## 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

2013

This Form is Open to Public Inspection

Dort I	nefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	ctions to the Form 550	0-SF.				
Part I	Annual Report Id	dentification Information				•			
For calenda	ar plan year 2013 or fisc	al plan year beginning 01/01/20	13	and ending 1	2/31/2	2013			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	_			
C Check box if filing under: Form 5558 automatic extension					DFVC program				
		special extension (enter descripti	,						
Part II	Basic Plan Inform	mation—enter all requested inform	nation		1				
1a Name EVERGREE	· F ·	LC 401(K) PROFIT SHARING PLAN	V		1b	Three-digit plan number (PN) ▶	001		
					1c	Effective date of	plan		
2a Plan sr	oonsor's name and addr	ress; include room or suite number (	employer, if for a single-	employer plan)	2b	01/01/ Employer Identif			
EVERGREE	N WOMENS CARE, PL	LC		. , ,		(EIN) 20-237	73232		
12303 NE 13	BOTH LN STE 420				<b>2c</b> Sponsor's telephone number 425-899-6400				
KIRKLAND,	WA 98034				2d	Business code (s	,		
		address Same as Plan Sponsor	ш	n Sponsor Address	3b	Administrator's E			
VERGREEN	WOMENS CARE, PLLC	C 12303 NE 130 KIRKLAND, V	0TH LN STE 420 VA 98034		3с		elephone number		
	EIN, and the plan numb	plan sponsor has changed since the ber from the last return/report.	last return/report filed fo	or this plan, enter the	4b 4c	EIN PN			
<b>5a</b> Total r	number of participants at	t the beginning of the plan year			5a		55		
	·	t the end of the plan year			5b		50		
		count balances as of the end of the			5c				
					JU		48		
		during the plan year invested in eligi	ble assets? (See instruc	tions.)			¥8 X Yes No		
<b>b</b> Are you under	ou claiming a waiver of the 29 CFR 2520.104-46? (	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility	ble assets? (See instruct f an independent qualifie and conditions.)	tions.)ed public accountant (IQ	PA)				
<b>b</b> Are you under <b>If you</b>	ou claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eith	during the plan year invested in eligi he annual examination and report of	ble assets? (See instruction of an independent qualifier and conditions.)not use Form 5500-SF	and must instead use	PA) Form	5500.	X Yes No		
b Are you under If you	ou claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eithe plan is a defined benefit	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility ner line 6a or line 6b, the plan can plan, is it covered under the PBGC in	ble assets? (See instruction of an independent qualifier and conditions.)not use Form 5500-SF insurance program (see	and must instead use	PA) <b>Form</b>	<b>5500.</b> Yes No	X Yes No X Yes No		
b Are younder If you C If the p Caution: A Under pena SB or Sche	ou claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eithe plan is a defined benefit appenalty for the late or alties of perjury and other	during the plan year invested in eliging the annual examination and report of (See instructions on waiver eligibility the reline 6a or line 6b, the plan can plan, is it covered under the PBGC in incomplete filing of this return/representations set forth in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the plan in the instruction is signed by an enrolled actuary, as well as the plan is the plan in the instruction is signed by an enrolled actuary, as well as the plan is the plan i	ble assets? (See instruction of an independent qualifier and conditions.)not use Form 5500-SF insurance program (see eport will be assessed ans, I declare that I have	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form	5500.  Yes No established.  Cluding, if applica	Yes No Yes No Not determined  Able, a Schedule		
b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t	ou claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eithe plan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and true, correct, and completed.	during the plan year invested in eliging the annual examination and report of (See instructions on waiver eligibility the reline 6a or line 6b, the plan can plan, is it covered under the PBGC in incomplete filing of this return/representations set forth in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the set of the plan in the instruction is signed by an enrolled actuary, as well as the plan in the instruction is signed by an enrolled actuary, as well as the plan is the plan in the instruction is signed by an enrolled actuary, as well as the plan is the plan i	ble assets? (See instruction of an independent qualifier and conditions.)not use Form 5500-SF insurance program (see eport will be assessed ans, I declare that I have	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form	5500. Yes No sestablished. Cluding, if applicate the best of my	Yes No Yes No Not determined  Able, a Schedule		
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b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN	ou claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eithe plan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and true, correct, and complete items.	during the plan year invested in eliging the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC in incomplete filing of this return/representation of the instruction of signed by an enrolled actuary, as well alid electronic signature.	ble assets? (See instruction of an independent qualified and conditions.)	and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	Form	5500.  Yes No established.  Including, if applicate to the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and		
b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t	ou claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eithe plan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and true, correct, and complete items.	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC is incomplete filing of this return/representation of the instruction of signed by an enrolled actuary, as welte.	ble assets? (See instruction of an independent qualified and conditions.)	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/report  DEBRA STEMMERM/ Enter name of individing	Form use is port, in and the same and the sa	5500.  Yes No established.  Including, if applicate to the best of my on the best of	X Yes No X Yes No Not determined  able, a Schedule knowledge and		
b Are younder If you c If the p  Caution: A  Under pena SB or Sche belief, it is t  SIGN HERE  Preparer's JODI CALHERANDALL 8	ou claiming a waiver of the 29 CFR 2520.104-46? (answered "No" to eithe plan is a defined benefit of the late or alties of perjury and other dule MB completed and rue, correct, and complete with authorized/va Signature of plan addressing the complete of the late of plan addressing the late of plan addressing the late of plan addressing the late of the late of plan addressing the late of plan addressing the late of the late	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC is incomplete filing of this return/representation of the properties set forth in the instruction a signed by an enrolled actuary, as welte.  In a section of this return/representation of the properties of the plan can plan, is it covered under the plan can pl	ble assets? (See instruct f an independent qualifier and conditions.)	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/report  DEBRA STEMMERM/ Enter name of individ	Form use is port, in a not a n	5500.  Yes No established.  Icluding, if applicate to the best of my  ning as plan adm  ning as employee	Yes No Yes No Not determined  Able, a Schedule knowledge and  ninistrator  r or plan sponsor number (optional)		

