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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete an entries in accor	uance with	n the instructions to the Form 5500	-ог.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011	
Α -	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)		
C	Check box if filing under: Form 5558	extension		DFVC program		
	special extension (enter description	on)			_	
Pa	art II Basic Plan Information—enter all requested inform	ation				
	Name of plan	ation		1b	Three-digit	
	IROE WOMEN S CARE, PC 401(K) PROFIT SHARING PLAN				plan number	
					(PN) ▶ 001	
				1c	Effective date of plan	
					01/01/2001	
	Plan sponsor's name and address; include room or suite number (eNROE WOMEN S CARE, PC	mployer, if	for a single-employer plan)	20	Employer Identification Number (EIN) 91-2088033	er
			-	20	Sponsor's telephone number	
D 0	DOV C 00040			26	360-794-1444	
	BOX C-96012 LEVUE, WA 98009-9612			2d	Business code (see instruction	ns)
					621111	,
	Plan administrator's name and address (if same as plan sponsor, e		e")	3b	Administrator's EIN	
MONI	ROE WOMEN S CARE, PC P.O. BOX C-BELLEVUE.		-9612	2-	91-2088033	
	- /			30	Administrator's telephone num 360-794-1444	ber
4	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		<u> </u>	<u>5a</u>		9
b	Total number of participants at the end of the plan year		5b		8	
С	Number of participants with account balances as of the end of the			5c		8
62	complete this item)		·		X Yes	No
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		· ·			NO
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.	_	
Pa	art III Financial Information	•		1		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	Total plan assets	. 7a	1007052		1002581	
b	Total plan liabilities	. 7b	0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1007052		1002581	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:	2 (1)	4125			
	(1) Employers	, ,	20584	_		
	(2) Participants		20304	-		
L	(3) Others (including rollovers)	. 8a(3)	25272	-		
b	Other income (loss)		-25273		-564	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			-304	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3907			
е	Certain deemed and/or corrective distributions (see instructions)					
f	Administrative service providers (salaries, fees, commissions)					
g	Other expenses					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				3907	
i	Net income (loss) (subtract line 8h from line 8c)				-4471	
j	Transfers to (from) the plan (see instructions)					
			1			

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Form	5500	SF.	2011

Page	2	-	,		
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

ing the plan year: Is 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 10b 10c 10d 10e 10f 10g 10h	X	X X X X X X		Ame	ount	250000
CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10b 10c 10d 10e 10f 10g 10h	X	x x x				25000
ine 10a.) It the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty? It is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) Pension Funding Compliance	10d 10e 10f 10g 10h	X	X X X				25000
the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty? The any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, prance service or other organization that provides some or all of the benefits under the plan? (See ructions.) The plan failed to provide any benefit when due under the plan? The plan have any participant loans? (If "Yes," enter amount as of year end.) The plan have any participant plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3.	10d 10e 10f 10g	X	X				25000
re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, prance service or other organization that provides some or all of the benefits under the plan? (See ructions.) the plan failed to provide any benefit when due under the plan? the plan have any participant loans? (If "Yes," enter amount as of year end.)	10e 10f 10g 10h		X				
the plan failed to provide any benefit when due under the plan? (See ructions.) the plan failed to provide any benefit when due under the plan? the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f 10g 10h		X				
the plan have any participant loans? (If "Yes," enter amount as of year end.) is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10g						
is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance	10h		X				
is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.) The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance	10h						
Pension Funding Compliance	101		X				
	101						
0))						Yes	X No
nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	0.00	0				l	ш
waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru							
completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
er the minimum required contribution for this plan year			12b				
er the amount contributed by the employer to the plan for this plan year			12c				
· · · · · · · · · · · · · · · · · · ·			12d				
the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
Plan Terminations and Transfers of Assets							
a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol			Yes	X N
	he pla	n(s) to			<u> </u>		
Name of plan(s):		130	c(2) EII	N(s)		13c(3)	PN(s)
A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	lo con		ootobl				
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13a. The reference of the amount contributed by the employer to the plan for this plan year. The amount contributed by the employer to the plan for this plan year. The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left attive amount). The minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets The area of a resolution to terminate the plan been adopted in any plan year? The all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? The plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.) Name of plan(s):	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, Month	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enting the waiver. Month Completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the ning the waiver	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of thing the waiver	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letting the waiver. Month	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling the waiver

