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).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	1									
For calenda	ar plan year 2015 or t	fiscal plan year beginning 01/01/2	<u> 2015</u>	and ending 1	2/31/2015							
A This	liver to a contract to the	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions)									
A This ret	turn/report is for:	a one-participant plan	a foreign plan									
B This retu	urn/report is	the first return/report										
		an amended return/report	oort a short plan year return/report (less than 12 months)									
C Check I	box if filing under:	Form 5558	automatic extension	ı	DFVC program							
Dowt II	Decis Dien let	special extension (enter desc	· ,									
Part II		ormation—enter all requested in	formation		1b Three diese	<u> </u>						
1a Name		C, PLLC 401(K) PROFIT SHARING	ΡΙ ΔΝ		1b Three-digit plan numb							
THILL THE	LE WOMEIVO CENTR	o, i elo for(it) i itori i orizitivo	LAN		(PN) ▶	001						
					1c Effective d	ate of plan 01/01/2006						
		loyer, if for a single-employer plan)) Paul			dentification Number						
City or	town, state or provin	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		structions)	(EIN) 20-3138541 2c Sponsor's telephone number							
THREE TRE	E WOMEN'S CLINIC	5, PLLC			206-242-9000							
P.O. BOX C-					2d Business code (see instructions)							
BELLEVUE,	WA 98009					621111						
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN								
4 If the r	name and/or EIN of th	he plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN	tor's telephone number						
name	, EIN, and the plan nu	umber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,								
	or's name	to at the beginning of the plan year			4c PN 5a							
		ts at the beginning of the plan yearts at the end of the plan year			5b	15						
C Numb	er of participants with	n account balances as of the end of	the plan year (defined be		5c	0						
		articipants at the beginning of the pl				0						
	·	participants at the end of the plan ye	•		5 1(0)	0						
e Numb	per of participants that	at terminated employment during the	e plan year with accrued b	penefits that were less	5e							
Caution: A	hoo% vested	e or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca	use is establishe	d.						
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare that I have	ve examined this return/re	port, including, if a	applicable, a Schedule						
SIGN		thorized/valid electronic signature. 04/12/2016 CHRISTIE RECINT				TO, MD						
HERE	Signature of plan administrator Date Enter name of individ					n administrator						
SIGN												
HERE	Signature of employer/plan sponsor Date Enter name of individu											
Preparer's	name (including firm	name, if applicable) and address (in	nciude room or suite num	per)	Preparer's telep	none number						

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an independ and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes [No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not c	letermi	ned
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Yea		
a Total plan assets	. 7a		1354						C	
b Total plan liabilities	7b		4054	0)
C Net plan assets (subtract line 7b from line 7a)	7c		1354	851	-)
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)		1	914						
(2) Participants	8a(2)		2	175						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b		34	388						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								38477	7
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1389	126						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f		4	202						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	393328	3
i Net income (loss) (subtract line 8h from line 8c)	8i							-1	354851	
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of Pl	an Cha	racteris	stic Co	des in t	the instr	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare for	antura and	a from the List of Dis	n Char		io Coo	ام نم داه	a inatru	otionor		
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	s morn the List of Fla	ii Cilaia	acterist	.10 000	162 111 111	ie iristru	CHOHS.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					.,					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of the	ne benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a					X					
h If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR	10g		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	he required	notice or one of the	10h 10i							
j Did the plan trust incur unrelated business taxable income?			10i		X					
Part VI Pension Funding Compliance			IUJ	<u> </u>	^	[<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ιп	Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	· - <u>[</u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?.	П	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1								
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling			
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι				
b	Enter ti	he minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d						
		ve amount)			Yes	No	N/A			
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A			
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo				
		s," 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 brou PBGC?	ght under the co	ontrol	×	Yes	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part		Trust Information								
14a	Name o	f trust		14b 1	rust's Ell	N				
14c Name of trustee or custodian					14d Trustee's or custodian's					
						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No				
	10 110			_ D	esign-					
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method						
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye						
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?				No				
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No				
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable				
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	," enter amount	·····	19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

4014	arti Annual Report	identification information							
For	calendar plan year 2015 or fi		01/01/2015	and ending	12/31/2015	5			
Α	This return/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (employer information in a					
В	This return/report is:	the first return/report	the final return/report						
_		an amended return/report	본	rn/report (less than 12 m	onths)				
		an amended return report	a onort plan year lota	mireport (1633 than 12 m	1011(113)				
C	Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter descri	ption)						
P	art II Basic Plan Info	ormation enter all requested i	nformation						
_	Name of plan				1b Three-digit				
	Three Tree Women's	Clinic, PLLC 401(k) Pro	ofit Sharing Plan		plan numbe	r 001			
			-		(PN) ► 1c Effective da				
					01/01/20	•			
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O ce, country, and ZIP or foreign post		tructions)	2b Employer Id (EIN) 20-	entification Number 3138541			
	Three Tree Women's		(-4	2c Sponsor's te	elephone number 2-9000			
	P.O. Box C-96012				2d Business code (see instructions) 621111				
_	US Bellevue WA 98009								
3a	Plan administrator's name a	and address 🗓 Same as Plan Spo	nsor Name		3b Administrate	or's EIN			
					3c Administrate	or's telephone number			
4		ne plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a	Sponsor's name				4c PN				
5a	Total number of participants	s at the beginning of the plan year			5a	15			
b	Total number of participants	s at the end of the plan year			5b	0			
C		account balances as of the end of t			5c	0			
d	(1) Total number of active pa	rticipants at the beginning of the pla	n year		5d(1)	11			
d	(2) Total number of active pa	rticipants at the end of the plan year			5d(2)	0			
е	Number of participants that less than 100% vested	terminated employment during the	olan year with accrued be	nefits that were	5e	0			
-	aution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable ca	uea le aetablieba	•			
U _I	nder penalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	eport, including, if a	pplicable, a Schedule			
	SIGN TO A	6	4/ 1 1	Christie Recint	o, MD				
TEEDS	HERE Signature of plan add	ninistrator	Date / 12/2016	Enter name of individua	al signing as plan a	dministrator			
W	111 10		111	Christie Recinte					
	SIGN Signature of employe	or/nlan enoneor	Date 4/ / / / / / /	Enter name of individua		ver or plan sponsor			
-		name, if applicable) and address; ir	11101201		Preparer's telepho				
				·	, roparor o totopin				
						A MARIE			

