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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	Benefit Guaranty Corporation	▶ Complete all entries in accordance	rdance with the instruc	ctions to the Form 5500)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information			•		
For calend	dar plan year 2013 or fis	cal plan year beginning 01/01/20	13	and ending 12	2/31/20	13	
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-partici	pant plan
B This re	eturn/report is:						
		n/report (less than 12 mo	onths)	1			
C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description)							
Part II	Racic Plan Infor	mation—enter all requested inform					
		mation—enter all requested infor	IIalion		1h T	hree-digit	
1a Name WOMEN'S I	•	, PLLC 401(K) PROFIT SHARING P	LAN			lan number	
		,			(1	PN) 🕨	001
					1c =	Effective date o	f plan
						05/01	/1995
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) WOMENS HEALTH ASSOCIATES, PLLC							fication Number 604370
222 NODTL	140T OTDEET CHITE	240			2c S	Sponsor's telep	
BOISE, ID 8	H 1ST STREET, SUITE 83702	240			2d B		(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor	Name	n Sponsor Address	3b A	62111 administrator's	
				-			
					3C A	aministrators	telephone number
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b ∃	IN	
	e, EIN, and the plan hurr sor's name	ber from the last return/report.			4c P	PN	
		at the beginning of the plan year			5a		49
b Total	number of participants a	at the end of the plan year			5b		49
		ccount balances as of the end of the			5c		38
		during the plan year invested in eligi					X Yes No
		the annual examination and report o					K 100 110
		(See instructions on waiver eligibility					X Yes No
If you	u answered "No" to eit	her line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use F	Form 5	500.	
C If the	plan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	📗 Y	∕es No [Not determined
Caution:	A penalty for the late o	r incomplete filing of this return/re	eport will be assessed	unless reasonable caus	se is es	stablished.	
		er penalties set forth in the instructio					
	edule MB completed an true, correct, and comp	d signed by an enrolled actuary, as v lete.	well as the electronic ven	sion of this return/report,	and to	the best of my	knowledge and
SIGN	Filed with authorized/v	ralid electronic signature.	06/23/2014	SUZANNE R. RICE ME)		
HERE	Signature of plan ac	I ministrator	Date	Enter name of individu	ıal signi	ng as plan adr	ministrator
SIGN							
HERE							
	Signature of employ		Date	Enter name of individu	<u>ıal si</u> gni	ing as employe	er or plan sponsor
		ver/plan sponsor ame, if applicable) and address; inclu					er or plan sponsor number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Veg			(b) End of Year			
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea		-		(b) End of Year 5213062		
<u>a</u>	Total plan liabilities	7a 7b		0		0			
	Net plan assets (subtract line 7b from line 7a)	76 7c	429914				5213062		
8	, ,	70		•					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
и	(1) Employers	8a(1)	27454	3					
	(2) Participants								
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	79190	2					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1233377		
d	Benefits paid (including direct rollovers and insurance premiums	8d	31881	3					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)			0					
<u>e</u>	,	8e	64						
<u>'</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	. 8g		0			240400		
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					319462		
-	Net income (loss) (subtract line 8h from line 8c)	8i					913915		
	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics	_							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	teature co	des from the List of Plan Chara	acteris	stic Co	ides in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:		
	Part V Compliance Questions								
10	During the plan year:		0 0 11 2 1	ı	Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X			
b				401		X			
	on line 10a.)			10b	Χ				
				10c	^		250000		
d	Did the plan have a loss, whether or not reimbursed by the plan's 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			40-		X			
	instructions.)			10e		X			
f	,, ,			10f		X			
9				10g		^			
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					
Dord		1-0		101					
Part			/aa II aaa isahusahiana and aan		Cabaa	lula OF) /Farra		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
	Enter the minimum required contribution for this plan year	•	•			12b			

Page	3 -		1
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С	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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))					
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