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/17/2012	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.	07/17/2012	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

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 6057(b) and 6058(a) of

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 12/31/2011 For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a 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. 1b 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 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number Monroe Women's Care, PC (EIN) 91-2088033 2c Plan sponsor's telephone number (360) 794-1444 P.O. Box C-96012 2d Business code (see instructions) 621111 Bellevue WA 98009-9612 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN Same 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN а Sponsor's Name 5a 9 5b 8 Number of participants with account balances as of the end of the plan year (defined benefit plans do not Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified 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 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets . . . 7a 1,007,052 1,002,581 7b Total plan liabilities Net plan assets (subtract line 7b from line 7a) 7с 1,007,052 1,002,581 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 4,125 (1) Employers 8a(1) (2) Participants 8a(2) 20,584 (3) Others (including rollovers). 8a(3) Other income (loss) 8b (25, 273)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (564)Benefits paid (including direct rollovers and insurance premiums 3,907 8d Certain deemed and/or corrective distributions (see instructions) 8e 8f Administrative service providers (salaries, fees, commissions). Other expenses 8g 3,907 Total expenses (add lines 8d, 8e, 8f, and 8g) . . 8h (4,471)8i Net income (loss) (subtract line 8h from line 8c) .

	Form 5500-SF 2011 Pag	e 2-		_				
: -	Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List o							
1	Compliance Questions							
10	During the plan year:			Yes	No		Amount	
	 Was there a failure to transmit to the plan any participant contributions within the time period 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 		10a		х			
	on line 10a.)		10b		х			
(Was the plan covered by a fidelity bond?		10c	x	1	\		250,000
(Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cau or dishonesty?	sed by fraud	10d		х			
•	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance services or other organization that provides some or all of the benefits under the prinstructions.)	olan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?		10f		х	<u> </u>		
Ę	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		х			
ŀ	If this is an individual account plan, was there a blackout period? (See instructions and 29 C 2520.101-3.)		10h		х	-		
j	If 10h was answered "Yes," check the box if you either provided the required notice or one of exceptions to providing the notice applied under 29 CFR 2520.101-3		10i					
4.4	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (5500))	tions and compl	ete Sc	hedul 	le SB(Form	. TYes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver	Mor	ons, a ith	nd en	ter the Day	date of the	e letter rulin Year	g
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	•		Г	12b	T		
	Enter the minimum required contribution for this plan year				120 12c	 		
c					12d			
ε	Will the minimum funding amount reported on line 12d be met by the funding deadline? .	·				Yes	□No	□N/A
٠.	Plan Terminations and Transfers of Assets							
13a							Yes	XNo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			.[13a			
t	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?	an, or brought un	der th	e con	trol		. 🗌 Yes	X No
_	If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)	n(s), identify the	plan(s	s) to	_			
	13c(1) Name of plan(s):			13	Bc(2) E	IN(s)	13c(3)PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unle	ess reasonable	cause	is es	tablis	hed.		
Und SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have example Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of, it is true, correct, and complete.	nined this return/	report	, inclu	ıding, i	f applicable	*	
		VIII] /_/	20	11	214	BANCE	y. <i>V</i>
	Signature or blan administrator Day 1 / Wtz	Inter name of inc	lividus	V. Leion	ing on			· Y ~
	Signature of plan administrator Date Date E	A 1	. C	ıı sıyı	nig as	pian aomii	IISITATOF	

Enter name of individual signing as employer or plan sponsor

Signature o employer/plan sponsor