				Report of Small Employ Plan	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	<u> </u>	2	011	
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form is	s Open to Public	
P	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500	)-SF.	1115	pection	
		entification Information			0/04/4	2044		
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			2/31/2			
	This return/report is for:			-employer plan (not multiemployer)		a one-particip	ant plan	
в	This return/report is:	the first return/report		eturn/report				
-				in year return/report (less than 12 mc	onths)			
C	Check box if filing under:	Form 5558		extension		DFVC progra	m	
		special extension (enter descriptio	,					
		nation—enter all requested informa	ation		1h	Three-digit		
	Name of plan	.C 401(K) PROFIT SHARING PLAN			UD	plan number		
						(PN) ▶	001	
					1c	Effective date of 01/01/	•	
	Plan sponsor's name and addre RGREEN WOMENS CARE, PLI	ess; include room or suite number (er LC	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 20-23		
1000	3 NE 130TH LN STE 420				2c	Sponsor's telep 425-899		
	LAND, WA 98034				2d	Business code ( 62111	,	
	Plan administrator's name and RGREEN WOMENS CARE, PLL		OTH LN ST		3b	Administrator's E		
		KIRKLAND, V	VA 98034		3c	Administrator's t 425-899	elephone number 0-6400	
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan numb Sponsor's name	ier nom the last return/report.			4c	PN		
	1	the beginning of the plan year			5a		60	
b	Total number of participants at	the end of the plan year			5b		59	
C		count balances as of the end of the p	• •		5c		59	
6a	1 ,			(See instructions.)			X Yes No	
b	Are you claiming a waiver of th	e annual examination and report of a	an indepen	ident qualified public accountant (IQF	PA)			
		• •		ons.) SF and must instead use Form 550			X Yes No	
Pa	rt III Financial Informa		Jiii 3300-	or and must instead use rorm ood				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	2705504			2884180	
b	Total plan liabilities		7b	0				
C	Net plan assets (subtract line 7	b from line 7a)	7c	2705504			2884180	
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or recei	vable from:	8a(1)	83733				
			8a(2)	157613	-			
		)	8a(3)	892				
b			8b	-33609				
С	( )	8a(2), 8a(3), and 8b)	8c				208629	
d	Benefits paid (including direct i	rollovers and insurance premiums	8d	12172				
е	• •	ive distributions (see instructions)	8e	0				
f	Administrative service provider	s (salaries, fees, commissions)	8f	13379				
g	Other expenses		8g	4402				
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				29953	
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				178676	
j	Transfers to (from) the plan (se	ee instructions)	8j					

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

Form 5500-SF (2011) v.012611

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## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3D 3B

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	А	mount	
а	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			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
С	Was the plan covered by a fidelity bond?	10c	Х				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х			
e	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			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x			
i	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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
а	(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 instruc granting the waiver						
lf	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 onegative 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	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?					Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plai	n(s) to				
1	3c(1) Name of plan(s):		13	c(2) Ell	N(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ise is	establ	ished.		
11.1							

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.

SIGN	Filed with authorized/valid electronic signature.	10/25/2012	DEBRA STEMERMAN, MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