OMB Nos. 1210-0110 1210-0089

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

2013

Employee Benefits Security Administration	the Int	ternal Revenue Code	(the Code).	(-, •,	This Form is	Open to Public
Pension Benefit Guaranty Corporation	► Complete all entries in acc	cordance with the in	structions to the Form f	500-SE	Insp	ection
Part'l Annual Report Ide	entification information		District College College	1000-3F.		
For calendar plan yoar 2013 or fiscal	plan year beginning	01/01/201	3 and ending	12	/31/2013	
A This return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemploye		a one-participar	•• •! '
B This return/report is:	the first return/report	the final return/rep		٠,٠ ـــــــــــــــــــــــــــــــــــ	T s oug-hauticibst	it pian
H	an amended roturn/report	⋍ '	•			
C Check box if filling under.	Form 5558	~	return/report (less than 12	months)	_	
· =	**	automatic extensi	on		DFVC program	
	special extension (enter descrip					
Part II Basic Plan Inform:	ation enter all requested in	formation				
1a Name of plan				1b T	hree-digit	
Womon's Health Associa	ites, PLLC 401(k) Prof	it Sharing Pla	an '		ian number PN) ► 0	001
		2			ffective date of pla	
20 11			5/01/1995	211		
2a Plan sponsor's name and addres Womens Health Associate	s; include room or suite number	(employer, if for a sir	igle-employor plan)		mployer identifica	tion Number
	ids, falls				IN) 82-05043	
				2c s	ponsor's telephon	e number
333 North 1st Street,	Suito 240	,		(208) 338-890	0
US Boise	45. 45. 46.	• .			usiness code (see	Instructions)
3a Plan administrator's name and ad	ID 93702	· N			21111	
The state of the s	diese (F) Sallie as High Spons	or Name C Same a	s Plan Sponsor Address	3b Ad	iministrator's EIN	4
	•					
		•		3C Ad	iministrator's tèlep	hone number
			•			
4 If the name and/or EIN of the plan	sponsor has changed since the	last return/report file	d farthly play optorthy	/h =1		
name, EIN, and the plan number for	rom the last return/report.	igariaminiahon mar	1 tot title plan, enter the	4b Ell	N	
a Sponsor's name				4c PN	1	
5a Total number of participants at the	beginning of the plan year	***************************************		5a		49
n i oral untubet of batticibants at the	end of the plan year	• .		5b		49
Annual of batricibants with accoll	It Dalances as of the end of the i	nion vonridational ba	modit mlane de met			
CONTRACTOR OF THE PROPERTY OF		TT	. Access	5c		38
Were all of the plan's assets during	the plan year invested in eligibi	e assets? (See Instru	retions.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	×	Yes No
b Are you claiming a waiver of the an under 29 CFR 2520.104-46? (See I	inual examination and report of a	an independent qualif	ied public accountant (IQ)	PA)	·	
under 29 CFR 2520.104-46? (See) If you answered "No" to either line If the plan is a defined to write here.	ne fa or line Sh the pine open		, 102244444441114444444444444444444444444	***********	X	Yes No
c If the plan is a defined benefit plan,	is it covered under the PRGC in	ot use rorm 5500-St	- and must instead use i	Form <i>55</i> 00	0.	
Couffee A new-th-fee-th- late		isdiance program (se	e ERISA Section 4021)7	<u>'</u>	res No []	Not determined
Caution: A penalty for the late or inco	omplete filing of this return/rep	port will be assesse	d unless reasonable cat	ıso ls est	abiishod.	
						a Schodule
SB or Schodule MB completed and sign cellef, it is true, correct, and complete./))	en as rue electicuic A	ersion of this return/report	, and to th	e best of my knov	vledge and
SIGN X Sugaro &	lue M	XX 12-111	Y C			
HERE Signature of plan administration		XOIZOU	A SUZZANK	ere		aus
	101	Date /	Enter name of individual	signing as	s plan administrato	or
SIGN		:	<u> </u>			
HERE Signature of employer/plan s	PORSOF	Date	Enter name of Individual	signing as	employer or plan	Sponsor
reparer's name (including firm name, if	applicable) and address; include	o room or suite numb	er (optional)	Proparer's	telephone numbe	r (optional)
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	1		Ļ			
		•				
or Paparavork Bodinstins 4 -4 Nov.	120			<u> </u>		
or Paperwork Reduction Act Notice a	no OMB Control Numbers, so	o the instructions fo	r Form 5500-SE		F	A A B (======

•		•		
Form 5500-SF 2013 P	age 3-			·
Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 120 from the amount in line 120 fro	7X Y Y 2 6 6 7 16 7 16 7 16 7 16 7 16 7 16 7 1	**************************************	120	
negative amount)			12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline? art VII	424492444442244444444444444444444444444	/\:\:\:\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/	Yes	□ No □ N/A
Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		44 T(\$000) 0 NO 11 DE X 0 11	☐ Yes 🗵	No
b Were all the plan assets distributed to participants or boneficiaries; transferred to another of the PBGC?	r plan, or brough		13a ontrol	
C If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	plan(s), identify	the plan(s) to		Yes X No
13c(1) Name of plan(s):		13c	2) EIN(s)	13c(3) PN(s)
art.Vill® Trust Information (optional)				
a Name of trust			14b Trust's E	IN
•				

