## 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

2012

This Form is Open to Public Inspection

			Complete all entries in accord	ance with the mstru	ctions to the Form 550	<del>ло-ог.</del>		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2012		and ending	12/31/	2012 	
Α	This ret	urn/report is for:			lan (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	short plan year retur	n/report (less than 12 m	nonths)	)	
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
			special extension (enter description	n)			<del>_</del>	
Pa	art II	Basic Plan Info	rmation—enter all requested informat	tion				
1a	Name	of plan				1b	Three-digit	
WON	IEN'S H	EALTH ASSOCIATES	S, PLLC 401(K) PROFIT SHARING PLA	N			plan number	004
						4.0	(PN) •	001
						10	Effective date of 05/01/	•
2a	Plan sr	onsor's name and add	dress; include room or suite number (em	anlover if for a single-	employer plan)	2h	Employer Identif	
WON	IENS H	EALTH ASSOCIATES	5, PLLC	ipioyei, ii ioi a sirigie	ciripioyor piari)	20	(EIN) 82-05	
						2c	Sponsor's telep	hone number
333 1	NORTH	1ST STREET, SUITE	240				208-338	
	SE, ID 83					2d	Business code (	see instructions)
							62111	1
3a	Plan ad	dministrator's name an	id address 🏻 Same as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's I	ΞIN
						30	A desiminate of a f	alanhana numbar
						36	Administrators	elephone number
4			e plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN	
•		·	nber from the last return/report.			40	DNI	
		or's name	at the beginning of the plan year			4c	PN T	50
5a			at the beginning of the plan year			<u> </u>		53
b			at the end of the plan year			5b		49
C		• •	account balances as of the end of the pl	• (	•	. 5c		49
6a	Were	all of the plan's assets	s during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
b			the annual examination and report of a					N v □ N.
			? (See instructions on waiver eligibility at					X Yes   No
_			ther line 6a or line 6b, the plan canno					
			or incomplete filing of this return/repo					-1-1 0-11-1-
			ner penalties set forth in the instructions, and signed by an enrolled actuary, as wel					
		rue, correct, and comp				,	,	3
010		Filed with authorized/	valid electronic signature.	04/08/2013	SUZANNE RICE MD			
SIG								-t-t-to-t
		Signature of plan ac	aministrator	Date	Enter name of individ	duai siç	jning as pian adn	ninistrator
SIG								
		Signature of employ		Date	Enter name of individ			
Pre	parer's i	name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

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	rt III Financial Information		T							
7	Plan Assets and Liabilities		(a) Beginning of Yea		+	(b) End of Year				
	Total plan assets	7a	348286				4299147			
	Total plan liabilities	7b 7c		0	-		0			
	Net plan assets (subtract line 7b from line 7a)		348286	<u>j4</u>				4299	147	
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
а	Contributions received or receivable from:  (1) Employers	8a(1)								
	(2) Participants	8a(2)	29071	1						
	(3) Others (including rollovers)	8a(3)	19014	16						
b	Other income (loss)	. 8b	39291	7						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						873	774	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	5680	12						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	68	9						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						57	491	
i	Net income (loss) (subtract line 8h from line 8c)	8i						816	283	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics		•		•					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Plan Chara	cterist	ic Coc	les in t	he instructio	าร:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		mour	nt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	-		·•	
b		? (Do not	include transactions reported	10b		X				
				10c	X				_	50000
	Did the plan have a loss, whether or not reimbursed by the plan's			100					2	50000
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								es	X No
112	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding				•		FRISA?	Пү	es	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		, UI 3C	, JUIOII 1	JUZ UI		<u> </u>		
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th		e letter Year	rulin	ıg
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Luy				
	Enter the minimum required contribution for this plan year	•				12b				

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	Enter the amount contributed by the employer to the plan for this plan year	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 01/01/2012 12/31/2012 For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: 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 C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information — enter all requested information 1a Name of plan 1b Three-digit plan number Women's Health Associates, PLLC 401(k) Profit Sharing Plan (PN) > 001 1c Effective date of plan 05/01/1995 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Womens Health Associates, PLLC (EIN) 82-0504370 2C Sponsor's telephone number (208) 338-8900 333 North 1st Street, Suite 240 2d Business code (see instructions) 621111 US Boise 83702 3a Plan administrator's name and address 🗓 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3b Administrator's EIN 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. a Sponsor's name 4c PN 58 53 5a Total number of participants at the beginning of the plan year ... Total number of participants at the end of the plan year . 5b 49 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 49 complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No 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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 eprolled 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. OX SIGN HERE Signature of plan administrato Date Enter name of individual signing as plan administrator HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

P	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Ye	ar	,
<u>a</u>	Total plan assets	7a	3,482,864			4,299,147				147
<u>b</u>	Total plan liabilities	7b	0							0
<u>c</u>	et plan assets (subtract line 7b from line 7a)			364			4,	299,	L47	
8	Income, Expenses, and Transfers for this Plan Year				-		(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)				Service a				
	(2) Participants	8a(2)	290,7	711		71.75				
	(3) Others (including rollovers)	8a(3)	190,1		700		199			
b	Other income (loss)	8b	392,9			1994	and the			Carte Cal
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1				B73,7	74
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>8</b> d	56,8	102						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				33		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	6	89		4,00		1000		46.70
9_	Other expenses	8g		0	1300	7200		g.		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1				57,4	91
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		78 Y	1				316,2	83
1	Transfers to (from) the plan (see instructions)	8]		0		Wes.	1 page 150			A Record
Pa	rt IV Plan Characteristics									
_	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature.			***************************************						•••••
Pa	rt V Compliance Questions	***************************************							***************************************	<del></del>
10	During the plan year:				Yes	No	Ì	Amou	unt	
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		x				***************************************
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10b		x		***************************************		***************************************
C	Was the plan covered by a fidelity bond?	***********	******************************	10c	х		<u> </u>	***************************************	250	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d		x		***************************************		
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)			10e		x				***************************************
f	Has the plan failed to provide any benefit when due under the plan?	?	*******************************	10f		x				***************************************
a	Did the plan have any participant loans? (If "Yes," enter amount as	of vear en	d 1	10g		x				
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)		**************************************	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i						
Par	VI Pension Funding Compliance				L					
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Y	es,* see instructions and comp	olete S	Schedi	Jie SE	(Form		Yes [	E] No:
11a	Enter the amount from Schedule SB line 39	***********	***************************************		1	1a				
12	Is this a defined contribution plan subject to the minimum funding re	quirement	s of section 412 of the Code of	r seci	ion 30	2 of E	RISA?	ΙП	Yes [	No.
***************************************	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a		······································			T			12	
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized	I in this plan year, see instruct	ions, a	and er	nter th	e date of t	he lett Yea		g
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N									
-	Enter the minimum required contribution for this plan year		**************************************	******	1	2b				
***********										

	Form 5500-SF 2012 Page <b>3-</b>		2000-000-000-000-000-000-000-000-000-00			
N.						
С	Enter the amount contributed by the employer to the plan for this plan year	********	12c			
800	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef	t of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	**********	C	] Yes	□ No □ N/A	
Part '	VII Plan Terminations and Transfers of Assets			·		
13a	Has a resolution to terminate the plan been adopted in any plan year?	*******		es 🗓	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	******	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	ontrol	☐ Yes 图 No			
С						
13	c(1) Name of plan(s):	13c	(2) EIN	(s)	13c(3) PN(s)	
			en esta esta esta esta esta esta esta esta			
Part \	/III Trust Information (optional)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
14a Name of trust				Trust's EIN		
		2000				
		t		***************************************		