F	orm 5500-SF	Short Form Annual I		Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	epartment of the Treasury nternal Revenue Service	This form is required to be fil	Benefit	Plan ctions 104 and 4065 of the Employe	•	2011
Employe	Department of Labor e Benefits Security Administration	Retirement Income Security Act of	of 1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to Public
Pensio	n Benefit Guaranty Corporation	Complete all entries in according to the second	ordance with	the instructions to the Form 550	0-SF.	Inspection
Part I		entification Information	0.1.10.1.10			10/01/0011
For cale	ndar plan year 2011 or fisca	1	01/01/2	······································		12/31/2011
A This	return/report is for:		a multiple	employer plan (not multiemployer)		a one-participant plan
<b>B</b> This	return/report is:	the first return/report	the final re	eturn/report		
		an amended return/report	a short pla	n year return/report (less than 12 m	onths	
C Chec	ck box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descript	tion)			
Part I		nation—enter all requested inform	mation		r	
	ne of plan GREEN WOMENS CARE	, PLLC 401(K) PROFIT	SHARIN	g plan	1b	Three-digit plan number
					1.	(PN)
					10	Effective date of plan 01/01/2004
	n sponsor's name and addre GREEN WOMENS CARE	ess; include room or suite number ( ;, PLLC	(employer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 20-2373232
12303	NE 130TH LN STE	420			2c	Sponsor's telephone number
12505		120			24	425-899-6400 Business code (see instructions)
KIRKL	AND	WA 98034			Zu	621111
3a Plar EVERG	n administrator's name and GREEN WOMENS CARE	address (if same as plan sponsor, , PLLC	enter "Same	")	3b	Administrator's EIN 20-2373232
12303 KIRKL	NE 130TH LN STE	420 WA 98034			3c	Administrator's telephone number 425-899-6400
		lan sponsor has changed since the	e last return/r	eport filed for this plan, enter the	4b	EIN
	· · ·	er from the last return/report.			10	PN
	nsor's name	the beginning of the plan year			5a	60
					5a 5b	59
		count balances as of the end of the			50	
	• • • •			-	5c	59
				(See instructions.)		X Yes No
b Are	e you claiming a waiver of th	e annual examination and report o	of an indepen	dent qualified public accountant (IQ ons.)	PA)	X Yes 🗌 No
				SF and must instead use Form 55	00.	
Part II						
7 Pla	n Assets and Liabilities			(a) Beginning of Year		(b) End of Year
<b>a</b> Tot	al plan assets		7a	270550	)4	3076220
<b>b</b> Tot	al plan liabilities		<u>7b</u>		0	
C Net	t plan assets (subtract line 7	b from line 7a)	7c	270550	)4	3076220
	ome, Expenses, and Transf			(a) Amount		(b) Total
	ntributions received or recei		80/4)	27577	73	
				15761		
		•		89	-	
• • •				-3360		
		8a(2), 8a(3), and 8b)				400669
<b>d</b> Ber	nefits paid (including direct r	ollovers and insurance premiums		1217	72	
e Cer	rtain deemed and/or correct	ive distributions (see instructions).	<u>8e</u>		0	
<b>f</b> Adr	ministrative service provider	s (salaries, fees, commissions)	<u>8f</u>	1337	19	
<b>g</b> Oth	er expenses		<u>8g</u>	44(	)2	
<b>h</b> Tot	al expenses (add lines 8d, 8	3e, 8f, and 8g)	<u>8h</u>			29953
_		e 8h from line 8c)				370716
		e instructions)	<u> </u>			
For Paper	work Reduction Act Notice and ON	AB Control Numbers, see the instructions f	or Form 5500-S	<b>7</b>		Form 5500-SF (2011)

Form 5500-SF 2011

Page	2 -	
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9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 3D 3B	acteris	stic Co	des in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Cod	es in the ir	structions:
Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	х		30000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
e	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	
f	Has the plan failed to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	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			

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	Yes No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	

lf	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)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		γ	′es	No	N//	4
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			

13a	Has a resolution to terminate the plan been adopted in any plan year?	A NO
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	🗌 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.)	

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):

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.

