Department Revenue Bendix       2017         Department Quaranty Comparison       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).       This Form is Open to Public Inspection         Pension Benefit Guaranty Corporation       • Complete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public Inspection         Part I       Annual Report Identification Information       a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         B       This return/report is       a one-participant plan       a foreign plan         B       The first return/report       g a short plan year return/report       DFVC program         Secial extension (enter description)       DFVC program       Secial extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information       1b Three-digit plan number (PN) ▶ 001       01         12       Effective date of plan 01/01/2007       20       Employer Identification Number (EIN) ≥ 0.80         2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no, and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see	_	m 5500-SF	Short Form Annual Return/Report of Small Empl Benefit Plan				оуее	OMB Nos. 1210-0110 1210-0089				
Integration         Revenue Code (the Code).         This Form is Open to Purchast exert durants/Comparing           Part I         Annual Report Identification Information         and ending         1/201/2017           Fract Bit endinating Comparing         and ending         1/201/2017         and ending         1/201/2017           A This return/report is to::::::::::::::::::::::::::::::::::::								2017				
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For calendar plan year 2017 or fiscal plan year beginning       0.101/2017       and ending       1237/2017         A       This return/report is       a single-employer plan       a multiple-employer plan (interrorbyce) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         B       This return/report is       b the first return/report       the final return/report       b a one-participant plan       a short plan year return/report (less than 12 months)         C       Check box if filing under:       Form 5558       automatic extension       DFVC program         geocial extension (entor description)       Part II       Basic Plan Information—enter all requested information         11       Three-digit plan number       001       1C       Effective date of plan         12       Part sponsor's name (employer, if for a single-employer plan)       0101/2007       2D       Effective date of plan         13       A address (include room, eq., suite no. and street, or P.O. Box)       City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2D       Effective date of plan       010/1/2007         20       BANESTHESIA ASSOCIATES PC       3D       Administrator's name and address       Same as Plan Sponsor.       2D       Effective date of plan         3a       Plan administrator's name and address	Pension Be	nefit Guaranty Corporation	Complete all entries in a	uctions to the Form 55	500-SF.	Public Inspection						
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b       Total number of participants at the end of the plan year	C Plan N	C Plan Name										
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total r	5a Total number of participants at the beginning of the plan year				5a						
complete this item)       3C       20         d(1) Total number of active participants at the beginning of the plan year       5d(1)       4         d(2) Total number of active participants at the end of the plan year       5d(2)       2         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing 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	<b>b</b> Total number of participants at the end of the plan year				5b	20						
d(2) Total number of active participants at the end of the plan year       5d(2)       2         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         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						5c	20					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	d(1) Total number of active participants at the beginning of the plan year					5d(1)	4					
than 100% vested						5d(2)	2					
Caution: A penalty for the late or incomplete filing 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	than 100% vested					5e						
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	Caution: A	penalty for the late	or incomplete filing of this return	n/report	will be assessed u	unless reasonable cau						
	SB or Sche	edule MB completed ar	nd signed by an enrolled actuary, a									
SIGN Filed with authorized/valid electronic signature. 10/11/2018 ABDUL BARAKAT				1	10/11/2018	ABDUL BARAKAT						
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator			-		Date		idual signing as plan administrator					
SIGN	SIGN											
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of emplo	yer/plan sponsor		Date	Enter name of individ	individual signing as emplover or plan so					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

			-								
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)				X Yes No				
-	Are you claiming a waiver of the annual examination and report of an independent gualified 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.										
-											
С	If the plan is a defined benefit plan, is it covered under the PBGC in										
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this p	ian yea	r		(See instructions.)				
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year				
а	Total plan assets	7a	1186170				1116960				
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1186170			1116960					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total				
а	a Contributions received or receivable from:										
	(1) Employers	8a(1)	20630								
	(2) Participants	8a(2)	2	46662							
<u> </u>	(3) Others (including rollovers)	8a(3) 8b									
	<ul> <li>Other income (loss)</li> <li>Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> </ul>		10	31004							
		8c					198296				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20	67506							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
a	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					267506				
	Net income (loss) (subtract line 8h from line 8c)	8i					-69210				
Transfers to (from) the plan (see instructions)		8i					00110				
Pa	rt IV Plan Characteristics	IJ									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:				
	2A 2E 2G 2J 2T 3D 3H										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	tic Cod	les in the instructions:				
Par	t V Compliance Questions				1						
10	During the plan year:				Yes	No	Amount				
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		x					
b		ibed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction am)       10a       X         here any nonexempt transactions with any party-in-interest? (Do not include transactions ad on line 10a.)       10b       X									
C	Was the plan covered by a fidelity bond?			10c	x		500000				
c	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused										

the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? ..... Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... Х 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i

by fraud or dishonesty? ..... e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under

Х

Х

10d

10e

Page 3- 1

Part	VIF	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No	
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						[	🗌 Yes 🗙 N		
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling	
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter th	e minimum required contribution for this plan year		12b					
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d					
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A	
Part	VII   F	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No		
	lf "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 control of the PBGC?					Yes 🗙 No			
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	n(s)	to					
1	3c(1) Ւ	Bc(1) Name of plan(s):         13c(2) E						PN(s)	