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).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		t Identification Information	า			
For calen	dar plan year 2017 or f	fiscal plan year beginning 01/01/	<u>/2017</u>	and ending 12	2/31/2017	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (F employer information in acc	_	
		a one-participant plan	a foreign plan			
B This re	turn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)	
C Check	box if filing under:	X Form 5558	X automatic extension	n [DFVC prog	ram
		special extension (enter desc				
Part II	Basic Plan Info	ormation—enter all requested in	nformation			1
1a Name WOMENS	•	/ER 401K PROFIT SHARING PLA	N AND TRUST		1b Three-d plan nur (PN) ▶	
					1c Effective	e date of plan 01/01/1972
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employe (EIN)	er Identification Number 91-0874227
	or town, state or province EN'S CLINIC OF VANCE	ce, country, and ZIP or foreign pos	stal code (if foreign, see in	structions)	2c Sponso	r's telephone number 360-823-2121
						s code (see instructions)
	39TH ST, STE. 350					621111
VANCOUVI	ER, WA 98686					
3a Plan	administrator's name a	and address X Same as Plan Spo	onsor.		3b Adminis	trator's EIN
				_	0	
					3C Adminis	trator's telephone number
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN	
	isor's name	onsor s name, Env, the plan name	and the plan number non	i tilo last rotum/roport.	4d PN	
C Plan	Name					
Fo Table	la constitue de la contrata con tra	and the beneficial and the other second			5a	28
_		s at the beginning of the plan year			5b	25
C Num	ber of participants with	s at the end of the plan year a account balances as of the end or	f the plan year (only define	ed contribution plans	5c	25
	,	articipants at the beginning of the p		Ţ.	5d(1)	28
		articipants at the end of the plan ye	•	T T	5d(2)	25
e Num	nber of participants who	o terminated employment during th	ne plan year with accrued	benefits that were less	5e	2
Caution:	A penalty for the late	or incomplete filing of this retu	rn/report will be assesse	ed unless reasonable cau		
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, aplete.				
SIGN		d/valid electronic signature.	10/09/2018	JENNIFER O'CONNOI	R	
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as ı	plan administrator
SIGN	Filed with authorized	d/valid electronic signature.	10/09/2018	JENNIFER O'CONNO	R	
HERE		oyer/plan sponsor	Date	Enter name of individu	ual signing as	employer or plan sponsor
Ear Danor	wark Dadwatian Ast Nati	ica can the Instructions for Form 550	00 CT			Form 5500-SE (2017)

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b	Are you claiming a waiver of the annual examination and report of a	an indeper		ccount	ant (IQ	PA)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,					X Yes No
c	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC install.					_	_	Not determined
Ū	If "Yes" is checked, enter the My PAA confirmation number from the		-					. (See instructions.)
Do	rt III Financial Information							,
<u>га</u> 7	Plan Assets and Liabilities		(a) Baginning	of Voor			(h) End	of Voca
_ <u>′</u> a	Total plan assets	7a	(a) Beginning o	or Year 11402			(b) End	of Year 5741812
<u>a</u>	Total plan liabilities	7b	30	11402				3741012
	Net plan assets (subtract line 7b from line 7a)	7c	56°	11402				5741812
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(b) 1	
a	Contributions received or receivable from:		(u) Amoun				(6)	Ottai
	(1) Employers	8a(1)	Ļ	54431				
	(2) Participants	8a(2)	7	72451	_			
	(3) Others (including rollovers)	8a(3)			_			
<u>b</u>	Other income (loss)	8b	90	01981				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1028863
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	89	98453				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						898453
	Net income (loss) (subtract line 8h from line 8c)	8i						130410
j	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics	٠,						
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not	include transactions	10b		Χ		
С	Was the plan covered by a fidelity bond?			10c	Χ			600000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		00000
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er person e or all of	s by an insurance the benefits under	10e	X			3117
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g	Χ			77435
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 2520.101			10i		Χ		

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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?		Ye	s X N	0
	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 control of the PBGC?			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): 13c(2) EIN(s)		13c(3) PN(s)

