Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.			
		dentification Information						
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009		
Α.	This return/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
	This return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)			
C	C Check box if filing under:					DFVC program		
	3 · · ·							
Da	rt II Basic Plan Infor	special extension (enter descripti mation—enter all requested inforn						
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit		
	•	/ICES, PS 401(K) PROFIT SHARING	3 PLAN		10	plan number		
	CONCERT EMERCOENCY CERT	1020, 10 101(10) 1110111 011111111	J 1 27 11 4			(PN) • 001		
					1c	Effective date of plan		
						01/01/2002		
	•	ress (employer, if for single-employe	r plan)		2b	Employer Identification Number		
EVE	RGREEN EMERGENCY SERV	/ICES, PS			0 -	(EIN) 91-2149865		
0444	0 85TH AVE SE				2C	Plan sponsor's telephone number 425-827-3041		
	DINVILLE, WA 98072				2d	Business code (see instructions)		
						621111		
		d address (if same as Plan sponsor, e		e")	3b	Administrator's EIN		
EVE	RGREEN EMERGENCY SERV	/ICES, PS 24110 85TH WOODINVII		8072		91-2149865		
		WOODIIWII	LLL, W/COC	5072	3c	Administrator's telephone number 425-827-3041		
4 1	the name and/or FIN of the n	an sponsor has changed since the la	ast return/re	enort filed for this plan, enter the	4h	EIN		
		er from the last return/report. Spons		port mod for the plan, office the	46 EII4			
					4c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a	28		
b	Total number of participants a	t the end of the plan year			5b	26		
С	Total number of participants v	vith account balances as of the end o	of the plan y	vear (defined benefit plans do not				
	complete this item)				5c	22		
6a	Were all of the plan's assets	during the plan year invested in eligil	ble assets?	(See instructions.)		Yes 📙 No		
b		the annual examination and report of				X Yes ☐ No		
		(See instructions on waiver eligibility her 6a or 6b, the plan cannot use F		•				
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55	00.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
-	Total plan assets		7a	3426428	1	4968276		
b	. otal pian according			0420420	_	1247		
C	·	7b from line 7a)		3426428	,	4967029		
			7с		,			
8	Income, Expenses, and Trans Contributions received or received			(a) Amount		(b) Total		
а		ervable from.	8a(1)	694971				
			- ' '	198878	3			
		3)						
b	, ,			921519	,			
C	` ,	, 8a(2), 8a(3), and 8b)		32.0.0		1815368		
d		rollovers and insurance premiums	00			.5.5555		
-	1 \		8d	258437	7			
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e					
f	Administrative service provide	ers (salaries, fees, commissions)	8f	16330)			
g	Other expenses		8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				274767		
i		ie 8h from line 8c)				1540601		
j		ee instructions)						

		Form 5500-SF 2009 Pa	nge 2- 1						
Par	t IV	Plan Characteristics							
9a		plan provides pension benefits, enter the applicable pension feature codes from the 2F 2G 2J 2K 2R 3D	List of Plan Char	acteris	stic Co	des in t	he instruct	ions:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the L	_ist of Plan Chara	acteris	tic Cod	des in th	ne instructi	ons:	
Part	: V	Compliance Questions							
10	Durin	ng the plan year:			Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributions within the time per CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progra		10a		Х			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transa ne 10a.)		10b		X			
С	Was	the plan covered by a fidelity bond?		10c	X				380000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was o	,	10d		Х			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insura- rance service or other organization that provides some or all of the benefits under the actions.)	plan? (See	10e		X			
f	Has t	the plan failed to provide any benefit when due under the plan?		10f		X			
q	Did tl	he plan have any participant loans? (If "Yes," enter amount as of year end.)				X			
h	If this	s is an individual account plan, was there a blackout period? (See instructions and 29, 101-3.)	O CFR	10g		X			
i	If 10h	h was answered "Yes," check the box if you either provided the required notice or on ptions to providing the notice applied under 29 CFR 2520.101-3	e of the	10i					
Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst						Yes	X No
12		is a defined contribution plan subject to the minimum funding requirements of section						Yes	X No
а	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plar	, ,						ıling
lf ·	•	ing the waiveromplete lines 3, 9, and 10 of Schedule MB (Form 5500), and				Day _		Year	
_ '	•	r the minimum required contribution for this plan year	•		Γ	12b			
		r the amount contributed by the employer to the plan for this plan year			T	12c			
	Subtr	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minutive amount)	us sign to the left	of a	Ī	12d			
е	J	he minimum funding amount reported on line 12d be met by the funding deadline?				T	Yes	No	N/A
Part		Plan Terminations and Transfers of Assets				<u></u>	<u>- L</u>		
		a resolution to terminate the plan been adopted during the plan year or any prior yea	r?					Yes	X No

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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Yes X No

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 belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/20/2010	JACK K. HANDLEY, MD
	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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Secunty 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 6058(a) of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-S

