	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	C	DMB Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	<b>`</b>	2	011	
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058 Code (the Code).		f This Form is Open to Public		
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 5500	)-SF.	Ins	pection	
		entification Information						
	calendar plan year 2011 or fisca				2/31/2			
	This return/report is for:	a single-employer plan	•	e-employer plan (not multiemployer)		a one-particip	ant plan	
Β.	This return/report is:	the first return/report		eturn/report				
				an year return/report (less than 12 mc	onths)	—		
C	Check box if filing under:	Form 5558		extension		DFVC program	m	
		special extension (enter descriptio						
		nation—enter all requested information	ation		41-			
	Name of plan EN S HEALTH ASSOCIATES,	PLLC 401(K) PROFIT SHARING PL/	AN		10	Three-digit plan number (PN) ▶	001	
					i)osce   i)osce     i)osce   This Form     iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	•		
	Plan sponsor's name and addre IENS HEALTH ASSOCIATES, I	ess; include room or suite number (er PLLC	mployer, if	for a single-employer plan)	2b			
333 N	IORTH 1ST STREET, SUITE 24	40			2c			
	E, ID 83702				2d	,	,	
	Plan administrator's name and ENS HEALTH ASSOCIATES, F	address (if same as plan sponsor, er PLLC 333 NORTH 1 BOISE, ID 83	IST STRE	<b>")</b> ET, SUITE 240		82-050	04370	
_						208-338		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name				4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a		49	
b	Total number of participants at	the end of the plan year			5b		53	
С		count balances as of the end of the p			50		53	
62		uring the plan year invested in aligibl						
b				ident qualified public accountant (IQF				
	under 29 CFR 2520.104-46? (	See instructions on waiver eligibility a	and conditi	ons.)	·····		X Yes No	
Pa	If you answered "No" to eith rt III Financial Informa		orm 5500-	SF and must instead use Form 550	00.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Vear	
, a			7a	3747630			3482864	
b	•		7b	0			0	
с	Net plan assets (subtract line 7	b from line 7a)	7c	3747630	aployee   2011     a 6058(a) of   This Form is Open to     n 5500-SF.   12/31/2011     oyer)   a one-participant plan     12 months)   DFVC program     12 months)   DFVC program     12 months)   001     1c   Effective date of plan     05/01/1995   2b     2b   Employer Identification Nu (EIN)     2c   Sponsor's telephone num     208-338-8900   2d     Business code (see instru 621111     3b   Administrator's EIN 82-0504370     3c   Administrator's telephone 208-338-8900     he   4b     4c   PN     5b	3482864		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or recei		<b>•</b> (1)	291050				
			8a(1)	169813	_			
			8a(2)	0	_			
b	() ()		8a(3) 8b	-122414	_			
c	( <i>)</i>	8a(2), 8a(3), and 8b)	8c				338449	
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	602574				
е	· ,	ive distributions (see instructions)	8e	0				
f	Administrative service provider	s (salaries, fees, commissions)	8f	641				
g	Other expenses		8g	0				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				603215	
i		e 8h from line 8c)	8i				-264766	
j	Transfers to (from) the plan (se	ee instructions)	8j	0				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

## Part IV Plan Characteristics

**9a** 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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:	_	Yes	No	А	mount	
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		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
С	Was the plan covered by a fidelity bond?	10c	Х				250000
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		Х			
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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500))	plete	Sched	lule SE	3 (Form	Yes	X No
lf y b c d Part 13a b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 year, see instru- granting the waiver	of a	and e	12b 12c 12d	e date of the		N/A
1	<b>3c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)			N(s)	13c(3	) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ise is	establ	ished.		
	r penalties of periury and other penalties set forth in the instructions. I declare that I have examined this ret					e a Sch	edule

