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).

2010

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning 12/31/2010 and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number MONROE WOMEN S CARE, PC 401(K) PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2001 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 91-2088033 MONROE WOMENS CARE, PC (EIN) 2c Plan sponsor's telephone number P.O. BOX C-96012 BELLEVUE, WA 98009-9612 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN MONROE WOMENS CARE, PC .O. BOX C-96012 91-2088033 BELLEVUE, WA 98009-9612 3c Administrator's telephone number 360-794-1444 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. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 9 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 9 complete this item)..... **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) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 805746 1007052 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 805746 1007052 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 18086 8a(1) (1) Employers 70110 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 113110 Other income (loss)..... 8b 201306 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 201306 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

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		~ :	
Part IV	Plan	(`harac	teristics
ιαιτιν	ı ıaıı	Ullarat	, (6) 13(163

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

		plan provides wellare benefits, effect the applicable wellare realtire codes from the List of Flan Chara			200 111				
art	٧	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X					250000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					🔲	Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	📗	Yes	X No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ing the waiverMon							
lf y	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т					
b	Ente	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought a PBGC?			ntrol			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to			_		
1	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)	
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	lished.			
Jnde SB or	r pena Sche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ dule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/re _l	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	07/25/2011	SUSAN E. HOPKINS, MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/25/2011	SUSAN E. HOPKINS, MD
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

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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Annual Repor	<u>rt Identification Informatio</u>	n							
For	the calendar plan year 2010	or fiscal plan year beginning		01/01/2010	and ending	12	/31/2010			
A ·	This return/report is for:	😠 single-employer plan	n	nultiple-employer plan	not multiemployer)		one-particip	ant plan		
в .	This return/report is for:	first return/report	☐ fi	inal return/report						
		an amended return/report	Пs	hort plan year return/re	port (less than 12 mon	ths)				
C i	Check box if filing under:	☐ Form 5558		utomatic extension	•	Г	DFVC progr	am		
	oneon box is iming direct.	special extension (enter descri	لسنا			_	j = p			
entx in	Dania Dian Int	<u> </u>								
	Name of plan	formation enter all requested	d inform	ation.		1h 1	hree-digit	1		
	·						lan number			
	Monroe Women's Care	e, PC 401(k) Profit Shar	ing P	lan			PN) ▶	001		
						1	Effective date of 1/01/2001	•		
2a	Plan sponsor's name and a	ddress (employer, if for single-employer	oyer pla	n)		 		tification Number		
	Monroe Womens Care	, PC					EIN) 91-20			
	P.O. Box C-96012						'lan sponsor's (360) 794–	telephone number		
								(see instructions)		
	Bellevue	WA 98009-9612					21111			
эa	Plan administrators name a	and address (if same as plan employ	yer, ente	er "Same")		3D #	\dministrator's	EIN		
						2				
						3C /	aministrators	telephone number		
_		 				ļ				
4	If the name and/or EIN of the name, EIN and the plan nur	e plan sponsor has changed since t nber from the last return/report. Spo	ihe last insor's l	return/report filed for th Name	is plan, enter the	4b EIN				
						4c F	N			
		at the beginning of the plan year.				<u>5a</u>		9		
b		s at the end of the plan year s with account balances as of the en				5b		9		
		war account palarices as of the en				5c		9		
6a		s during the plan year invested in eli-						X Yes No		
b		f the annual examination and report ? (See instructions on waiver eligibil		•	, ,			₩Vee □Ne		
		ither 6a or 6b, the plan cannot us	•	•				X Yes No		
T	Financial Info									
7	Plan Assets and Liabilities	 ,		(a) E	Beginning of Year		(b) End	l of Year		
а	Total plan assets			7a	805,746			1,007,052		
b	Total plan liabilities .			7b	0			0		
¢	Net plan assets (subtract lin			7c	805,746			1,007,052		
8	Income, Expenses, and Tra	nsfers for this Plan Year			(a) Amount		(b)	Total		
a	Contributions received or re		ſ					and the second s		
	(1) Employers		• •	8a(1)	18,086	_				
	(2) Participants		• •	8a(2)	70,110					
b	(3) Others (including rollove Other income (loss)	ers)	• •	8a(3)	113,110					
	Total income(add lines 8a(1		• •	8b	113,110	484.	ing in the industry of the second	201 206		
d		ot rollovers and insurance premiums	s	8c	Section for the second section of the second		was being a more against b	201,306		
	to provide benefits)									
е	Certain deemed and/or corr	ective distributions (see instructions)	8e						
f	Administrative service provi	ders (salaries, fees, commissions) .	[8f						
g	Other expenses			8g	81 14					
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)		8h				0		
i	Net income (loss) (subject li	ine 8h from line 8c)		8i				201,306		
j	Transfers to (from) the plan	(see instructions)		8j						