1 01111 0000 01	Annual Return/Re Benefit F		nployee		OMB N	los, 1210-0110 1210-0089
Potizoment Income So	to be filed under sectionarity Act of 1974 (FRI)				20)17
Employee Benefits Security Administration 0	f the Internal Revenue	Code (the Code).		-		m is Open
Pension Benefit Guaranty Corporation Part Annual Report Identification Inform		he instructions to th	ne Form 55	00-SF.	to Public	Inspection
		7 -		12	/31/20	17
For calendar plan year 2017 or fiscal plan year beginning	01/01/201		and ending			
A This return/report is for: B This return/report is C Check box if filing under: X a single-employer a one-participant is the first return/report an amended return X Form 5558	of participal of participal of participal a foreign the final a short participal automate X automate	e-employer plan (not mu pating employer informa n plan return/report plan year return/repor ic extension	ition in accor	dance with the	e form instru	ctions.)
Part II Basic Plan Information - enter all req						
1a Name of plan WOMENS CLINIC OF VANCOUVER 40 PROFIT SHARING PLAN AND TRUST	1K		plan	e-digit number (PN ctive date of 01/01	plan	001
2a Plan sponsor's name (employer, if for a single-employ Mailing address (include room, apt., suite no. and stre	et. or P.O. Box)		2b Emp		ication Num	ber (EIN)
City or town, state or province country, and ZIP or foreign postal code (if foreign, see instr.) THE WOMEN S CLINIC OF VANCOUVER PS					one numbe	r
2101 NE 139TH ST, STE. 350		-	<u> </u>	23-212		
VANCOUVER WA 980	586		Zu Busii	ness code (: 62111	see instructio 1	onsi
	s Plan Sponsor.		3b Adm	inistrator's		
			3c Adm	inistrator's	elephone nu	ımber
4 If the name and/or EIN of the plan sponsor or the plan return/report filed for this plan, enter the plan sponsor' plan number from the last return/report.			4b an			
a Sponsor's name C Plan Name			4d PN			
5a Total number of participants at the beginning of the	plan year		5a			28
b Total number of participants at the end of the plan ye	ear		5b			25
 Number of participants with account balances as of contribution plans complete this item) 	the end of the plan yea	l	5c			25
d (1) Total number of active participants at the beginn			5d(1)			28
d (2) Total number of active participants at the end of	the plan year		5d(2)			25
 Number of participants who terminated employment 	during the plan year w	ith accrued	_			2
benefits that were less than 100% vested			5e		4.15.1.1	2
Caution: A penalty for the late or incomplete filing of the Under penalties of periory and other penalties set forth in Schedule SB or Schedule MB completed and signed by a my knowledge and belief, it is true, correct, and complete	the instructions, I declar in enrolled actuary, as	be assessed unless are that I have examin well as the electronic	reasonable ned this ret version of the	e cause is o um/report, i this return/r	ncluding, if a eport, and to	applicable, a the best of
SIGN MUNINAN	10/09/2018	JENNIFER O				
Signature of plan administrator	Date	Enter name of indivi	dual signin	g as plan ac	Iministrator	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Signature of employer/plan sponsor

10/09/2018 JENNIFER O'CONNOR

Enter name of individual signing as employer or plan sponsor

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SIGN

HERE

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	Vere all of the plan's assets during the plan year invested in eligible assets? (S					Yes No
b A	ve you claiming a waiver of the annual examination and report of an independ	lent quali	lied public accou	ntant		0 0
	QPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and c					
Н	you answered "No" to either line 6a or line 6b, the plan cannot use Form	5500-SF	and must inste	ad use	Form	5500.
C If	the plan is a defined benefit plan, is it covered under the PBGC insurance program (see	ERISA se	ction 4021)?	. ∐ ∖	es	No ☐ Not determined
	"Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing					. (See instructions
Part	III Financial Information					
7 P	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	(b) End of Year
	otal plan assets	7a	5,61	1,4	02	5,741,812
	otal plan liabilities	7b				
	let plan assets (subtract line 7b from line 7a)	7c	5,61	1.4	02	5,741,812
_	ncome, Expenses, and Transfers for this Plan Year	1 ~ +	(a) Amou			(b) Total
	Contributions received or receivable from:	4	(-),			
1000		8a(1)	5	4,4	31	1,50
	1) Employers			$\frac{2}{4}$		
	2) Participants	8a(2)		Z , =	<u> </u>	
(3	3) Others (including rollovers)	8a(3)	001 001		01	
	Other income (loss) STATEMENT 1	Bb	901,981		<u>ο</u> Τ	1 000 00
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1,028,863
	Benefits paid (including direct rollovers and insurance premiums to provide					
b	enefits) STATEMENT 2	8d	89	8,4	53	*****
	Certain deemed and/or corrective distributions (see instructions)	Be				
f A	Administrative service providers (salaries, fees, commissions)	8f				
9 0	Other expenses	8g				
hт	olal expenses (add lines 8d, 8e, 8f, and 8g)	8h				898,453
-	let income (loss) (subtract line 8h from line 8c)	18				130,410
iT	ransfers to (from) the plan (see instructions)	8j				
Part						
9a	If the plan provides pension benefits, enter the applicable pension feature co	des from	the List of Plan	Charac	teristi	c Codes in the instructions:
	2E 2G 2J					
	If the plan provides welfare benefits, enter the applicable welfare feature cod	es from t	he List of Plan Ch	naracti	eristic	Codes in the instructions:
~	The plant provides wellate benefits, effect the applicable wellare testare see	00 110111 1				
Part	V Compliance Questions					
	During the plan year:			Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributions within	the time			110	
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Volunta	, y	10a		x	
	Fiduciary Correction Program.)		10a	-	-	
	Were there any nonexempt transactions with any party-in-interest? (Do not inc	lude			v	
-	transactions reported on line 10a.)		10b	37		500 000
	Was the plan covered by a fidelity bond?		10c	Х		600,000
				1	8	1
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond	i, that	The same and		L :	1
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty?		10d		х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons to the per	by an	10d		х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty?	by an	10d		х	
d e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons to the per	by an or all of	40-	X		3,11
d e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons to insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.)	by an or all of	40-	х	X	
e	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons to insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?	oy an or all of	10e	X		3,117
e f g	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons to insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If 'Yes,' enter amount as of year-enter)	oy an or all of	10e			
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons to insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If 'Yes,' enter amount as of year-end of this is an individual account plan, was there a blackout period? (See instructions)	oy an or all of	10e 10f 10g		X	
e f g	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons to insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If 'Yes,' enter amount as of year-end if this is an individual account plan, was there a blackout period? (See instructions 29 CFR 2520.101-3.)	or all of	10e 10f 10g			
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons to insurance carrier, insurance service, or other organization that provides some the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If 'Yes,' enter amount as of year-end of this is an individual account plan, was there a blackout period? (See instructions)	or all of d.) tions	10e 10f 10g		X	

1 . 1