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.	10/15/2012	SUZANNE R RICE MD
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	Short Form Annual R	eturn/Rep	ort of Small Employe	e		OMB Nos. 1210-0 1210-0
Department of the Treasury	E	<b>Benefit Pla</b>	in	-		2011
Indernal Revenue Service	This form is required to be file — Retirement Income Security Act of	d under sectio	ns 104 and 4065 of the Employe L and section 6057(b) and 6058(	n n) of   -	This Carry	is Open to Publi
Department of Labor Apple Benefits Security Administration		al Revenue Co	de (the Code).			Inspection
ension Benefit Guaranty Corporation	► Complete all entries in accord	dance with the	instructions to the Form 5500	-SF.		
rt I Annual Report	t Identification Information				31/2011	
the calenciar plan year 2011 or	_ n	01/01/2			a one-partic	inant alan
This neturnireport is for:	x a single-employer plan		loyer plan (not multiemployer)	L	o une-partic	APPENDE PROVINCE
This return report is:	the first return/report	the final return	report ar return/report (less than 12 mon	the)		
	an amended return/report			П	DFVC prog	rem
Sheck box if filing under:	x Form 5558	automatic exte	1204.41	L		
	special extension (enter description)					
	ormation - enter all requested infor	mation.			ree-digit	1
Name of plan		Charring Dis			an number N)►	001
Women's Health Asso	ciates, PLLC 401(k) Profit 1	SHRILING FIG			fective date	of plan
					5/01/199	
Plan sponsor's name and add	dress; include room or suite number (emp	ployer, if for sing	ie-employer plan)		nployer Iden (IN) 82-0	tification Number
Womens Health Assoc	istes, PLIC					s telephone numbe
					208) 338-	
333 North 1st Stree	t. Suite 240					e (see instructions)
Boise	ID 83702				21111 Iministrator'	
Plan administrator's name an	nd address (If same as plan sponsor, ente	er "Same")		30 M	ausases :	S CIN
Same				30 4	-	s telephone numbe
				30 4	01111 mag moor .	
				4b 5	is f	
If the name and/or EIN of the	e plan sponsor has changed since the last nber from the last return/report.	t return/report fil	ed for this plan, enter the	4c P		
Disamonth Manno				5a		49
Total number of participants :	at the beginning of the plan year			5b		53
Total number of participants	at the end of the plan year	n year (defined l	enefit plans do not	<b>F</b>		
MALIDER OF DELEVERATION AND -				5c		53
complete this item)		issets? (See ins	(nictions.)	• • •		
Iteres of at the plan's accels	during the plan year invested in eligible a	independent out	alified rublic accountant (IOPA)			
Were all of the plan's assets Are you claiming a warver of	the annual examination and report of an ? (See instructions on waiver eligibility and	independent qu d conditions.)				X Yes
Were all of the plan's assets Are you claiming a warver of	the annual examination and report of an ? (See instructions on waiver eligibility and	independent qu d conditions.)			• • • •	X Yes
Were all of the plan's assets Are you claiming a warver of	the annual examination and report of an ? (See instructions on waiver eligibility and ther 6a or 6b, the plan cannot use Form	independent qu d conditions.)	must instead use Form 5500.	· · ·	(b) E	
Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to elf	the annual examination and report of an ? (See instructions on waiver eligibility and ther 6a or 6b, the plan cannot use Form	independent qu d conditions.) n 5500-SF and	anned public accountant (IQPA) must instead use Form 5500. (a) Beginning of Year	· · ·	(b) E	nd of Year
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Form 5500-SF 2011 Page 2-   art M Plan Characteristics   1 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			
art M Plan Characteristics	Form 5500-SF 2011	Page 2-	
	- N/ Plan Characteristics	the predicable pension feature codes from the List of Plan Characteristic Codes in th	he instructions:
2A 2E 2G 2J 2R 3D # the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:			

