## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	ension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 5500	)-SF.		
Pa	art I	Annual Report	Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending 1	2/31/2	2012	
		urn/report is for:	a single-employer plan	H	lan (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
		· ·	special extension (enter desc	ription)			_	
Pa	art II	Basic Plan Info	rmation—enter all requested in					
	Name	I.	illiation—enter an requested in	omation		1h	Three-digit	
			PLLC 401(K) PROFIT SHARING	PLAN			plan number	
			. ,				(PN) <b>▶</b>	001
						1c	Effective date o	f plan
							01/01	/2006
2a THRI	Plan sp EE TRE	consor's name and add EE WOMEN'S CLINIC,	dress; include room or suite numb	er (employer, if for a single-	-employer plan)	2b	Employer Identi (EIN) 20-31	fication Number 38541
						2c	Sponsor's telep	hone number
P.O.	BOX C-	-96012					206-242	
BELL	EVUE,	WA 98009				2d		see instructions)
32	Plan a	dminietrator'e name an	d address X Same as Plan Spons	sor Name Same as Plan	n Sponsor Address	3h	62111 Administrator's	
Ju	i iaii a	ummistrator s name an	d address A Same as I lan opon	Soi Name Dame as Hai	1 Sporisor Address	35	Administrator 5	LIIN
						3с	Administrator's	telephone number
4			plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN	
а		or's name	nber from the last return/report.			4c	PN	
	_		at the beginning of the plan year			5a	1	12
b			at the end of the plan year		ŀ			
					ŀ	5b		13
C			account balances as of the end of	. , ,		5с		13
6a	Were	all of the plan's assets	during the plan year invested in e	eligible assets? (See instruc	ctions.)			X Yes No
b			the annual examination and report					
			(See instructions on waiver eligib					X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan o	cannot use Form 5500-SF	and must instead use	<u>Form</u>	5500.	
Cau	ıtion: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	se is	established.	
		, , ,	ner penalties set forth in the instru	•	•	,	O, 11	,
		edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, a plete.	as well as the electronic ver	sion of this return/report,	and	to the best of my	knowledge and
	,				T			
	NI I	Filed with authorized/	valid electronic signature	07/09/2013	PAMELA D. LUTZ, MD	)		
SIG			valid electroffic signature.					
SIG		Signature of plan ac		Date	Enter name of individu	ıal sig	ning as plan adr	ninistrator
HE	RE N			Date 07/09/2013	Enter name of individu		ıning as plan adr	ninistrator
SIG HEI	RE N RE	Filed with authorized/	dministrator valid electronic signature. yer/plan sponsor	07/09/2013 Date	PAMELA D. LUTZ, MD Enter name of individu	ıal sig	ning as employe	r or plan sponsor
SIG HEI	RE N RE	Filed with authorized/	dministrator valid electronic signature.	07/09/2013 Date	PAMELA D. LUTZ, MD Enter name of individu	ıal sig	ning as employe	
SIG HEI	RE N RE	Filed with authorized/	dministrator valid electronic signature. yer/plan sponsor	07/09/2013 Date	PAMELA D. LUTZ, MD Enter name of individu	ıal sig	ning as employe	r or plan sponsor
SIG HEI	RE N RE	Filed with authorized/	dministrator valid electronic signature. yer/plan sponsor	07/09/2013 Date	PAMELA D. LUTZ, MD Enter name of individu	ıal sig	ning as employe	r or plan sponsor

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Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear	
	Total plan assets	7a	86398				(2) =:		05188	4
	Total plan liabilities	7b						•	00.00	
	Net plan assets (subtract line 7b from line 7a)	7c	86398	36				1	05188	4
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				/h	Total	30100	<u> </u>
	Contributions received or receivable from:		(a) Amount				(1)	Total		
	(1) Employers	8a(1)	2665	8						
	(2) Participants	8a(2)	7640	)2						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	9634	16						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							99406	3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1150	8						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1150	8
	Net income (loss) (subtract line 8h from line 8c)	8i							18789	8
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R	feature co	des from the List of Plan Char	acteris	stic Co	des in	the insti	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
Don	V Commission of Occasions									
Part	•				<b>V</b>	NI -				
10	During the plan year:	da a a a a dual	and the Caraman Standard and the Standard	ı	Yes	No		Am	ount	
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)	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g		X				
h	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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	X No
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter th Day	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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	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?		Yes 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 of the PBGC?	control		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):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## 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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

