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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

		i dance wit	ii the mstructions to the Form 5500-	S Г.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20)11	and ending 12	/31/2	011		
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mor	iths)			
C	Check box if filing under: X Form 5558	automatio	extension		DFVC program		
	special extension (enter descrip	tion)					
Pa	art II Basic Plan Information—enter all requested infor	mation					
1a	Name of plan				Three-digit		
ROM	IAN L. KUTSY 401(K) PLAN				plan number		
			_	4 -	(PN) 001		
				1C	Effective date of plan 01/01/2004		
2a	Plan sponsor's name and address; include room or suite number	(employer, it	for a single-employer plan)	2b	Employer Identification Number		
EVE	RGREÉN NEUROLOGY & NEURODIAGNOSTICS, PLLC				(EIN) 75-3075949		
				2c Sponsor's telephone number			
	RUCKER AVENUE		-	<u>ე</u> ქ	425-259-5121		
EVE	RETT, WA 98201			zu	Business code (see instructions) 621111		
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	9")	3b	Administrator's EIN		
	RGREEN NEUROLOGY & NEURODIAGNOSTICS, 2320 RUCK	ER AVENU	Ē _		75-3075949 Administrator's telephone number		
				30	425-259-5121		
4	If the name and/or EIN of the plan sponsor has changed since the	report filed for this plan, enter the	4b EIN				
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI		
	Total number of participants at the beginning of the plan year			.о 5а	1		
b			 -	<u>5a</u> 5b			
C		<u> </u>	อม	<u>'</u>			
	complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)		X Yes No		
b	3			A)	X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use		•	 1	<u>N</u> 163 100		
Pa	art III Financial Information	1 01111 0000	or and mast moteda ase rorm soot	<u>'-</u>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а		7a	488295		522350		
b							
С	Net plan assets (subtract line 7b from line 7a)	7с	488295		522350		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а			37196				
	(1) Employers	` ` '					
	(2) Participants		28100				
	(3) Others (including rollovers)	` ` '	20074				
b	,		-28871		26.425		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>			36425		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2370				
е	Certain deemed and/or corrective distributions (see instructions).	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2370		
i	Net income (loss) (subtract line 8h from line 8c)	-			34055		
j	Transfers to (from) the plan (see instructions)	8j					

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Dart I	V	Dlan	Charac	teristics
Part I	v	Plan	Charac	Teristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 3B 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Am	ount	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					10
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Г	Yes	X
<i>"</i>							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3				Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3				Yes	X
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	ctions,	and e	302 of I	ERISA?		etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	302 of I	ERISA?		etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, nth	and e	302 of I	ERISA?		etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	ctions, ith	and e	302 of I enter th Day	ERISA?		etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	ctions, nth of a	and e	302 of I enter th Day	ERISA?		etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	202 of lenter the Day 12b 12c 12d	ERISA?	C	etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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	ctions,	and e	202 of lenter the Day 12b 12c 12d	ERISA?	C	etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and 6	12b 12c 12d	e date o	C	etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	e date o	L	etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date o	of the let	etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date o	of the let	etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets 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 of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the standard plan and the plan	of a	and e	12b 12c 12d	e date of	of the let	etter ru	ling
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date of	of the let	No [ling

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	Filed with authorized/valid electronic signature.	09/06/2012	ROMAN KUTSY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/06/2012	ROMAN KUTSY
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 Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