-	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)		uorzesiie:				X Yes	No
	Are you claiming a waiver of the annual examination and report of a							201001707)	.55 (
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				•				X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	m 5500-SF and must ins	stead	use l	orm	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 40	21)?	[Yes	☐ No	☐ Not de	termined
Pa	rt III Financial Information									
-	Plan Assets and Liabilities	COLUMN TO THE	(a) Beginning o	f Yea	г			(b) End o	f Year	
а	Total plan assets	7a	1,35	54,8	51					0
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,35	54,8	51					
8	Income, Expenses, and Transfers for this Plan Year	1884	(a) Amount					(b) To	tal	
a	Contributions received or receivable from:	8a(1)		1,9	14					
	(1) Employers(2) Participants	8a(2)		2,1		010				ms all
_	(3) Others (including rollovers)	8a(3)		-/-	0	I GEO	Lung Co.			COLUMN TWO
-	Other income (loss)			34,3	_	1.813	OLTER:		TO COLOR	ar win
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		DOESN'T ESPECIAL VIEW	- N-S				Mario Paris	38,4	477
200	Benefits paid (including direct rollovers and insurance premiums			- 24		HSS	1961	青金金	FEW H	PER PE
-	to provide benefits)	8d	1,38	39,1			e kara	School Service		of puell
_	Certain deemed and/or corrective distributions (see instructions)				0	12/10	SEVEN		a Switchen le	
-	Administrative service providers (salaries, fees, commissions)	8f		4,2	02	150	SEATING OF		Manual Name	Ste SWA
-54	Other expenses	8g		1 Fare	al al la			WIND TO STATE	1 202	200
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		300	APPRICATE OF			/1	1,393,	
-	Net income (loss) (subtract line 8h from line 8c)	8i		- 181	PS (#1)0	N. S. Con	10710 15		1,354,8	21
-	rt IV Plan Characteristics	8j				STATE OF	SHOLAND	Transfer Street		Shipping and the shippi
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	harac	cterist	c Cod	les in th	e instructi	ons:	
	2E 2G 2J 2K 2R									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	instruction	ns:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	F	Mount	
а	Was there a failure to transmit to the plan any participant contribu						polipi			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	-	•			x	No. of			
b	Program)			10a		_				
D	reported on line 10a.)			10b		x	PHONE I			
С				10c		х	01346		_	
d	70	fidelity bo	nd, that was caused				13500			
	by fraud or dishonesty?	ACTORNAL PROPERTY CONTROL		10d		х	7777			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som						10T/00F			
	the plan? (See instructions.)			10e		x	STATE OF			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х	DI HE			
				10g		х	5020			
<u>g</u>				Tog		^		EV-THE	node linus	VA TITO
- "	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x	The same			
i	If 10h was answered "Yes," check the box if you either provided t	he require	d notice or one of the					State of		HE SIN
:	exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?			10i			Macos	BATTER STATE OF	10/4/128	
Pa	rt VI Pension Funding Compliance			10j		X				
11	Is this a defined benefit plan subject to minimum funding requirem				-					.
44	5500) and line 11a below)								Yes	ı∆ı No
_	Enter the unpaid minimum required contribution for current year fr						11a			T.
_12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the (Code	or se	ction 3	02 of E	KISA?	Yes	ĭ <u>X</u> No

	Form 5500-SF 2015 Page 3 -							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver.		d enter th	ne date of Yea		ruling		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		ay		al			
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		12d					
-	negative amount)				7 [
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes L	□ No □	N/A		
Par	or to a transport of the state							
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Y	es 📙 N	0			
	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 of the PBGC?				x Yes	□ No		
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to	0		,			
	13c(1) Name of plan(s):	130	(2) EIN((s)	13c(3) PN(s)			
						-		
Par	t VIII Trust Information (optional)		0					
14a	Name of trust	14b Trust's EIN						
14c Name of trustee or custodian					14d Trustee or custodian's telephone number			
Par	IRS Compliance Questions		<u></u>		= = = = = = = = = = = = = = = = = = = =			
15a	I Is the plan a 401(k) plan:		☐ Ye	s	☐ No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					ACP		
150	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(2(a)(2)(ii))?	′	Yes [☐ No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		□ Rai Pei Tes	rcentage	Average Benefit Test			
16k	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules?		☐ Ye	S	☐ No			
	Has the Plan been timely amended for all required law changes?		Ye:	s	☐ No	□ N/A		
	Date of the last plan amendment/restatement for the required tax law changes was adopted//instructions for tax law changes and codes).			able code				
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / and the letter's serial number.		o a favo	rable IRS	opinion o			
17c	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please edetermination letter		e of plar	n's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	s been ands)?	☐ Ye	s	☐ No			
19	Were in-service distributions made during the plan year?		☐ Ye	s	☐ No			
	If Yes, enter amount		19					
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whet not retired) as required under section 401(a)(9)?		Ye	s	□ No	□ N/A		