Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pe	ension Ben	nefit Guaranty Corporation		Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.		pcolion			
	art I			tification Information								
For	calenda	r plan year 2009 or fis	iscal p	lan year beginning 01/01/20)9	and ending	12/31/2	2009				
A	Γhis retu	ırn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan			
					final retur	final return/report						
	i i ii 3 i Ctu	infreport is ior.	H	an amended return/report	=	,	nthe)					
						• • •	111113)	П вемо				
C	Check be	ox if filing under:	범	Form 5558	_	cextension		DFVC progra	am			
			{	special extension (enter descript	on)							
Pa	rt II	Basic Plan Info	orma	tion—enter all requested inform	nation							
1a	Name o	of plan					1b	Three-digit				
WOM	IEN'S H	EALTH ASSOCIATES	S, PS	C 401K PLAN				plan number	001			
							4 -	(PN) •				
							10	Effective date o				
22	Dianan	anaar'a nama and ad	44.000	(ampleyer if for single ampleye	- nlan)		2h					
		EALTH ASSOCIATES		(employer, if for single-employe	r pian)		20	Employer Identi (EIN) 20-139		unbei		
****		2/12/11/1000011/11/20	0, 1 0				2c	Plan sponsor's		number		
	OX 189							606-88				
HYDE	EN, KY 4	41749					2d	Business code	•	ıctions)		
							0.	621111				
		lministrator's name ar EALTH ASSOCIATES		dress (if same as Plan sponsor, or PO BOX 18		e")	30	Administrator's 20-139				
VVOIV	ILINOTIL	LALITIAGGOCIATEC	J, 1 J	HYDEN, KY			30	Administrator's		number		
							30	606-88		Humber		
4 If	the nan	me and/or EIN of the p	plan s	ponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4b	EIN				
r	name, E	IN, and the plan num	nber fr	om the last return/report. Spons	or's name							
								PN				
5a	Total n	umber of participants	s at the	e beginning of the plan year			5a			6		
b	Total no	umber of participants	at the	e end of the plan year			5b			6		
C Total number of participants with account balances as of the end of					•	F			6			
							5c		V	6		
						(See instructions.)			× Ye	s No		
b						ndent qualified public accountant (IQ ions.)			X Ye	s \square No		
						SF and must instead use Form 55			ш	- Ц		
Pa	rt III	Financial Inform										
7	Plan As	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year			
					7a	5182	7	(3) =:::	<u> </u>	107605		
b							0			0		
C	•			rom line 7a)		5182				107605		
8		e, Expenses, and Trar			70			(b) 7	Fotal	101000		
а		utions received or rec				(a) Amount		(D)	Γotal			
u					8a(1)	3382	1					
						1650	0					
	` '	•			` '							
b	` '	, ,	,			1189	0					
C		, ,		2), 8a(3), and 8b)		1100				62211		
d				overs and insurance premiums	60					OZZII		
J					8d	643	3					
е	•	•		distributions (see instructions)								
f				salaries, fees, commissions)								
g Other expenses												
h		·		8f, and 8g)						6433		
i				r from line 8c)						55778		
i				nstructions)						223		
j		to (om) the plant	,555		··· 8j	1						