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

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information	"					
For	the calendar plan year 2011 or fiscal plan year beginning	01/0	1/2011	and ending	12,	/31/2011	
Α	This return/report is for: x a single-employer plan	a multiple-	employer plan	(not multiemployer)		a one-participant plan	
В	This return/report is:	the final re	turn/report		ا		
	an amended return/report		,	report (less than 12 mor	nths)		
C	Check box if filing under:	automatic	•		,	DFVC program	
•	special extension (enter description)		OXIONOION		L] bi ve piogram	
	art II Basic Plan Information enter all requested infor	mation.			T 41		
та	Name of plan					hree-digit olan number	
	Roman L. Kutsy 401(K) Plan					PN) ▶ 001	
						Effective date of plan	
22	Plan sponsor's name and address; include room or suite number (emp		-111			01/01/2004	
La	Evergreen Neurology & Neurodiagnostics, PLLC	loyer, ii ior	single-employ	er plan)		Employer Identification Number EIN) 75-3075949	
	0300 PROVED AVENUE					Plan sponsor's telephone number (425) 259-5121	
	2320 RUCKER AVENUE					Business code (see instructions)	
US	EVERETT WA 98201					521111	
3a	Plan administrator's name and address (If same as plan sponsor, enter	r "Same")			3b A	Administrator's EIN	
	Same						
					3c A	Administrator's telephone number	
						,	
4	If the name and/or EIN of the plan sponsor has changed since the last	return/reno	art filed for this	nlan enter the	4b E	IN	
·	name, EIN, and the plan number from the last return/report.	тогантторо	it mod for triis	plan, enter the	4c PN		
	Sponsor's Name						
	Total number of participants at the beginning of the plan year				5a	3	
b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan				_5b	2	
_	complete this item)				5c	2	
6a	Were all of the plan's assets during the plan year invested in eligible as		•			XYes No	
b	Are you claiming a waiver of the annual examination and report of an in	ndependent	qualified publ				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form		•	· · · · · · · · · · · · · · · · · · ·		XYes No	
P:	Int III Financial Information	3300-3F a	nu must mste	ad use Form 5500.			
7	Plan Assets and Liabilities	90 - Was	(a) B	leginning of Year	$\overline{}$	(b) End of Year	
a	Total plan assets	. 7a	(-/ -	488,295		522,350	
b	Total plan liabilities	7b		400,233		322,330	
С	Net plan assets (subtract line 7b from line 7a)			488,295		522,350	
8	Income, Expenses, and Transfers for this Plan Year		(colors	(a) Amount	1	(b) Total	
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		37,196			
	(2) Participants	8a(2)		28,100			
L	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b		(28,871)			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				36,425	
u	to provide benefits)	. 8d		2,370			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	. 8g				g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					2,370	
i	Net income (loss) (subtract line 8h from line 8c)					34,055	
j	Transfers to (from) the plan (see instructions)	8j					

		Form 5500-SF 2011	F	Page 2-					
Par	t IV	Plan Characteristics							
9a	lf th	plan provides pension benefits, enter the applicable pension feature 2E 2F 2J 3B 3D plan provides welfare benefits, enter the applicable welfare feature							
Par	t V	Compliance Questions							
10		ring the plan year:				Yes	No	Α	mount
a b	W 29	as there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary ere there any nonexempt transactions with any party-in-interest? (D	(Correction Program)		10a		х		
		line 10a.)			10b		х		
c d	D	as the plan covered by a fidelity bond?			10c	х			10,00
е	W	dishonesty? ere any fees or commisions paid to any brokers, agents, or other perurance services or other organization that provides some or all of the commissions.	ersons by an insurance	e carrier,	10d		Х		
		tructions.)		, ,	10e		Х		
f	Н	s the plan failed to provide any benefit when due under the plan?			10f		х		
g		the plan have any participant loans? (If "Yes," enter amount as of			10g		х		
h	25	his is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		х		
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Par	٧	Pension Funding Compliance							
11 12	55	this a defined benefit plan subject to minimum funding requirements 00))	· · · · · · · ·	· · · · · ·		<u></u>		<u> </u>	Yes X No
a	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a	e.)						
	gr	anting the waiver		Mon	th		Day	Y	ear
b	Eı	ter the minimum required contribution for this plan year					12b	-	
d d	Si	ter the amount contributed by the employer to the plan for this plan btract the amount in line 12c from the amount in line 12b. Enter the pative amount)	result (enter a minus	•		•	12c		
е		If the minimum funding amount reported on line 12d be met by the			• •	٠ ــ	1	Yes	No □N/A
Part			ditaing dedaine:	<u> </u>	• •	•	• • '		
13a		s a resolution to terminate the plan been adopted in any plan year? Yes," enter the amount of any plan assets that reverted to the emp			• •	· .r			Yes X No
b	W	ere all the plan assets distributed to participants or beneficiaries, tra	insferred to another pl	an, or brought unde	r the o	control			Yes X No
	lf -	uring this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)							
	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)	
		77 AAAAA AAA AAA AAAA AAAA AAAA AAAA A				***			
		A penalty for the late or incomplete filing of this return/report w							
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct and camplete.	eclare that I have exar the electronic version	nined this return/rep of this return/report,	ort, in and t	cludin to the	g, if app best of i	olicable, a So my knowledo	chedule ge and
SIG	1816	Kleur	09.04.12	ROMAN L. KUT	SY				
HEI	(427356)	Signature of plan administrator	Date	Enter name of indi		signir	ng as pl	an administij	ator

09.09.17

Enter name of individual signing as employer or plan sponsor

Date

SIGN

HERE Signature of employer/plan sponsor