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

0044

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

Р	ension B	Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection			
Pa	Part I Annual Report Identification Information									
For	calenc	lar plan year 2011 or fisca	al plan year beginning 01/01/201	1	and ending 1	2/31/2	011			
Α	A This return/report is for:				e-employer plan (not multiemployer)		a one-participant plan			
В	This re	turn/report is:	the first return/report	the final re	eturn/report					
		[	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
C	C Check box if filing under: Form 5558				extension	, [	DFVC program			
C					CATCHSION	Bi vo program				
		Dania Dian Inform	special extension (enter description	,						
	art II		nation—enter all requested inform	ation		4 h	There is all all			
		of plan	LLC 401(K) PROFIT SHARING PLA	N			Three-digit plan number			
TTIIXI	THREE TREE WOMEN S CLINIC, PLLC 401(K) PROFIT SHARING PLA						(PN) ▶ 001			
						1c	Effective date of plan			
							01/01/2006			
			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
IHK	EE IK	ÉE WOMEN S CLINIC, P	LLC				(EIN) 20-3138541			
						2c	Sponsor's telephone number			
		C-96012					206-242-9000			
BELL	EVUE	, WA 98009				2a	Business code (see instructions) 621111			
32	Dlon	administrator's name and	address (if same as plan sponsor, e	otor "Como	\"\\	3h	Administrator's EIN			
		EE WOMEN S CLINIC, P	LLC P.O. BOX C-9	96012	<del>7</del> )	35	20-3138541			
			BELLEVUE, V	WA 98009		<b>3c</b> Administrator's telephone nur				
							206-242-9000			
4			lan sponsor has changed since the I per from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN			
а		sor's name	er nom the last return/report.			4c	PN			
			the beginning of the plan year			5a				
b										
C		•	count balances as of the end of the p							
C				• (	•	5c				
6a	Were	e all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)		X Yes N			
b	Are y	ou claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)				
		,	See instructions on waiver eligibility				X Yes   N			
Da	ır you	Financial Informa	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
7		•	ation		(a) Dentination of Vern		(I) Find of Voca			
′ _		Assets and Liabilities			(a) Beginning of Year 834246		(b) End of Year 863986			
a		·		7a	30.12.10					
b		•	7h funna lina 7n)	7b	834246		863986			
<u>C</u>		•	7b from line 7a)	7c						
8 a		ne, Expenses, and Transf ibutions received or recei			(a) Amount		(b) Total			
u			vable nom.	8a(1)	15580					
	(2) F	Participants		8a(2)	54499					
	(3) C	others (including rollovers)	)	8a(3)						
b	` '	`	· · · · · · · · · · · · · · · · · · ·	. 8b	-22361					
С			8a(2), 8a(3), and 8b)	8c			47718			
d			rollovers and insurance premiums		7000					
				. 8d	7682					
е	Certa	in deemed and/or correct	ive distributions (see instructions)							
f	Admi	nistrative service provider	rs (salaries, fees, commissions)	. 8f	10296					
g	Other	expenses		8g						
h	Total	expenses (add lines 8d,	8e, 8f, and 8g)	8h			17978			
i	Net ir	ncome (loss) (subtract line	e 8h from line 8c)	8i			29740			
j	Trans	sfers to (from) the plan (se	ee instructions)	8j						

Form	5500-	SF	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2R
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amo	unt
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		X			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
Was the plan covered by a fidelity bond?	10c	X				10
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
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			
Has the plan failed to provide any benefit when due under the plan?	10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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					
t VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com		Sched	ule SB	(Form		
5500))						Yes
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes Yes
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.)						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of E	ERISA?		Yes
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 instrugranting the waiver.	e or sections,	ction 3	302 of E	ERISA?		Yes
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 instrugranting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sections,	and e	302 of E	ERISA?		Yes
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 instrugranting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	302 of Enter the	ERISA?		Yes
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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 instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	ctions,	and e	12b 12c	ERISA?	of the le	Yes Atter ruling
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 instrugranting the waiver.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, ath	and e	12b 12c 12d	e date c	of the le	Yes Atter ruling
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 instrugranting the waiver.  Montagor completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	e date c		Yes Atter ruling
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 instrugranting the waiver.  Mortyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.	e or sections, other of a	and e	12b 12c 12d	e date c	of the le Yea	Yes
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 instrugranting the waiver.  Montagou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d Y	e date c	of the le Yea	Yes Atter ruling
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 instrugranting the waiver.  Mone you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  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.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?.  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year.	of a	and e	12b 12c 12d Y	e date c	of the le_Yea	Yes
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 instrugranting the waiver	of a	and e	12b 12c 12d [	e date c	of the le_Yea	Yes Albanian Yes A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/18/2012	PAMELA D. LUTZ, MD				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/18/2012	PAMELA D. LUTZ, MD				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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

