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

Pen	sion Be	nefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	""	peotion
Par	t I	Annual Report le	dentification Information					
For ca	alenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/	/2013	and ending 1	2/31/2	2013	
		urn/report is for:	a single-employer plan		olan (not multiemployer)		a one-partici	pant plan
B Ir	iis reti	urn/report is:	the first return/report	the final return/report		41 \		
• -			an amended return/report	H	rn/report (less than 12 m	ontns)		
C C	neck b	oox if filing under:	Form 5558 special extension (enter description)	automatic extension ription)			DFVC progra	am
Par	· II	Basic Plan Infor	mation—enter all requested inf	• •				
		of plan	enter un requesteu in	iomaton		1b	Three-digit	
		•	PLLC 401(K) PROFIT SHARING I	PLAN			plan number	
							(PN) ▶	001
						1c	Effective date of 01/01	•
		oonsor's name and add E WOMEN'S CLINIC, F	ress; include room or suite number	er (employer, if for a single	employer plan)	2b	Employer Identi	
P.O. B	2 Y C	06012				2c	Sponsor's telep	
BELLE	VUE,	WA 98009				2d	Business code	(see instructions)
3a P	lan ad	dministrator's name and	d address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	
						3c	Administrator's	telephone number
			plan sponsor has changed since ber from the last return/report.	the last return/report filed f	or this plan, enter the	4b	EIN	
a s	ponso	or's name				4c	PN	
5a ⊺	otal r	number of participants a	at the beginning of the plan year			5a		13
b 1	otal r	number of participants a	at the end of the plan year			5b		15
			ccount balances as of the end of	. , ,	•	5c		15
6a '	Were	all of the plan's assets	during the plan year invested in e	eligible assets? (See instru	ctions.)			X Yes No
ι	ınder	29 CFR 2520.104-46?	the annual examination and repor (See instructions on waiver eligib	oility and conditions.)				X Yes No
	•		her line 6a or line 6b, the plan o					7 Not datamain ad
			plan, is it covered under the PBC		·			Not determined
			r incomplete filing of this return					able a Cabadula
SB or	Sche		er penalties set forth in the instruct d signed by an enrolled actuary, a lete.					
SIGN		Filed with authorized/va	alid electronic signature.					
HERE		Signature of plan administrator Date Enter name of individ		Enter name of individ	ual sig	ıning as plan adr	ministrator	
SIGN								
HERE		Signature of employ		Date	Enter name of individ			
Prepa	irer's	name (including firm na	ame, if applicable) and address; in	nclude room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Day	Part III Financial Information									
7 Tal			(a) Denimina of Ven		1		(h) F.	V		
	Plan Assets and Liabilities	- -	(a) Beginning of Yea		-		(b) Er	d of Y	ear 330942)
<u>а</u> b	Total plan assets Total plan liabilities	7a		0	-			1.	(
	Net plan assets (subtract line 7b from line 7a)	7b	105188		-			11	330942	
		7c			-		(1-		3000-12	-
<u>8</u> а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(a)) Total		
	(1) Employers	8a(1)	1839	2						
	(2) Participants	8a(2)	7741	6						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	19828	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	294090	l
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	200	0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	1303	2						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15032	2
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							279058	3
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2R	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	ructions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			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	X					100000
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			4.0		Х				
	instructions.)			10e		Χ				
	, , , , , , , , , , , , , , , , , , ,			10f						
g				10g		Х				
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)								Yes	× No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) 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? Yes X No									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter tl Day	ne date d	of the le		ling
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				

Page	3 -	1
------	-----	---

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)	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?	> 	es 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	0
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.)	:0			
1	3c(1) Name of plan(s):	13c(2) EIN(s) 13c(3)			
Part	VIII Trust Information (optional)				
	Name of trust EE TREE WOMEN'S CLINIC, PLLC 401		ust's EIN 05233248		

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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the instru	ictions to the Form 550	0-SF.		
		Identification Information					
For	calendar plan year 2013 or fi		01/01/2013	and ending	12	2/31/2013	·····
A	This return/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemployer)	l	a one-partici	oant plan
В	This return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)		
С	Check box if filing under:	x Form 5558	automatic extension		ſ	DFVC progra	am
	•	special extension (enter descri	otion)			_	
þ	art II Basic Plan Info	ormation enter all requested in	oformation		····		
Liniano	Name of plan	enter un requesteu il	nonnadots		1b	Three-digit	
	Three Tree Memonis	Clinic, PLLC 401(k) Pro	fit Charing Dlan		1	plan number	001
	Illiee lice Mowell 2	CITITE, FINC 401(K) FIG	iic Sharing Fian		····	(PN) ► Effective date of	<u> </u>
						01/01/2006	
2a		ddress; include room or suite numbe	er (employer, if for a sing	e-employer plan)	2b	Employer Ident	ification Number
	Three Tree Women's	Clinic, PLLC				(EIN) 20-31	38541
					2c	Sponsor's telep	
	P.O. Box C-96012					(206) 242-	
					2d	Business code 621111	(see instructions)
	Bellevue	wa 98009 Ind address X Same as Plan Spo	noor Nome Come on	Dian Caanaar Address	3h	Administrator's	EINI
Ja	Pian administrators name a	ind address [X] Same as Plan Spo	nsor Name Same as	Plan Sponsor Address	30	Administrators	EIN
					20	A.d	
					30	Administrators	telephone number
4	If the name and/or EIN of th	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
		mber from the last return/report.	·		ļ		
a	Sponsor's name				4c	PN	
5a	, ,	at the beginning of the plan year			5a		13
b	· · · · · · · · · · · · · · · · · · ·	at the end of the plan year			5b		15
С		account balances as of the end of the			5c		15
 6а		during the plan year invested in eli		ctions \			X Yes No
	•	f the annual examination and report	`	′		***************************************	
		? (See instructions on waiver eligibili				*****************	X Yes No
		ther line 6a or line 6b, the plan ca					
С	If the plan is a defined bene	fit plan, is it covered under the PBG	C insurance program (se	e ERISA section 4021)?	•••••	Yes N	o 🔲 Not determined
Ca	ution: A penalty for the late	or incomplete filing of this return	report will be assesse	d unless reasonable ca	use is	established.	
Un	der penalties of perjury and o	ther penalties set forth in the instruc	tions, I declare that I have	re examined this return/re	eport, i	ncluding, if appl	icable, a Schedule
SE	or Schedule MB completed a	and signed by an enrolled actuary, a					
be	lief, it is true, correct, and con		1 1 1 1 1	<u> </u>		····	
s	ign family	Idigrio	10/7/14	Pamela D. Lutz,	MD		
Н	ERE Signature of plan adn		Date	Enter name of individua	al sign	ing as plan adm	inistrator
S	IGN Panulal	Sign 10	10/7/14	Pamela D. Lutz,	MD	*****	
100	ERE Signature of employe	r/plan sponsor	Date	Enter name of individua	al sign	ing as employer	or plan sponsor
Pre	eparer's name (including firm	name, if applicable) and address; in	clude room or suite num	ber (optional)	Prep	arer's telephone	number (optional)
					97/89/4008		