		6 1	
Part IV	Plan	Characteristics	

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 3D

	1 1110	pian provides welfare benefits, enter the applicable welfare featur	e codes from the f	List of Flatt Charac	ICHS		163 III	uie iiisuuc	dons.			
Part	٧	Compliance Questions										
10	During the plan year:						No		Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)											
С	C Was the plan covered by a fidelity bond?											
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?											
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)		10q		X					
_		is is an individual account plan, was there a blackout period? (See i		<u> </u>	iug							
		0.101-3.)			10h		Х					
		th was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i							
Part \	۷I	Pension Funding Compliance										
		is a defined benefit plan subject to minimum funding requirements?	•					•	Yes	X No		
12	ls t	nis a defined contribution plan subject to the minimum funding requi	irements of section	n 412 of the Code of	or se	ction 3	802 of	ERISA?	Yes	X No		
If y	grai	waiver of the minimum funding standard for a prior year is being am ting the waiverompleted line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	Month	ı	—— 						
		er the minimum required contribution for this plan year				t	12c					
d	Sub	er the amount contributed by the employer to the plan for this plan y tract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	esult (enter a mini	us sign to the left o	fa		12d					
	-	the minimum funding amount reported on line 12d be met by the fu						Yes	П No	N/A		
Part \		Plan Terminations and Transfers of Assets	inding deadine :									
				-0					Yes	X No		
		a resolution to terminate the plan been adopted during the plan year				Γ	 13a		163	, NO		
		es," enter the amount of any plan assets that reverted to the emplore all the plan assets distributed to participants or beneficiaries, trans										
		e all the plan assets distributed to participants of beneficiaries, trans-							Yes	X No		
	C 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.)											
13	13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3)					
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	vill be assessed ι	ınless reasonable	cau	se is	establ	lished.	1			
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have	examined this retur	n/rep	ort, in	cludin	g, if applic				
SIGN	F	led with authorized/valid electronic signature.	0/11/2010	ENRICO ASCANI,	III, N	/ID						
HERE	- T	Signature of plan administrator Date Enter name of in					dividual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

OMB Nos 1210-0110 1210-0089

Form 5500-SF

Deportment of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee

2009

	Department of Labor Employee Behalfs Security Adjustations Internal Revenue Code (the Code). Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection										
Complete all entries in accordance with the instructions to the Form 5500-SF.											
Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009											
(V -i -i											
						one pádicipsat plan					
В	This return/report is for:	first return/report	final retur	•							
	<u>_</u>	an amended return/report	•	nyear return/report (less tha	an 12 months	·					
C Check box if illing under:						DFVC program					
		special extension (enter description									
		nation—enter all requested inform	ation								
	Name of plan WOMEN'S HEALTH ASSO	CIATÉS, PSC			11	Three-digit plan number					
	401K PLAN	The state of the s				(PN) •	001.				
	AOTH EIMBIA				10	Effective date of					
-						01/01/200					
Za	Plan sponsor's name and addre WOMENS HIEALTH ASSOC	ss (employer, if for single-employer TATES, PSC	plan)		21	Employer identi (EIN) 20-139					
					20		telephone number				
	РО ВОН 168 РО ВО	(1897				(606)889-					
	AUXTER HYDE			ዛ(ግዛና KY 41602	1 20	I Business code 621111	(see instructions)				
За	Plan administrator's name and a	address (if same as Plan sponsor, e	nter "Sami	e")	31	Administrator's	EIN				
					30	Administrator's	telephone number				
4	f the name and/or EIN of the plan	n sponsor has changed since the las	al return/re	port filed for this plan, enter	rthe 4t) EIN					
		from the last return/report. Sponso	or's name								
	P. s. 1	(h. h				: PN					
	Total number of participants at the beginning of the plan year				 		6				
	, <u> </u>)	6				
<u> </u>		th account balances as of the end of				;	6				
		uring the plan year invested in eligibl					X Yes No				
b	Are you claiming a walver of the	e annual examination and report of See instructions on waiver eligibility a	an indepe andepadit	ndent qualified public accou	untant (IQPA)		Ñ Yes Ĥ No				
		er 6a or 6b, the plan cannot use Fo									
Pa	rt III Financial Informa										
7	Plan Assets and Lizbilities			(a) Beginning of '	Year	(b) End	of Year				
a	Total plan assels	***************************************	7a	, ,,	51,827	1.07,					
b	Total plan llabilities		7b	A12-12-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			0				
c	Net plan assets (subtract line 7)	b from line 7a)	7c	- Anna Carlothan Land Land Barbara	51,827	27 107					
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		[(d)	otal				
a	Contributions received or received		pares.		33,821	21					
			Ba(1)		16,500	u{					
	• •	***************************************	8a(2)	13384 West Medical strategic for the strategic f	1707.000						
1-	· ·		8a(3)	<u> </u>	11,890						
			8 <u>b</u>		11/030		62,211				
C		3a(2), 6a(3), and 8b)	<u>8c</u>		raiskiseni kerela wien wer		<u> </u>				
d	enefits paid (including direct rollovers and insurance premiums provide benefits)			6,433							
e		in deemed and/or corrective distributions (see instructions) Be									
f	Administrative service providers	a (salaries, fees, commissions)	8f								
g	Other expenses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8g								
ħ	Total expenses (add lines 8d, 8	penses (add lines 8d, 8e, 8f, and 8g)					6,433				
ì	Net incomo (losa) (subtract line	8h from Ilne 8c)	81	a (b)			55,778				
j		e instructions)	8]								
For	Paperwork Reduction Act Notice and	OMB Control Numbers, see the instructio	na for Form	5500-SF.			Form 5509-SF (2009) v.092309.1				