- 11	Annual Report Identification Information							
For	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31	/2012			
Α	This return/report is for: 🛛 🕱 a single-employer plan 🔲 a	a multiple-employer p	lan (not multiemployer)	a one-participant plan				
В	This return/report is:	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558	automatic extension		☐ DF	VC progra	m		
	special extension (enter description	1)		_				
	Basic Plan Information enter all requested inform	nation						
1a	Name of plan			1b Thre				
	Three Tree Women's Clinic, PLLC 401(k) Profit	Sharing Plan		plan (PN)	number ▶	001		
	·	_		1c Effec	tive date o	f plan		
2a	Plan sponsor's name and address; include room or suite number (er Three Tree Women's Clinic, PLLC	mployer, if for a single	e-employer plan)	2b Empl	loyer Identi	fication Number		
	·			,	20-31:			
	P.O. Box C-96012				1801 S (EIEP 6) 242-9	hone number 9000		
	F.O. BOX C-90012					(see instructions)		
	Bellevue WA 98009			621				
3a	Plan administrator's name and address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b Admi	inistrator's	EIN		
				20.41				
				3C Admi	nistrator's	telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/report filed	or this plan, enter the	4b EIN				
•	name, EIN, and the plan number from the last return/report.			4c PN				
	Sponsor's name  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			5b		13		
С	Number of participants with account balances as of the end of the pl	lan year (defined ben	efit plans do not	5c		13		
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)			XYes No		
b	Are you claiming a waiver of the annual examination and report of ar		ed public accountant (IQI	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar					X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan canno							
	ution: A penalty for the late or incomplete filing of this return/rep der penalties of perjury and other penalties set forth in the instructions			,		ashla a Sahadula		
SE	to r Schedule MB completed and signed by an enrolled actuary, as we lief, it is true, correct, and complete.							
	Pany lehlation		Pamela D. Lutz,	MD				
	Signature of plan administrator	Date 2/19/13	Enter name of individua		plan admi	nistrator		
	Paren Oal Valetall	μη,	Pamela D. Lutz,					
	Signature of employer/plan sportsor	Date 2/14/13	Enter name of individua	l signing as	employer	or plan sponsor		
Pr	eparer's name (including firm name, if applicable) and address; include	e room or suite numb				number (optional)		
					· va '	and the state of t		

	Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	863,9		-		1,051,884
b	Total plan liabilities	7b			\		2,002,002
С	Net plan assets (subtract line 7b from line 7a)	7c	863,9	86	1		1,051,884
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	26,6				
	(2) Participants	8a(2)	76,4				
-	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	96,3	46			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					199,406
u	to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f	11,50	08			
g	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	general a grant and a second				11,508
i	Net income (loss) (subtract line 8h from line 8c)	8i	÷ . ]				187,898
ī	Transfers to (from) the plan (see instructions)	8j					
17.45	Plan Characteristics						<u></u> .
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instructions:
	2E 2G 2J 2K 2R						
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	e from the Liet of Plan Characte	rietic	Code	e in th	a instructions:
	if the plan provides wellare belieflis, effer the applicable wellare rea	iture code	S HOITI THE LIST OF FIAH CHARACTE	5113110	Code	5 III (II)	e mstructions.
	Compliance Questions						· · · · · · · · · · · · · · · · · · ·
10	During the plan year:				Yes	No	Amount
a		ions withi	n the time period described in		163	110	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х	
þ		•	•			x	
_	on line 10a.)			10b			100 000
	Was the plan covered by a fidelity bond?			10c	_ <u>x</u>		100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
е	· · · · · · · · · · · · · · · · · · ·		<del></del>	<u> </u>			
	insurance service or other organization that provides some or all o						
	instructions.)			10e		X	
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		x	
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	-3	***************************************	101			
	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					ule SI	3 (Form Yes X No
11:	Enter the amount from Schedule SB line 39	****************		••••••		11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or sec	tion 3	02 of I	ERISA? Yes 🗓 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				
а		g amortiz	ed in this plan year, see instruc				
1f	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				
b				184888448		12b	

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Enter the amount contributed by the employer to the plan	for this plan year		12c		
Subtract the amount in line 12c from the amount in line 12	2b. Enter the result (enter a m	nus sign to the left of a	124		
				Yes N	o D N/A
Plan Terminations and Transfers of A	ssets				
Has a resolution to terminate the plan been adopted in an	y plan year?		🔲 ү	es X No	
If "Yes," enter the amount of any plan assets that reverted	to the employer this year		13a		
· · · · · · · · · · · · · · · · · · ·	eficiaries, transferred to anoth	er plan, or brought unde	r the control	□ Y	es X No
		r plan(s), identify the pl	an(s) to		
I3c(1) Name of plan(s):			13c(2) EIN	(s) 1:	3c(3) PN(s)
Trust Information (optional)					
14a Name of trust					
	Enter the amount contributed by the employer to the plan Subtract the amount in line 12c from the amount in line 12 negative amount)  Will the minimum funding amount reported on line 12d be Plan Terminations and Transfers of A Has a resolution to terminate the plan been adopted in an If "Yes," enter the amount of any plan assets that reverted Were all the plan assets distributed to participants or bene of the PBGC?  If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction 13c(1) Name of plan(s):  Trust Information (optional)	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 minegative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  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 of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)  Trust Information (optional)	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 of a negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  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 under of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)  Trust Information (optional)	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 of a negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  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 under the control of the PBGC?  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.)  Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year