	Form 5500-SF 2013		Page 2						
. 6	Part III Financial Information	· · · · · · · · · · · · · · · · · · ·						_	
7	Plan Assets and Liabilities		(a) Beginning of Y	·					
_	a Total plan assets						(0) =	nd of Y	
_]	D Total plan liabilities	. 7b	4,299					5	,213,062
	Net plan assets (subtract line 7b from line 7a)	76		0					0
8	Income, Expenses, and Transfers for this Plan Year	10.00	4,299 (a) Amount	,147	<u></u> -				213,062
2	Contributions received or receivable from:	1.1.1	(a) Amount		- -	1 20		b) Total	
_	(1) Employers	8a(1)	274	,543	[·				
-	(2) Participants	8a(2)	166	932	22	\$ { v. }	<u> </u>		: 4 V
Ŀ	(3) Others (Including rollovers) Other Income (loss)	8a(3)			1, 3	.)- _.		,	diggs I light .
		85	791,		33		9. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	A. W.	
d	Benefits paid (including direct rollovers and insurance premiums	8c	The state of the s	ilgirir.				1,	233,377
_	to provide bonafite)	₿ď	318,	813					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	PATE A	(i) in ju	ten indicate	a Marijali	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	**	649	24	17.07.8	Part in the	DA GOV	The same of the same
ā	Other expenses	8g		0	721	Wine.	viet said	g filter on	EXECUTE STATE
h	Total expenses (add ilnes 8d, 8e, 8f, and 8g)	. 8h	省的地位的一位有几个	14.73.7	87.	1 1002	**************************************		319,462
÷	Net income (loss) (subtract line 8h from line 8c)	81	2027年8月1日 1986年19	47.72					13,915
<u>[</u>	Transfers to (from) the plan (see instructions)	8j		0		546	The soliton		Hannan Transport
	art IV Plan Characteristics							1,25,4_7,1	re wert is an i bedieve to the
9a	If the plan provides ponsion benefits, enter the applicable pension fee	ature code	s from the List of Plan Chara	cteris	tie Co	des la	the Instru	(cfions:	
_	EM 24 20 2R 3D								
b	The second street and applicable wellare leaf	ure codes	from the List of Plan Charact	leristic	Code	s in t	ne instruc	tions:	
P	Compliance Questions							_	
10	During the plan year:		***		1	7	γ		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	D. Correal	ion Dronnes	10a	Yos	No		Amou	nt
	on line 10a.)	(Do not inc	ciude transactions reported	106		×		· · · · · ·	
	vyas the plan covered by a fidelity bond?	!! }f!#!# #################################	httd://htm.	10c	x		_		250,000
	or dishonesty?	elity bond	that was caused by fraud	10d		x			230,000
e 	insurance service, or other organization that provides some or all of instructions,)	persons b the benefi	y an insurance carrier, ts under the plan? (See	10e		×			
f	Has the plan falled to provide any benefit when due under the plan?"	:		10f					
g	Did the plan have any participant loans? (If "Yes," enter amount as of	£	7 1	-		Х			
h	If this is an individual account plan, was there a blackout period? (Ser	year one		10g		х			
ĭ	MARALIA (_21) esterrimentateabeetteetteetteetteetteetteetteettee	>vernennanna.	/he4hrannennannannannannannannannannannannanna	10h		x		· · · · · · ·	
Par	If 10h was answered "Yes," check the box if you either provided the nexceptions to providing the notice applied under 29 CFR 2520,101-3	equired no	otice or one of the	101				4	
11									
	ls this a dofined benefit plan subject to minimum funding requirements 5500) and line 11a below)					le SB	(Form		es X No
71a	cinter the unpaid minimum required contribution for current year from	Schedule .	SB (Form 5500) line 30		4	-			100
12	is this a defined contribution plan subject to the minimum funding requ	irements	of section 412 of the Code or	section	on 302	of F	SISA2		es X No
	(if "Tos," complete line 12s of lines 12b, 12c, 12d, and 12e below as	nnnllaakia							
	granting the waiver	mortized ir	this plan year, soo instruction	ons, a	nd eni	er the	date of th	ie letter	ruling
II Y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MR	(Form 55	On and oking to the so	_		Day		Year .	
ь	Enter the minimum required contribution for this plan year	, <u> 0</u>	/) and skip to line 13.		1.	. 1			
	· Administration	***************	(48511964614684984479445914444444444444444444444444444444	********	. 12	b			