	Form 5500-SF 2009		Page 2-							
	art IV Plan Characteristics									
98	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction									
	the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Pa	rt V Compliance Questions	<u> </u>					いた いやいし	ocaons.		
10	During the plan year:									
	Was there a failure to transmit to the oten any participant and the				Yes	No		Amount		
ı				10a		Х				
•	on line 10a.)	ransactions reported	10b		x		7/7-13			
(vvas tne plan covered by a fidelity bond?			10c			<u>-</u>			
(Old the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that v	vas caused by fraud			_X	-			
€	Were any fees or commissions paid to any brokers, agants, or of insurance service or other organization that provides some or all of instructions.)	her persons by an i	isurance carrier.	10a	VPBLU	X	tia rmen,			
f	Has the plan failed to provide any benefit when due under the pla	m7		10e		_X		TAL WELL		
g	Did the plan have any participant loans? (If "Yes," enter amount a		Thire expression (154) and	101		×		7111.5		
h	if this is an individual account plan, was there a blackout period? ((See instructions a	4 20 OFO	10g		<u> </u>		<u></u>		
j	2520.101-3.) If 10h was enswered "Yes," check the box if you either provided the exceptions to providing the notice constant.	e required dollar A		10h		_х				
Part	exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	I-3		10i						
11	Is this a defined benefit plan subject to minimum funding requirement	opto 2 (Mayer II			_					
								Yes X No		
12	Is this a defined contribution plan subject to the minimum funding (If "Yos," complete 12a or 12b, 12c, 12d, and 12e below, as applied	requirements of sec	tion 412 of the Code	ór sec	lion 30	2 of F	RISA2	Yes X No		
if	If a waiver of the minimum funding standard for a prior year is being granting the waiver. Ou completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year.	g amortized in this MB (Form 5500), :	ivionii and skip to line 13.	J	_	Day _	dale of t	the letter ruling Yoar		
С	Enter the amount contributed by the employer to the plan for this pl	Officialist Company			· -	2b 2c	****	<u> </u>		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the amount in line 12b. Enter the amount in line 12b.	No consult footox a m	dance of a color of the color of	-		20 2d	.			
ę	Will the minimum funding amount reported on line 12d be met by th	e fundino desdine?	· · · · · · · · · · · · · · · · · · ·	***********	· L	$\overline{}$	Yes	□ No □ N/A		
Part	/II Plan Terminations and Transfers of Assets						169	No N/A		
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior y	oar?	*****				Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the em	nlover this year			1 4	30				
W	of the PBGC?	ransferred to anoth	er plan, or brought ur	der (h	e cont	rol	FIALL	Yes X No		
	if during this plan year, any assets or liabilities were transferred fron which assets or liabilities were transferred. (See instructions.)	this plan to anoth	er plan(s), identify the	plan(s) ta					
13	c(1) Name of plan(s):	75 TILLE			13c(2) EIN(s	 })	13c(3) PN(s)		
					-					
	A A A A A A A A A A A A A A A A A A A	·18.888		7 7177		_				
Cautio	n: A penalty for the late or incomplete filling of this return/repor	t will be seeced	urilete reconside							
SB or !	penalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well at the complete, and complete.	I deplace that I have	1					ple, a Schedule nowledge and		
SIGN	The Chrami mo	10/06/10	ENRICO ASCAN	Ϋ́. Τ	']' T	ΜN	~~~ <u>~~</u>			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				istrator			
SIGN	The Chramins	10/06/10	ENRICO ASCAN				<u>ु । वश्साम</u>	10 H 3 L UI		
HERE	Signature of employer/plan sponsor	Date	Enter name of indiv		TT14		iplover o	r plan aponsor		
			T 71Files	—n\	<u></u>		F-14/101	edia opolisot		