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End (	of Vo	ar		
	Total plan assets	7a	(a) Beginning of Tea			(b) End of Year 4198198					
	Total plan liabilities			+							
	otal plan liabilities		2				41	98198			
	Income, Expenses, and Transfers for this Plan Year						(b) To				
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı			
	(1) Employers	8a(1)	8749	6							
	(2) Participants	8a(2)	16252	2							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	53246	532467							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						78	33412		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1039	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1865	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							29046		
i	Net income (loss) (subtract line 8h from line 8c)	8i						7	54366		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	2E 2F 2G 2J 2K 3D 3B  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 instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	<b>a</b> 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 on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					300	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth										
·	insurance service, or other organization that provides some or all					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X					
i	,										
Part				10i			ı				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	П	No
110	Enter the unpaid minimum required contribution for current year fr					11a			. 55	Ш	
	· · · · · · · · · · · · · · · · · · ·		,				EDICA2	П	Yes	y	No
12	Is this a defined contribution plan subject to the minimum funding			or se	CUON	ou∠ of	EKISA!	Ш	168	^	INU
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
	granting the waiver.	-			, апа (	Day		Year		9	
lf	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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			1			
С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	<b>d</b> 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?		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?	X	es No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e control			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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)			•		
14a	Name of trust	14b Trust's EIN				

QMB Nos. 1210-0110

1210-0089

## Form 5500-SF

Department of the Treasury Intomal Revenue Service

## 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

2013

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporat Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 12/31/2013 01/01/2013 and ending For calendar plan year 2013 or fiscal plan year beginning a one-participant plan a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: the first return/report the final return/report **B** This return/report is: a short plan year return/report (less than 12 months) an amended return/report automatic extension DFVC program Form 5558 Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number EVERGREEN WOMENS CARE, PLLC 401(K) PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number EVERGREEN WOMENS CARE, PLLC (EIN) 20-2373232 2c Sponsor's telephone number 12303 NE 130TH LN STE 420 425-899-6400 2d Business code (see instructions) KIRKLAND 98034 621111 Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 20-2373232 EVERGREEN WOMENS CARE, PLLC 3c Administrator's telephone number 425-899-6400 12303 NE 130TH LN STE 420 KIRKLAND WA 98034 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name. EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a 55 b Total number of participants at the end of the plan year ...... 5b 50 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 48 complete this item) Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBQC insurance program (see ERISA section 4021)? ...... Yes No Not determined 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 bellef, it is true, correct, and complete. SIGN 2011 DEBRA STEMMERMAN, 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 Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) JODI CALHOUN 509-838-5500 Randall & Hurley, Inc. 601 W. Riverside Ave., Suite 1600

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Spokane

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Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
a Total plan assets	7a	344	383	<sup>2</sup>  .—		4198198
b Total plan liabilities	7b			1		
C Net plan assets (subtract line 7b from line 7a)	7c	344	383.	2		4198198
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		┷		(b) Total
a Contributions received or receivable from:		8	749	6		·
(1) Employers	8a(1)	16	252	2		
(2) Participants	8a(2)		92			
(3) Others (Including rollovers)	8a(3)	53	246			
b Other income (loss)	8b 8c			+		783412
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	86			1		
to provide benefits),	8d	]	.039	4		
e Certain deemed and/or corrective distributions (see instructions)	. 8e			Ш.		
f Administrative service providers (selaries, fees, commissions)	8f	1	1865	2 :		
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					29046
Net Income (loss) (subtract line 8h from line 8c)	81					754366
j Transfers to (from) the plan (see instructions)	- Bj	•				
Part IV Plan Characteristics	, , , , , , , , , , , , , , , , , , , ,	1111				
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3B  b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for the applicable welfare for						
Part V Compliance Questions		1.11.11.1		Yes	No	Amarint
10 During the plan year:	ations watering	the time period described in		163	NO	Amount
a Was there a fallure to transmit to the plan any participant contribution of CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelity)	uciary Corre	ction Program)	10a		X	1.1416.4
b Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X	
C Was the plan covered by a fidelity bond?			10c	x		300000
d Dld the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		х	
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year or	nd.)	10g		Х	
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				х	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520,10	the required	notice or one of the	10ř			
Part VI Pension Funding Compliance					•	
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If "Y	es," see instructions and com	plete	Sched	lule SE	G (Form Yes No
11a Enter the unpaid minimum required contribution for current year					11a	
12 Is this a defined contribution plan subject to the minimum funding	g requiremen	nts of section 412 of the Code	orse	ction	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	/, as applica	ble.)				
If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				апд е	nter th Day	ne date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	1					
<b>b</b> Enter the minimum required contribution for this plan year					12b	