D.	a et	N	Plan	Chara	cteristics

)	V Compliance Questions				Yes	No		Amount	
	During the plan year:	within the time period desc	ribed in			x			
8	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary I	Correction Program/	* * * *	10a					
b	Were there any nonexempt transactions with any party-in-interest? (Do	DOL FICIOLE ITERSECTIONS		10b		x			
	on line 10a.)		•	1Dc	x				250,0
C	Was the plan covered by a fidelity bond?								
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit	ty bond, that was caused by	* * * *	10d		x			
	or dishonesty?				1	1			
e	Were any tees or commisions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of th	isons by an insurance carrie to benefits under the plan?	si, (See			x			
			• • • • •	10e	<b> </b>				
	instruictions.) Has the plan failed to provide any benefit when due under the plan?			101		X			
f	Die the plan laieu is provide any penticipant loans? (If "Yes," enter amount as of y	warend)		10g		x			
g	Did the plan have any participant loans? (in res. enter attoch or y If this is an individual account plan, was there a blackout period? (See	instructions and 29 CFR			T				
h	If this is an individual account plan, was mere a blackour period (coor 2520/101-3.)	* * * * * * * * * *		10h	Ļ	X			
	the second stands the boy if you aither provided the text	aured notice or one of the							
*	If 10h was answered "Yes, check the box if you entitie protects of a specific providing the notice applied under 29 CFR 2520.101-3		* * * *	101	<u> </u>	1	L		
t	al a stan Euroding Compliance								
	is this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instructions	and complete	e Sch	ecule	SB (Fo	111)	🗆 Y	es XN
		* • • • • • • • • • • • • • • • • • • •							es XIN
	s his a defined contribution plan subject to the minimum funding requ	irements of section 412 of 1	ne Lode or s	BLUCI					
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	s.)					the of the	Inthe culing	-
а	If a waiver of the minimum funding standard for a prior year is being an	nortized in this plan year, s	ee instruction Mon	s, an th	o ente	rone ca Dav	He 01 uic /	Year	\$
							Í	•	
Iţy	pranting the waiver susceptible line 12a, complete lines 3, 9, and 10 of Schedule MB	(Fourie and a sub ra			. [	12b			
b	Enter the minimum required contribution for this plan year		• • • •	• •		12c	t		
C	Enter the amount contributed by the employer to the plan for this plan	year			• •				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the	result (enter a mous ages	*. * * *		• L	12d			
	negative amount)	iuntion deadline?					Yes	<b>□</b> No	
	Will the minimum funding amount reported on line 12d be met by the fi	undary occurrent to							
srt	VII Plan Terminations and Transfers of Assets							ים	es XI
-									· · · · · · · · · · · · · · · · · · ·
	Has a resolution to terminate the plan been adopted in any plan year?				 [	<u></u> 13a	<u>, , ,</u>		- <u>E</u>
	If "Yes," enter the amount of any plan assets that reverted to the employed	over this year			<u>· ·[</u>	13a	Ĺ		
b b	If "Yes," enter the amount of any plan assets that reverted to the employees at the plan assets distributed to participants or beneficiaries, tra	over this year			<u>· ·[</u>	13a			res III
b	If "Yes," enter the amount of any plan assets that reverted to the employee at the plan assets distributed to participants or beneficiaries, tra	over this year	brought und	er the	[ contr	13a			
a	If "Yes," enter the amount of any plan assets that reverted to the employees at the plan assets distributed to participants or beneficiaries, tra- of the PBGC?	over this year	brought und	er the	[ contr	13a	<u>.</u>		
a b c	If "Yes," enter the amount of any plan assets that reverted to the employees, enter the plan assets distributed to participants or beneficiaries, tra of the FBGC? If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred (See instructions.)	over this year	brought und	er the	contr contr	13a	•	- • □`	
b c	If "Yes," enter the amount of any plan assets that reverted to the employees at the plan assets distributed to participants or beneficiaries, tra- of the PBGC?	over this year	brought und	er the	contr contr	13a oi	•	- • □`	/es II
a b c	If "Yes," enter the amount of any plan assets that reverted to the employees, enter the plan assets distributed to participants or beneficiaries, tra of the FBGC? If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred (See instructions.)	over this year	brought und	er the	contr contr	13a oi	•	- • □`	/es II
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b	If "Yes," enter the amount of any plan assets that reverted to the employee Were all the plan assets distributed to participants or beneficiaries, tra- of the PBGC?	over this year	brought und identify the pi	er the ian(s)	contr to 1 s esta	13a ol 3c(2) E blisher	IN(s) 1.	[]	(es [X]) c(3) PN(s
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