, if a c, and to the best of	pplicable, a Schedule of my knowledge and			
Caution: Under pe SB or Scl belief, it is SIGN HERE SIGN HERE	than 100% vested A penalty for the late enalties of perjury and hedule MB completed strue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this retuother penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	rn/report will be assessations, I declare that I has well as the electronic Date	sed unless reasonable cau ave examined this return/report eversion of this return/report Enter name of individ	se is established bort, including, if a c, and to the best of the	pplicable, a Schedule of my knowledge and on administrator ployer or plan sponsor			
Caution: Under pe SB or Scl belief, it is SIGN HERE SIGN HERE	than 100% vested A penalty for the late enalties of perjury and hedule MB completed strue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this retuother penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	rn/report will be assessations, I declare that I has well as the electronic Date	sed unless reasonable cau ave examined this return/report eversion of this return/report Enter name of individ	se is established bort, including, if a c, and to the best of the	pplicable, a Schedule of my knowledge and n administrator			
Caution: Under pe SB or Scl belief, it is SIGN HERE SIGN HERE	than 100% vested A penalty for the late enalties of perjury and hedule MB completed strue, correct, and confiled with authorize Signature of plan	e or incomplete filing of this retuother penalties set forth in the instruand signed by an enrolled actuary, mplete. d/valid electronic signature.	rn/report will be assessations, I declare that I has well as the electronic Date	sed unless reasonable cau ave examined this return/report eversion of this return/report Enter name of individ	se is established bort, including, if a c, and to the best of the	pplicable, a Schedule of my knowledge and on administrator on ployer or plan sponsor			

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accountations.)	nt (IC	(PA)				□ □	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No	_ N	lot de	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	nd of			
<u>a</u>	Total plan assets	. 7a	33230						323	5145	
	Total plan liabilities	7b	2222	0					202	E4.4E	
	Net plan assets (subtract line 7b from line 7a)	7c	33230	107						5145	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				d)) Tot	al		
	(1) Employers	8a(1)	2307	'81							
	(2) Participants	8a(2)	1132	212							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	2126	554							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							55	6647	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	6405	60							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	39	949							
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							64	4509	
	Net income (loss) (subtract line 8h from line 8c)	8i							-8	7862	
Par	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	des in t	he instru	uction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					30	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······		10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X						1267
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 a	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	X						
Part								1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es X	No.
	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			or se	ection	302 of	ERISA?	[Υ	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ation:	0n -l	anta- "	20 42+= :	√f 41	lo#-	منانيو	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (enter tl Day			letter ear _	rulin	<u> </u>

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

-	relision better Guaranty Corporation	► Complete all entries in a	accordance with the instructions to the Form 550	00-SF.	торостоп			
_		Identification Information	1					
Foi	r calendar plan year 2014 or fi	scal plan year beginning	01/01/2014 and ending	12/31/20	14			
	This return/report is for: This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan (not multiemployer) of participating employer information in accor a foreign plan the final return/report a short plan year return/report (less than 12 n	dance with the fo				
С	Check box if filing under:	x Form 5558 special extension (enter desc	'	DFVC	program			
		ormation enter all requested	d information					
Ίа	Name of plan ANESTHESIA CONSULT.	ANTS OF OXFORD, PLLC P	ROFIT SHARING PLAN	1b Three-dig plan num (PN) ▶ 1c Effective	date of plan			
2a	Plan sponsor's name and an ANESTHESIA CONSULT.	ddress; include room or suite num	ber (employer, if for a single-employer plan)	1	1991 Identification Number 4-0909661			
	23 CR 3024			2c Sponsor's telephone number (662) 236-1202 2d Business code (see instructions)				
	US OXFORD MS 38655	and address 🗓 Same as Plan S		621111				
	If the name and/or EIN of th	e plan sponsor has changed sinc	e the last return/report filed for this plan, enter the	3c Administra	ator's telephone number			
•		mber from the last return/report.		4				
_	Sponsor's name		With the state of	4c PN				
อล b			***************************************	5a	13			
C	Number of participants with	account balances as of the end o	f the plan year (defined benefit plans do not	5b 5c	14			
d(ılan year	5d(1)	8			
	(2) Total number of active par	rticipants at the end of the plan ye	ar	5d(2)	9			
е	Number of participants that less than 100% vested	terminated employment during the	e plan year with accrued benefits that were	5e	1			
Ca	aution: A penalty for the late	or incomplete filing of this retu	ırn/report will be assessed unless reasonable ca	use is establish	ed.			
Ur SE	nder penalties of perjury and o	ther penalties set forth in the instrand signed by an enrolled actuary	ructions, I declare that I have examined this return/re, as well as the electronic version of this return/repo	eport, including, it	f applicable, a Schedule			
S	IGN L		DAVID P. HUGGIN	S, M.D.				
H	IERE Signature of plan adn	ninistrator	Date Enter name of individua	al signing as plan	administrator			
	IGN / LOT		DAVID P. HUGGIN	S, M.D.				
20,000	IERE Signature of employe		Date Enter name of individua					
, Pr	eparers name (including hm)	патне, іт арріісаріе) and address;	include room or suite number (optional)	Preparer's telep	ohone number (optional)			

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	•••••		•••••	******	X Yes No
	Are you claiming a waiver of the annual examination and report of a							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot	and condition	ons.)				••••••	X Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	21)?	[Ye	S □ No	Not determined
7	Int III Financial Information Plan Assets and Liabilities		(a) Beginning of Yea		T		(b) End o	of Vear
a	Total plan assets	. 7a	3,323,0		†		(b) Lila c	3,235,145
b	Total plan liabilities	7b		0				372337223
C	Net plan assets (subtract line 7b from line 7a)	. 7c	3,323,0	07				3,235,145
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
a 	Contributions received or receivable from: (1) Employers	. 8a(1)	230,7	81				
	(2) Participants	8a(2)	113,2	12				
<u>b</u>	(3) Others (including rollovers)	8a(3)	0.00				10.00	
	Other income (loss)	- 	212,6	54				
d	Benefits paid (including direct rollovers and insurance premiums	00						556,647
	to provide benefits)	8d	640,5	60				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	***************************************					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f	3,9	49	8 55	68 65 0	25 (S) (H) (S)	
<u>g</u>	Other expenses	. 8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	· · · · · · · · · · · · · · · · · · ·						644,509
+	Net income (loss) (subtract line 8h from line 8c)	8i						(87,862)
	Transfers to (from) the plan (see instructions)	. 8j		·····	G. FAI			
	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructio	ns:
10	During the plan year:				V	A1-	<u> </u>	A
a	Was there a failure to transmit to the plan any participant contribu		and the second s	400	Yes	No		Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10a 10b		x		
				10c	x	- <u></u> -		300,000
d		fidelity bo	nd, that was caused by fraud	10d		х		300,000
е				1.00	ļ			
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x			1,267
f	Has the plan failed to provide any benefit when due under the plan	· · · · · · · · · · · · · · · · · · · 		10f		х	<u> </u>	
q				10g		х		
h		(See instru	uctions and 29 CFR	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	he required	d notice or one of the	10i	x			
Pa	rt VI Pension Funding Compliance			1		L		
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes 🗷 No
11.	Enter the unpaid minimum required contribution for current year fi							
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				· · · · · ·			
а		ng amortiz	ed in this plan year, see instruc					
			· A-111001111				·	······································

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadl			🗆	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 this year	Г .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)	
			-				
Part	VIII Trust Information (optional)					<u> </u>	
14a Name of trust				14b Trust's EIN			