OMB Nos. 1210-0110 1210-0089

Form 5500-SF (2011) v.012611

2011

This Form is Open to Public Inspection

	> Complete all entries in accord	ance with	the instruction	ons to the Form 550	U-3F.	1	
÷	Annual Report Identification Information						
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	1:	2/31/2011	
A	This retum/report is for: 🔯 a single-employer plan	a multiple-	employer plan	(not multiemployer)		a one-particip	oant plan
В	This return/report is:	the final re	turn/report				
	an amended return/report	a short pla	n year return/re	eport (less than 12 mo	onths)		
С	Check box if filing under: Form 5558	automatic (	extension		1	DFVC progra	ım
•	special extension (enter description				'	•	
10	Basic Plan Information enter all requested infor	mation.			1h	Three-digit	
Та	Name of plan				יטו	plan number	
	Three Tree Women's Clinic, PLLC 401(k) Profit	Sharing	Plan			(PN) ►	001
					r	Effective date of	f plan
						01/01/2006	
<b>2</b> a	Plan sponsor's name and address; include room or suite number (em Three Tree Women's Clinic, PLLC	ployer, it to	r single-employ	/er plan)	ZD	Employer Identification (EIN) 20-313	
	·				20	` '	
					ZC	(206) 242-9	elephone number
	P.O. Box C-96012				2d		(see instructions)
IIS	Bellevue WA 98009					621111	(000 ///04 0000///0/
	Plan administrator's name and address (If same as plan sponsor, enti-	er "Same")			3b	Administrator's	EIN
	Same						
					3c	Administrator's t	telephone number
_	If the control of the PIN of the plan of t		منطقه معالم العام		4b	EIN I	
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	it return/rep	ort nied for this	pian, enter the			
_	Sponsor's Name				4c	PN	
5a	Total number of participants at the beginning of the plan year			· · · · · · ·	5a		12
b	Total number of participants at the end of the plan year				<u>5b</u>		12
С	Number of participants with account balances as of the end of the pla complete this item)				5c		12
<del>6</del> a	Were all of the plan's assets during the plan year invested in eligible a						X Yes No
b		•					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions	i.)	• • • • • • • • •			X Yes No
1000	If you answered "No" to either 6a or 6b, the plan cannot use For	m 5500-SF	and must inst	tead use Form 5500.			
	Financial Information						
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year
а	Total plan assets	. <u>7a</u>		834,246			863,986
b	Total plan liabilities	. 7b			-		
C	Net plan assets (subtract line 7b from line 7a)	7c		834,246	-		863,986
8	Income, Expenses, and Transfers for this Plan Year		(:	a) Amount		(b)	Total
а	Contributions received or receivable from:  (1) Employers	. 8a(1)		15,580			
	(2) Participants	8a(2)		54,499			
	(3) Others (including rollovers).	8a(3)					
b		. 8b		(22,361)			
C		. 8c					47,718
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d		7,682			
е	•	. <u>8e</u>		0			
f	Administrative service providers (salaries, fees, commissions)	. 8f		10,296			
g	Other expenses	. 8g		_			4.5
h	• • • • • • • • • • • • • • • • • • • •	. 8h					17,978
j	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>					29,740
ĭ	Transfers to (from) the plan (see instructions)	Ri	1				

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

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1011110000-01 2011	i age =

~ ·	Plan Characteristics						
∂a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac	cteristic	Code	s in the	instructio	ns:	
_	2E 2G 2J 2K 2R						
D	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	enstic (	Jodes	ın the i	nstruction	S:	
· .	Compliance Overtions						
10			Yes	No		Amount	
10	During the plan year:		162	NO		Amount	
Č	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		x			
ŀ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			x			
	on line 10a.)	. 10b	ļ				
(	Was the plan covered by a fidelity bond?	. 10c	х				100,000
(	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			x			
	or dishonesty?	- 10d		<u> </u>			
•	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,						
	insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	. 10e	<u> </u>	Х			
f		- I		x			
Ç				x			
•	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109					
•	2520.101-3.)	. 10h		х			
i	m ton non-control ton ton ton the control product product and control or cont						
	exceptions to providing the notice applied under 29 CFR 2520.101-3	.  10i					
11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nlata C	ab a du	- CD /	~~~	<u> </u>	
	15 this a defined benefit plant subject to minimum furning requirements? (IT Yes, See instructions and com-					. □Y∈	s XNo
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
á	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc						
	granting the waiver	onth		Day	·——	Year	
_	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
-	Enter the minimum required contribution for this plan year			12c			
	Enter the amount contributed by the employer to the plan for this plan year		·  -	120			
•	negative amount)		.	12d			
•	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□No	□ N/A
-	Plan Terminations and Transfers of Assets						
13:	Has a resolution to terminate the plan been adopted in any prior year?					Ye	s XNo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		[	13a			
ı	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under th	ne conf	trol			
_	of the PBGC?					Ye	s XNo
(	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(	s) to				
	13c(1) Name of plan(s):		12	c(2) E	iN/e)	130	3) PN(s)
	136(1) Value of plants).			(Z) L	14(5)	130	3) [14(3)
						İ	
						<u> </u>	
Cau	ition: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cause	is es	tablish	ed.		
	ler penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retur						
	or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re ef, it is true, correct, and complete.	eport, a	nd to t	he besi	t of my kno	owledge a	nd
Jell							
	The contract of the contract o						
	Signature of plan administrator V Date Enter name of i	ndividu	al sign	ing as	plan admir	nistrator	

0//10//2 Date

Signature of employer/plan sponsor

Pamela D. Lutz, MD

Enter name of individual signing as employer or plan sponsor