120A55	Will Figure 1-1 lofe weeking		· · · · · · · · · · · · · · · · · · ·						
7	Plan Assets and Liabilities		(a) Beginning of Year		1		(b) End of	f Year	
<u>'</u> a	Total plan assets	7a	1,051,884			1,330,942			
b	Total plan liabilities	7b	2,002,00	0		1,330,942			
	Net plan assets (subtract line 7b from line 7a)	7c	1,051,88			1,330,94			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	1	(b) Total			
a	Contributions received or receivable from:		, ,						
	(1) Employers	8a(1)	18,39						
	(2) Participants	8a(2)	77,43						
	(3) Others (including rollovers)	8a(3)		0	-				
	Other income (loss)	8b	198,28	32					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						294,090	
u	to provide benefits)	8d	2,00	00					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	13,03	32					
g	Other expenses	8g		0				0.000	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						15,032	
i	Net income (loss) (subtract line 8h from line 8c)	8i						279,058	
j	Transfers to (from) the plan (see instructions)	8j		0					
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 2R	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instruction	ons:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pa	Part V Compliance Questions								
10	During the plan year:			·	Yes	No		Amount	
а		tions within	n the time period described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc		ction Program)	10a		х		<u>,</u>	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	ction Program)nclude transactions reported	10b		x			
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	? (Do not i	ction Program)nclude transactions reported		х			100,000	
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	? (Do not i	nction Program)nclude transactions reported	10b	х			100,000	
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	? (Do not i	nction Program)nclude transactions reportednd, that was caused by frauds by an insurance carrier, efits under the plan? (See	10b 10c	х	х		100,000	
d e	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	? (Do not i	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d	х	x		100,000	
d e	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	? (Do not i	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10e	x	x x x		100,000	
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	? (Do not i	nclion Program)	10b 10c 10d	X	x x		100,000	
d e	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity borner person of the benchmark grant from the series of year experies of year experience of year experi	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10e	x	x x x		100,000	
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107	fidelity borner person of the benchmark grant (See instrumer required	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g	X	x x x x		100,000	
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity borner person of the benchmark grant (See instrumer required	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g	x	x x x x		100,000	
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107	fidelity borner person of the benuncial of year experience (See instrumer required 1-3	nclude transactions reported nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x		100,000	
e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.102. To VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity borner person of the benchmark (See instrumerequired 1-3	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) and.) arctions and 29 CFR and notice or one of the	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x			
e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10* TVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the strength of the plan in the	? (Do not i	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR d notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 ints of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x x 11a			
c d d e e f g h i 11 11a 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10** If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the second of the plan in the second of the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below)	? (Do not i	nclion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	x x x x x x 11a 102 of	ERISA?	☐ Yes ☒ No	
c d e e f g h i 11 11a 11a 12 a	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.1011 (1) (1) Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for list has a defined contribution plan subject to the minimum funding (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 beingranting the waiver	requirements, as applicing amortized.	nclide transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) actions and 29 CFR I notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 ants of section 412 of the Code able.) ed in this plan year, see instructions and com Mo	10b 10c 10d 10e 10f 10g 10h 10i or se	Scheo	x x x x x x x 11a 1002 of	ERISA?	☐ Yes ☒ No	
c d e e f g h i 11 11a 11a 12 a	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10* TVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for list has a defined contribution plan subject to the minimum funding (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 being the standard for a prior year is prior year.	requirements? (If "	nclion Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Scheo	x x x x x x x 11a 1002 of	ERISA?	Yes X No	

	Form 5500-SF 2013 Page 3-					
			1			
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year	12¢				
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?	□ Y	es 🗓 N	lo		
	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 confidence of the PBGC?			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) to which assets or liabilities were transferred. (See instructions.))		_		
1	3c(1) Name of plan(s): 13c	(2) EIN	(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a I	Name of trust	14b ⊺	rust's EIN	1		
Three Tree Women's Clinic, PLLC 401				20-5233248		