Form 5500-SF	Short Form Annual Re	yee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan required to be filed under sections 104 and 4065 of the Employe			2012			
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).					This Form i	s Open to Public		
Pension Benefit Guaranty Corporation		pection						
Part I         Annual Report Identification Information           For calendar plan year 2012 or fiscal plan year beginning         01/01/2012         and ending         12/31/2012								
For calendar plan year 2012 or fisc				2/31/2				
A This return/report is for:			an (not multiemployer)	a one-participant plan				
<b>B</b> This return/report is:		e final return/report						
			n/report (less than 12 mo					
<b>C</b> Check box if filing under:	Form 5558 a	utomatic extension			DFVC progra	ım		
	special extension (enter description)							
	nation—enter all requested information	on				l		
1a Name of plan				1b	Three-digit plan number			
EVERGREEN WOMENS CARE, PLL	C 401(K) PROFIT SHARING PLAN				(PN)	001		
				1c	Effective date o	f plan		
					01/01	/2004		
<b>2a</b> Plan sponsor's name and addr EVERGREEN WOMENS CARE, PL	ess; include room or suite number (emp LC	bloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 20-23	fication Number 73232		
12303 NE 130TH LN STE 420				2c	Sponsor's telep 425-899			
KIRKLAND, WA 98034				2d	Business code ( 62111	see instructions) 1		
<b>3a</b> Plan administrator's name and EVERGREEN WOMENS CARE, PLLC			Sponsor Address	3b	Administrator's 20-23	EIN 73232		
425-899-6400								
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN			
<b>a</b> Sponsor's name				4c	PN			
5a Total number of participants at	the beginning of the plan year			5a		59		
<b>b</b> Total number of participants at	the end of the plan year			5b		55		
	count balances as of the end of the pla			_				
				5c		54		
<b>b</b> Are you claiming a waiver of th under 29 CFR 2520.104-46? (	luring the plan year invested in eligible ne annual examination and report of an See instructions on waiver eligibility an	independent qualifie d conditions.)	d public accountant (IQI	PA)		X Yes No		
	er line 6a or line 6b, the plan cannot							
	incomplete filing of this return/report							
	r penalties set forth in the instructions, signed by an enrolled actuary, as well ete.							
HERE Signature of plan adr	f plan administrator Date Enter name of individu			ual sig	ning as plan adr	ninistrator		
SIGN HERE		Dete						
Signature of employe	er/plan sponsor ne, if applicable) and address; include i	Date oom or suite number	Enter name of individu			r or plan sponsor number (optional)		
JODI CALHOUN RANDALL & HURLEY, INC. 601 W RIVERSIDE, SUITE 1600					509-838-5500			
SPOKANE, WA 99201								

Plan Assets and Liabilities									
		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
a Total plan assets	7a	2884180			3443832				
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	288418	0			3443832			
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:		0047	~						
(1) Employers		8817							
(2) Participants		161572							
(3) Others (including rollovers)		254972							
<b>b</b> Other income (loss)		351873							
<ul> <li><b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li><b>d</b> Benefits paid (including direct rollovers and insurance premium</li> </ul>				_	601624				
to provide benefits)		2837	8						
e Certain deemed and/or corrective distributions (see instruction									
f Administrative service providers (salaries, fees, commissions)		1359	4						
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)						41972			
i Net income (loss) (subtract line 8h from line 8c)	8i					559652			
j Transfers to (from) the plan (see instructions)	······ 8j								
Part IV Plan Characteristics									
2E     2F     2G     2J     2K     3D     3B       b     If the plan provides welfare benefits, enter the applicable welfare	are feature codes t	from the List of Plan Charac	cteristi	ic Cod	es in the i	instructions:			
O         During the plan year:			1	Yes	No	A			
<b>a</b> Was there a failure to transmit to the plan any participant cor				103	X	Amount			
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			10a		x				
on line 10a.)			10b	~					
C Was the plan covered by a fidelity bond?			10c	Х		300000			
<b>d</b> Did the plan have a loss, whether or not reimbursed by the p or dishonesty?	, ,	,	10d		x				
e Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or instructions.)	or all of the benefits	under the plan? (See	10e		×				
${f f}$ Has the plan failed to provide any benefit when due under the	e plan?		10f		Х				
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amo	unt as of year end.	.)	10g		Х				
h If this is an individual account plan, was there a blackout peri 2520.101-3.)	iod? (See instruction	ons and 29 CFR	10g		х				
i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 252	ded the required no	otice or one of the	10i						
art VI Pension Funding Compliance									
1 Is this a defined benefit plan subject to minimum funding requ 5500) and line 11a below)									
1a Enter the amount from Schedule SB line 39 11a									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	luing requirements	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
2 Is this a defined contribution plan subject to the minimum fur		e.)							
2 Is this a defined contribution plan subject to the minimum fur	elow, as applicable s being amortized i	in this plan year, see instruc		and e	enter the c Day	date of the letter rulingYear			
<ul> <li>Is this a defined contribution plan subject to the minimum fur (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b</li> <li>If a waiver of the minimum funding standard for a prior year is</li> </ul>	elow, as applicable s being amortized i	n this plan year, see instruc		and e		-			