SIGN	.0.	6/21/2012	DEBRA STEMERMAN, MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<b>F</b> Oct. 24. 2012, <b>F</b> 4:2	1PMhort Form Annual R			re€N	o. 4407 P.	2 Nos. 1210-0110 1210-0089
Department of the stressor of	1. 1996	Benefit d under sec	Han tions 104 and 4065 of the Employee	,	2	011
Department of Labor T			SA), and sections 6057(b) and 6058 Code (the Code).	(a) of	This Form is	s Open to Public pection
Pension Benefit Gueranty Corporation		iance with	the instructions to the Form 5500	-SF.	Ins	pection
	ientification Information	27/01/2	011 and and an		10/01/0011	
For calendar plan year 2011 or fisc		01/01/2	<b>H</b>		12/31/2011	
A This return/report is for:			employer plan (not multiemployer)		a one-particip	ant plan
B This return/report is:		the final re	-			
	X an amended return/report	a short plar	n year return/report (less than 12 mo	nths)		
C Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m
[	special extension (enter descriptio	n)				
Part II Basic Plan Inform	mationenter all requested informa	ation		_		
1a Name of plan	•			15	Three-digit	
EVERGREEN WOMENS CARI	E, PLLC 401(K) PROFIT :	SHARING	; PLAN		plan number (PN)	001
				10	Effective date of	
					01/01/2004	plan
2a Plan sponsor's name and addr	ess; include room or suite number (ei	mployer, if i	for a single-employer plan)	2b	Employer Identif	ication Number
EVERGREEN WOMENS CARE					(EIN) 20-237	
				2c	Sponsor's telep	hone number
12303 NE 130TH LN STR	E 420				425-899-64	
				2d	Business code (	see instructions)
KIRKLAND	WA 98034			21	621111	
3a Plan administrator's name and EVERGREEN WOMENS CARE	address (if same as plan sponsor, er 5, PLLC	nter "Same"	)	30	Administrator's E 20-2373232	
12303 NE 130TH LN ST				3c		elephone number
KIRKLAND	WA 98034				425-899-64	100
4 If the name and/or EIN of the p name, EIN, and the plan numi	plan sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4b	EIN	
, a Sponsor's name	ber nom the last return report.			4ç	PN	
	t the beginning of the plan year			5a		60
	t the end of the plan year			5b		59
	count balances as of the end of the p					
				5c		<u> </u>
6a Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)		·····	🕅 Yes 🗌 No
<b>b</b> Are you claiming a waiver of t	he annual examination and report of a	an indepen	dent qualified public accountent (IQI	PA)		🕅 Yes 🗌 No
under 29 CFR 2520.104-46?	(See instructions on waiver eligibility her 6a or 6b, the plan cannot use F	and condition	ons.) SF and must instead use Form 55	50.		
Part III Financial Inform		01111 0000-			•••	·
7 Plan Assets and Liabilities	·		(a) Beginning of Year		(b) End	of Year
		. 7a	270550	4		288418(
				0		
•	7b from line 7a)		270550	)4		2884180
8 Income, Expenses, and Trans			(a) Amount		(b)	Total
a Contributions received or rece						
(1) Employers		. 8a(1)	8373			
(2) Participants		. 8a(2)	15761	- · ·		
(3) Others (including rollover	s)	. <u>8a(3)</u>	89			
			-336(	)9		
	, 8a(2), 8a(3), and 8b)			·	· · ·	20862
	rollovers and insurance premiums		121	72		
ALCO TO THE REPORT OF THE R	the distributions (non-instructions)			0		
	ctive distributions (see instructions)	1	1337	19		
	ers (salaries, fees, commissions)	1.	440	_		
-						2995
	, 8e, 8f, and 8g)			-+		17867
,	he 8h from line 8c)		daa ahaa ahaa ahaa ahaa ahaa ahaa ahaa			
J Transfers to (from) the plan (	see instructions)			1		Form 5500-5F (2011)

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

Form 5500-SF (2011) v,012611

Form 5500-SF 2011

## Page **2** -

No.	4407	Ρ.	3
			_

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 3B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
a	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		х		•	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			х			
С	Was the plan covered by a fidelity bond?		х				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						
् <b>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ansurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						
f	Has the plan failed to provide any benefit when due under the plan?			х			,
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).				<b>_</b> .		
i	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	101			, ,		•
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	npiete	Scheo	lule SB	(Form	Ye	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of I	ERISA?	🚺 Ye	s 🔀 No
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	granting the waiver,	ւth	, and e	enter th Day	e date of t	he letter r Year	uling
]f	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		L	12b		_	. <u> </u>
с	Enter the amount contributed by the employer to the plan for this plan year		L	12c			<b>.</b>
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lengative amount)						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	<u>N/A</u>
Parl	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y 🛄	∕es XIN	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol		- Ye	s 🖾 No
¢							
	13c(1) Neme of plan(s):		13	c(2) El	N(s)	13c	(3) PN(s)

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.

SIGN		0	09	1201	2_	DEBRA STEMERMAN, MD
HERE	Signature of plan administrator	Da	ite /	I		Enter name of individual signing as plan administrator
SIGN						· · · · · · · · · · · · · · · · · · ·
HERE	Signature of employer/plan sponsor	Date				Enter name of individual signing as employer or plan sponsor