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

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	 Complete all entries in accor 	dance witl	n the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	1/01/2	2010			
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plan	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am		
		special extension (enter description	on)			_			
Pa	rt II Basic Plan Inform	nation—enter all requested inform	ation						
	Name of plan	•			1b	Three-digit			
TCMI	FM RETIREMENT PLAN					plan number	001		
					4-	(PN) •			
					10	Effective date of 01/01/2			
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Ident		nber	
	CITIES MATERNAL FETAL MEI		, ,			(EIN) 91-199	5959		
1//3 F	ENGLEWOOD DR				2c	Plan sponsor's	telephone nu	umber	
	LAND, WA 99352				2d	Business code		ions)	
						621399		.10110)	
3a	Plan administrator's name and CITIES MATERNAL FETAL MEI	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's			
TIXIC	THES WATERWALT LIAL WE	RICHLAND,	WA 99352		30	91-1995959 3c Administrator's telephone number			
					30	509-94	6-8696	unibei	
		in sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a			10	
		the end of the plan year			5b				
	• •	th account balances as of the end o			30				
	·			` .	5c			0	
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No	
b				ndent qualified public accountant (IQ ons.)			X Yes	П No	
				SF and must instead use Form 55				□	
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	521151	1			0	
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7	'b from line 7a)	. 7с	521151	1			0	
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b)	Total		
а	Contributions received or recei		0-(4)						
	, , , ,		. 8a(1)						
	` '								
h	, ,)	` ` `	2096	-				
	, ,	90(3) 90(3) and 9h)		2000				2096	
c d		8a(2), 8a(3), and 8b)rollovers and insurance premiums	8c						
u			. 8d	513631	1				
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	6482					
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	3134	4				
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	. 8h					523247	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-5	521151	
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

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a r	t IV Plan Characteristics				
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara				
ırt	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	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		Χ	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
е	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 the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ		0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			
rt	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	802 of I	ERISA? Yes 🖺 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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		L	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 penalty amount)	of a		12d	

Part VII | Plan Terminations and Transfers of Assets

No

X Yes No

Yes

N/A

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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.)

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/30/2010	RICHARD KATES					
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					

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

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Contplete all entites in accord	Jance Will	i die nistructions to the Form 550	U-SF.			
_	art I Annual Report Identification Information	/ 1					
For		01/01/2	201.0 and ending		11/01/2010		
Α	This return/report is for: X single-employer plan	multiple-e	nultiple-employer plan (not multiemployer)				
В	This return/report is for: I first return/report	final retur	n/report				
	an amended return/report	short plan	year return/report (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter description						
В							
<u> </u>	art II Basic Plan Information—enter all requested information	ation		46	T P P P	.	
Та	Name of plan TCMFM Retirement Plan			10	Three-digit plan number		
	ICMIM RECITEMENT FIRM				(PN)	001	
				1c	Effective date of pla	n	
					01/01/2003		
2a	Plan sponsor's name and address (employer if for single-employer Tri Cities Maternal Fetal Medicine	plan)		2b	Employer Identificati	ion Number	
	Tri Cities Maternal Fetal Medicine				(EIN) 91-199595		
	143 Englewood Dr			2C	Plan sponsor's telep 509-946-8696		
	•			2d	Business code (see		
	Richland WA 99352			~~	621399	matidottoria	
3a	Plan administrator's name and address (if same as Plan sponsor, er Tri Cities Maternal Fetal Medicine	nter "Same	")	3b	Administrator's EIN		
	Tri Cities Maternal Fetal Medicine				91-1995959		
	143 Englewood Dr			3c	Administrator's telep		
1	Richland WA 99352 f the name and/or EIN of the plan sponsor has changed since the las	t roturn/ro	nort filed for this also contact the	4 h	509 - 946-8696 EIN	•	
	name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4D	EIN		
				4c	PN		
5a	Total number of participants at the beginning of the plan year			5a		10	
b	Total number of participants at the end of the plan year			5b		0	
С	Total number of participants with account balances as of the end of	ear (defined benefit plans do not	0.5				
	complete this item)			5c		0	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			Yes No	
b	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public accountant (IQ	PA)	-		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					Yes No	
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	00.			
		· · · · · · · · · · · · · · · · · · ·					
.7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Y		
a	Total plan assets		52115			0	
b	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)	7c	52115	1		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
а	Contributions received or receivable from:	95/43					
	(1) Employers	8a(1)		\dashv			
	(2) Participants	8a(2)	· · · · · · · · · · · · · · · · · · ·				
	(3) Others (including rollovers)	8a(3) 8b		_			
	b Other income (loss)		209				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_ _	·····	2096	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	51363	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e	648		•		
f	Administrative service providers (salaries, fees, commissions)	8f	313	_			
g g	Other expenses	8g	313	Ŧ			
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)					523247	
'' '		$\overline{}$		+		·	
;	Net income (loss) (subtract line 8h from line 8c)	- 8i				-521151	

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Part IV	Plan Characteristics
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- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	ν	Compliance Questions			 ,					
10		ng the plan year:				Yes	No		Amount	
а	29 (there a failure to transmit to the plan any participant contributions v CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Prograi	m)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						х			
C	Was	s the plan covered by a fidelity bond?	• • • • • • • • • • • • • • • • • • • •		10c	x				25000
d	•									
е										
f	Has	the plan failed to provide any benefit when due under the plan?			10f		х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	*************	10g	х				0
h		s is an individual account plan, was there a blackout period? (See in 0.101-3.)			10h		Х			
i	If 10	h was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the	10i	••				
Part	VΙ	Pension Funding Compliance						•		
11	ls thi: 5500	s a defined benefit plan subject to minimum funding requirements?	(If "Yes," see instr	uctions and com	plete	Sched	tule SB	(Form	Yes	∏ No
12		is a defined contribution plan subject to the minimum funding requir								X No
а	lfaw	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) valver of the minimum funding standard for a prior year is being amo	ortized in this plan							
lf v		ting the waiveromplete lines 3, 9, and 10 of Schedule MB			th		Day.	 	Year	
		r the minimum required contribution for this plan year		•		Г	12b		•	• • • • • • • • • • • • • • • • • • • •
C		r the amount contributed by the employer to the plan for this plan ye				Г	12c			<u> </u>
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the retitive amount)	esult (enter a minu	s sign to the left	of a		12d			
е		the minimum funding amount reported on line 12d be met by the fur				_		Yes	No	N/A
Part		Plan Terminations and Transfers of Assets							- 	
		a resolution to terminate the plan been adopted during the plan yea	r or any prior year	?					X Yes	∏ No
		es," enter the amount of any plan assets that reverted to the employ					13a		E1	0
b	Were	e all the plan assets distributed to participants or beneficiaries, trans e PBGC?	sferred to another	plan, or brought	under	the co		L	X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from thi h assets or liabilities were transferred. (See instructions.)								
1	3c(1)	Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
										'
	<u> </u>		,							
Caut	ion: A	A penalty for the late or incomplete filing of this return/report w	ill be assessed u	niess reasonab	le cau	se is	establ	ished.	l.	•
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.										
SIGI	ų I	III IN DECEMBER THE	-29-10	Richard Ka	tes					
HER	- '		ate	Enter name of in	ndividu	ıal sig	ning a	s plan adn	ninistrator	
SIGI	V	11 Medad Dantes	1-29-10	Ficha	(20)	la	1	<u>ፋ</u> 5		
HERE Signature of employerinian sponsor					ndividu	ıal sin	y nina a	e omnlove	r or olan cr	ODEOL