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	<b>C</b> 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): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Forr	n 5500-SF	5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				d 4065 of the Employee	<b>`</b>	2012		
Dep	Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration Department of Labor					(a) of This Form is Open to Pub Inspection		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-S							spection	
Part I		lentification Information				10/21/001/		
For calenda	r plan year 2012 or fisc		01/2012	and ending		12/31/2012		
A This retu	rn/report is for:		a multiple-employer pla	in (not multiemployer)		a one-partici	pant plan	
<b>B</b> This retu	rn/report is:	·	he final return/report					
an amended return/report a short plan year return/report (less than 12 months								
C Check be	ox if filing under:	] Form 5558		DFVC program				
special extension (enter description)								
Part II	<b>Basic Plan Inform</b>	mation—enter all requested information	ion		41			
<b>1a</b> Name o					10	Three-digit plan number		
EVERGRE	EN WOMENS CAR	E, PLLC 401(K) PROFIT S	HARING PLAN			(PN)	001	
					1c	Effective date of		
						01/01/2004		
2a Plan sp EVERGRE	onsor's name and addr EN WOMENS CARI	ess; include room or suite number (en E, PLLC	ployer, if for a single-e	employer plan)	2b	Employer Ident (EIN) 20-23	ification Number	
		- 400			2c	Sponsor's telep 425-899-6		
12303 N	E 130TH LN STI	1 420			2d		(see instructions)	
KIRKLAN	Ъ	WA 98034				621111	(000	
		address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's		
EVERGREEN WOMENS CARE, PLLC					20-2373232 <b>3c</b> Administrator's telephone number			
12303 NE 130TH LN STE 420				425-899-6400				
KIRKLAN		WA 98034						
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						4b EIN		
a Sponso						PN		
		t the beginning of the plan year			5a		59	
		t the end of the plan year			5b		55	
C Numbe	er of participants with a	ccount balances as of the end of the p	an year (defined bene	fit plans do not	5c		54	
		during the plan year invested in eligibl					X Yes No	
h Are vo	u claiming a waiver of t	he annual examination and report of a	n independent qualifie	d public accountant (IQ	PA)			
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility a	ind conditions.)		• • • • • • • • •		X Yes 🗌 No	
		her line 6a or line 6b, the plan canno						
Caution: A	penalty for the late of	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	use is	s established.	apple a Schedule	
SB or Sche	Ities of perjury and othe dule MB completed and rue, correct, and compl	er penalties set forth in the instructions d signed by an enrolled actuary, as we ete.	I as the electronic ver	sion of this return/report	t, and	to the best of m	y knowledge and	
SIGN	76-		3/29/2013	DEBRA STEMERM	AN,	MD		
HERE		minietrator	Date	Enter name of individ			Iministrator	
	Signature of plan ad	anninstrator						
SIGN HERE			Date	Enter name of individ	lual e	igning as employ	er or plan sponsor	
	Signature of employ	er/plan sponsor me, if applicable) and address: includ					e number (optional)	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Jodi Calhoun					509-838-5500			
Randall & Hurley, Inc.						503-03		
601 W H	Riverside, Sui	te 1600			┣	1.11		
Spokane	2	WA 99201						
		and OMB Control Numbers, see the ins	tructions for Form 5500-	SF.	1		Form 5500-SF (2012)	

Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(		(b) End of Year		
а	Total plan assets	7a	288	418	0		3443832		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	288	418	0		3443832		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	8	817	9				
	(1) Employers	8a(2)	16	157	2	-			
	(2) Participants	8a(3)							
h	Other income (loss)	8b	35	5187	3				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Τ		601624		
d	Benefits paid (including direct rollovers and insurance premiums		-	2837	0				
	to provide benefits)	8d		2037	0				
e	Certain deemed and/or corrective distributions (see instructions)	8e		.359	4				
f	Administrative service providers (salaries, fees, commissions)	8f	L		4				
g	Other expenses	8g					41972		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>					559652		
	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>							
	Transfers to (from) the plan (see instructions)	- 8j							
<u> </u>	rt IV         Plan Characteristics           If the plan provides pension benefits, enter the applicable pension	footuro or	des from the List of Plan Chara	octeris	tic Co	des in	the instructions:		
9a	2E 2F 2G 2J 2K 3D 3B	leature co	des nom the List of Fian Onare	1010110		000 11			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plan Charac	cteristi	ic Cod	es in th	ne instructions:		
Par	Part V Compliance Questions								
10						No	Amount		
a	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)					х			
k	<ul> <li>b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported</li> </ul>					х			
	on line 10a.)			10b	37		300000		
				10c	X		30000		
Ċ	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		х			
•	Were any fees or commissions paid to any brokers, agents, or ot	her persor	ns by an insurance carrier,						
	insurance service or other organization that provides some or all instructions.)			10e		Х			
f				10f		х			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X			
	<ul> <li>bit the plan have any participant relation (and a plan have a plan have any participant relation)</li> <li>If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li> </ul>					х			
i	<ul> <li>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</li> </ul>								
Dar			<u></u>	L	L				
Part VI         Pension Funding Compliance           11         Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500) and line 11a below)         Yes									
11	11a Enter the amount from Schedule SB line 39								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
á	<ul> <li>If a waiver of the minimum funding standard for a prior year is be granting the waiver.</li> </ul>	ing amorti	zed in this plan year, see instru	ctions	, and	enter tl Day	he date of the letter ruling Year		
 I	If 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								