No. 3271/69Ep. 21-

Form 5500-SF 2010	Page Z-	_				
Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension feature codes from the t	List of Plan Characteristic	Codes	in the inst	ructions.		
on co cr aw an an						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the Li	st of Flan Characteristic C	lodes n	i ine insir	Jellonz;		
Satura Compliance Questions						
		Yes	No	An	nount	
a live there a failure to transmit to the plan any participant contribution within the time per	nod described in		x			
20 CER 2510 3-1022 (See instructions and DOL's Voluntary Fiduciary Correction Progre	am) (mi	 				
b Ware there any nonexempt transactions with any party-in-interest? (Do not include trans	10b		x		_	
cirille cody	10c	x				50,000
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	· · · · · · ·	 - 				
d Did the plan have a loss, whether or not reimbursed by the plant's lidelity build, trial was or dishonesty?	10d		X			
e Were any fees or commissions paid to any brokers, agents, or other persons by an insura	ance carrier		ļ			
insurance services or other organization that provides some or all of the benefits under	the pion? (See) i	x			
instructions,)	· · · · · · -		x			
f Has the plan failed to provide any benefit when due under the plan?	1		<u>x</u>			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			^		ه دیوا دروااتها	
h . If this is an individual account plan, was there a blackout period? (See instructions and 2 2520, 101-3.)	29 CFR 10h		x		en e en	ر وخسر در سے دور سے
i If 10h was answered "Yes," check the box if you either provided the required notice or o	ne of the			15 mm (17 m)		
exceptions to providing the notice applied under 29 CFR 2520.101-3	<u>,</u>					
Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," acc in	atructions and complete S	chedule	98 (For	'n	Yes	XИo
12 Is this a defined contribution plan subject to the minimum funding regularments of section	on 412 of the Code or sect	ion 302	of ERISA		Yes	(X) No
(If "Yes," complete 128 or 126, 12c, 12d, and 12e below, as applicable.)						_
a If a waiver of the minimum funding standard for a prior year is being amortized in this pla	an year, see instructions, i	and eni	er the date	e of the le	etter ruling	
granting the waiver	Month_		Day	Y	ear	
Hyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an		ſ	12b			
b Enter the minimum required contribution for this plan year			12c			
C Enter-the amount contributed by the employer to the plan for this plan year		•	120			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a mining all the amount)	nuc sign to the left of a		12d			
e - Will the minimum funding amount reported on line 12d be met by the funding deadline?		, , ,	🗀	Yes [No [□N/A
Plan Terminations and Transfers of Assets	-			_		
13a. Has a resolution to terminate the plan been adopted during the plan year or any prior ye	ar)		,		Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the amployer this year			13a			
b. Were all the plan assets distributed to participants or beneficiaries, transferred to another	er plan, or brought under t	he cont	rol			
of the PBGC?			• • •		☐Yes	X No
 C if during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred, (See Instructions.) 	r plan(s), identity the plant	(S) (O				
13c(1) Name of plan(s):		13:	c(2) EIN(s	٠١	13c(3)	PNIE
roof i) Neme or prants)			<u> </u>	' -	100(0)	14797
,	·			•	Į	
,						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed	unlesa reasonable caus	s is est	abliched.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have o						
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic versiboliof, it is to be correct, and complete.	sion of this return/raport, a	nd to th	e best of	my knowl	leaga ana	
want telm (1211	Susan E. Hopkin	s. MD				
Signature of plan administrator Date /	Enter name of individu			administ	rator	
Swann sant trizili	Susan E. Hopkin			2-11-11-11 3t		
Signature of employer/plan sponsor Date					120 2525	
Unite	Enter name of individu	ar eigrill	A 42 OUID	iv) er or c	naii spons	