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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	Identification Information							
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2013	and ending 0	6/30/2	2013			
	turn/report is for:	a single-employer plan		olan (not multiemployer)		a one-particip	oant plan		
B This ref	turn/report is:	the first return/report	X the final return/report						
		an amended return/report	x a short plan year retur	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter descr	iption)						
Part II	Basic Plan Info	prmation—enter all requested info	ormation						
1a Name					1b	Three-digit			
		01(K) PROFIT SHARING PLAN				plan number			
						(PN) ▶	001		
					1c	Effective date of	•		
0- 5					01	01/01/			
	ponsor's name and ad VOMEN'S CARE, PC	ldress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	b Employer Identification Number (EIN) 91-2088033			
					2c	Sponsor's telep	hone number		
P.O. BOX C	-96012					360-794			
BELLEVUE,	WA 98009-9612				2d	Business code ((see instructions)		
						62111	11		
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN		
					30	Administrator's	telephone number		
						/ tarriirii strator s t	.ciopriorio namboi		
		e plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b	EIN			
	•	mber from the last return/report.			4.	DN			
	or's name	at the heart are at the other area.			4c	T			
		at the beginning of the plan year			5a	+	5		
		at the end of the plan year			5b		0		
		account balances as of the end of t	. , ,	•	5c		0		
_		s during the plan year invested in el					X Yes No		
_		f the annual examination and report	•	*					
		? (See instructions on waiver eligibi					X Yes No		
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.			
		her penalties set forth in the instruc							
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic ver	rsion of this return/report	, and t	the best of my	knowledge and		
		•	<u> </u>	1					
SIGN	Filed with authorized	valid electronic signature.	08/09/2013	RICHARD M RYBARC	ZYKI	MD			
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN HERE	Filed with authorized	/valid electronic signature.	08/09/2013	RICHARD M RYBARO	CZYKI	MD			
	Signature of emplo		Date	Enter name of individu					
Preparer's	name (including firm r	name, if applicable) and address; in	clude room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)		
				ŀ					

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Por	t III Financial Information						
<u> </u>	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Your
		70	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a 7b	71921	0			0 0
C Net plan assets (subtract line 7b from line 7a)			71921				0
	· · · · · · · · · · · · · · · · · · ·		9			-	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	1437	' 9			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					14379
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	73359	18			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					733598
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-719219
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Char	acteris	tic Cod	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristic	c Code	es in tl	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	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	
С	Was the plan covered by a fidelity bond?			10c		Χ	
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused by fraud	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth			100			
	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Χ	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g		Χ	
ī							
Part	1 1 5 11			10i			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 3	02 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	and e	nter th Day	e date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		1		
b	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			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'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 under the confidence of the PBGC?	ontrol		X Yes	No
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.)	0		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

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 the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 06/30/2013 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) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information Name of plan 1b Three-digit 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 a single-employer plan) 2b Employer Identification Number Monroe Women's Care, PC (EIN) 91-2088033 2c Sponsor's telephone number (360) 794-1444 P.O. Box C-96012 2d Business code (see instructions) 621111 98009-9612 Bellevue Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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. 4c PN a Sponsor's name 5 Total number of participants at the beginning of the plan year 5a h 5b 0 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not a 5c 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 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. Enter name of individual signing as plan administrator :स्थानस्य -Signature of plan administrator Date हामहार Signatuse 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)

 ••	Financial Information								
7	Plan Assets and Liabilities	194	(a) Beginning of Yea	r	Т	•	(b) End o	f Year	
а	Total plan assets	7a	719,2	19			· · · · · · · · · · · · · · · · · · ·)
b	Total plan liabilities	7b		0	T		·	0)
С	Net plan assets (subtract line 7b from line 7a)	7c	719,2	19					,
8	Income, Expenses, and Transfers for this Plan Year	in the second	(a) Amount				(b) To	tal	
	Contributions received or receivable from: (1) Employers	8a(1)		0			vada ja sõnta.	the state of the s	
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	14,3	79					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and the same of th					14,379	,
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	733,5	98			gall bearing the control of		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f .	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			and manifestal	. I fra param	Like Color	بالمداد والمتراق المدار والمدور	erista en
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						733,598	F.
i	Net income (loss) (subtract line 8h from line 8c)	8i	and the second s					(719,219)	
<u>i</u>	Transfers to (from) the plan (see instructions)	8j							
1 =	Plan Characteristics							· '-	
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 3D	eature coo	les from the List of Plan Charac	teristi	c Cod	es in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Characte	eristic	Code	s in tl	ne instruction	ns:	
" > ;	Compliance Questions				-				
10	During the plan year:				Yes	No	T	mount	_
a				10a		х			
b		? (Do not	include transactions reported	10b		х			
С	Was the plan covered by a fidelity bond?			10c		х	<u> </u>		
d		fidelity bo	nd, that was caused by fraud	10d		x		·	
е	Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)	r persons of the bend	by an insurance carrier, efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		x		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			1			 	-	
<u>g</u> h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See instru	uctions and 29 CFR	10g		х	a i gandan an	eranderings op appring of the first of the of	7.1
i	2520.101-3.)	ne require	d notice or one of the	10h	. <u>.</u>	х			
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3	***************************************	10i			n		
1" 11	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X	No
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-							
а		ng amortiz	ed in this plan year, see instruc		and e	nter t		e letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	************				12b			

	Form 5500-SF 2012		age 3					
	Enter the amount contributed by the employer to the plant	or this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	b. Enter the result (enter a m	inus sign to th	e left of a	12d			
е	Will the minimum funding amount reported on line 12d be	met by the funding deadline?				Yes [No [N/A
ltu	Plan Terminations and Transfers of A	ssets						
13a	Has a resolution to terminate the plan been adopted in any	plan year?	<u>****</u>	********	X Ye	es 🔲 N	0	
	If "Yes," enter the amount of any plan assets that reverted	to the employer this year	*************		13a		····	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coff the PBGC?								
С	If during this plan year, any assets or liabilities were transfewhich assets or liabilities were transferred. (See instruction		er plan(s), ide	ntify the plan(s) to				
	13c(1) Name of plan(s):			130	(2) EIN(s)	13c(3) F	PN(s)
							}	
				}			}	
1 211	Trust Information (optional)						<u></u>	
14a Name of trust					14b Trust's EIN			
				ì				
					L			