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

D	art I Annual Report Identification Information	active wit	ii cite iiisti	detions to the Form 650	001 .		
		1/01/2	009	and ending		12/31/200	
						П	
				an (not multiemployer)		one-participa	nt plan
D		final retur					
_	☐ an amended return/report ☐			n/report (less than 12 mo	nths)		
С	Check box if filing under: X Form 5558		extension			DFVC progra	ım
	special extension (enter description)	,					
P	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan				1b	Three-digit	
	Evergreen Emergency Services, PS 401(k)					plan number	0.01
	Profit Sharing Plan				10	(PN) Effective date o	001
					'`	01/01/200:	
2a	Plan sponsor's name and address (employer if for single-employer Evergreen Emergency Services, PS	plan)			2b	Employer Identi	fication Number
	Evergreen Emergency Services, PS					(EIN) 91-214	9865
					2c	Plan sponsor's (425) 827 - 3	elephone number
	24110 85th Ave SE				24		see instructions)
	Woodinville		M	A 98072	24	621111	see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Sam	e")		3b	Administrator's	ΞIN
							7,000
					3C	Administrator's (425) 827 - 1	lelephone number
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed f	or this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso			, , , , , , ,			
F-	T				4c	PN	
	Total number of participants at the beginning of the plan year				<u>5a</u>		28
a	Total number of participants at the end of the plan year				5b		26
С	Total number of participants with account balances as of the end of complete this item)				5c		22
6a	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					***************************************	X Yes No
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)			***************************************	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and m	ust instead use Form 55	00.		
P	rt III Financial Information	To the second set of	1				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
a	Total plan assets	7a		3,426,42	8	<u></u>	4,968,276
b	Total plan liabilities	7b					1,247
С	Net plan assets (subtract line 7b from line 7a)	7c	<u> </u>	3,426,42	8		4,967,029
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	4	(b) 1	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		694,97	1		
	(2) Participants	8a(2)	<u> </u>	198,87			
	(3) Others (including rollovers).	8a(3)		198,81	4		
b	· · · · · · · · · · · · · · · · · · ·	8b		921,51			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		921,31			1 015 360
d	Benefits paid (including direct rollovers and insurance premiums	00	andraya yayeti		. 14 (1686)	Mariana da Mariana	1,815,368
-	to provide benefits)	8d		258,43	7		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		16,33	0		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					274,767
i	Net income (loss) (subtract line 8h from line 8c)	8i					1,540,601
•			*				

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Page	2-	

				3						
Par							·			
9a	If th	e plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Char	acteris	stic Co	des in	the instructi	ons:	
b	lf tl	2E 2F 2G 2J 2K 2R 3D the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Chara	cteris	tic Co	des in t	the instruction	ons:	
Part	V	Compliance Questions							<u></u>	
10		ring the plan year:				Yes	No		Amount	
а	W	as there a failure to transmit to the plan any participant contribution OCFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a	100	Х		MOUNE	
b		ere there any nonexempt transactions with any party-in-interest? (10b		х			
С	W	as the plan covered by a fidelity bond?	***************************************	***************************************	10c	х			3.	80,000
d		the plan have a loss, whether or not reimbursed by the plan's fiddishonesty?			10d		х			
е	W	ere any fees or commissions paid to any brokers, agents, or other urance service or other organization that provides some or all of the tructions.)	persons by an insura he benefits under the	ance carrier, e plan? (See	10e		Х			
f	Ha	s the plan failed to provide any benefit when due under the plan?	P*************************************		10f		х			
g	Di	I the plan have any participant loans? (If "Yes," enter amount as o	f vear end)		10g		X			
h	lf t	his is an individual account plan, was there a blackout period? (Se 20.101-3.)	ee instructions and 2	9 CFR	10g		Х			
i	lf '	Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	10ii		11			
Part		Pension Funding Compliance				,	<u> </u>		e trace in the ex-	<u> </u>
	İş	his a defined benefit plan subject to minimum funding requirement 00))	ts? (If "Yes," see ins	tructions and com	plete	Sched	lule SB	(Form	☐ Yes	X No
12		this a defined contribution plan subject to the minimum funding re							Yes	_
	If a gra	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab waiver of the minimum funding standard for a prior year is being niting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule N	amortized in this plai	Mon	ctions, th	, and e	enter th Day	e date of the	e letter ru Year	Jing
b	En	er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan				L	12c			
d		otract the amount in line 12c from the amount in line 12b. Enter the pative amount)	•				12d			
		I 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	Ha	s a resolution to terminate the plan been adopted during the plan y	year or any prior yea	r?		<u></u>	.,,,,		Yes	X No
		es," enter the amount of any plan assets that reverted to the emp					13a			
	of	re all the plan assets distributed to participants or beneficiaries, tr he PBGC?							Yes	X No
C		uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify tl	ne pla	n(s) to	ı		1	
1	3c(Name of plan(s):		-	13c(2) EIN(s) 13c			13c(3) PN(s)	
									-	
					<u></u>					
		A penalty for the late or incomplete filing of this return/repor								
SB or	Sc	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a s true, correct, and complete.	declare that I have on the declare that I have on the declare the de	examined this return/	urn/rej report	port, in t, and i	cluding to the b	g, if applicat best of my k	ile, a Sch nowledge	nedule e and
SIGN	,	Jours VI	8-15-10	Jack K. Ha	ndle	=y. 1	MD	, <u></u>	-	
HERI	1	Signature of plan administrator	Date	Enter name of in				s plan admir	nistrator	
SIO.		V Oant 1/1/K	8-15-60							
SIGN		Signature of employer plan sponson	Date Date					employer:	or plan se	oneor
	Signature of employer/plan/sponsor Date Enter name of individual signing as employer or plan sponsor									