## 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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ections to the Form 550	0-SF.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	turn/report is for:	x a single-employer plan	= -	olan (not multiemployer)		a one-participant plan
<b>b</b> This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	H	rn/report (less than 12 m	onths;	
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	. ,			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name	•				1b	Three-digit
EVERGREE	N CHILDRENS CLINI	C, PLLC 401(K) PROFIT SHARING	PLAN			plan number (PN) 001
					10	Effective date of plan
					10	01/01/1986
	ponsor's name and ad	dress; include room or suite number	r (employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 91-2158392
					20	Sponsor's telephone number
1010 S MEE	RIDIAN STREET, SUI	ΤΕ Δ			20	253-848-2303
	WA 98371-7512				2d	Business code (see instructions) 621111
		nd address Same as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN 91-2158392
VERGREEN	CHILDRENS CLINIC		RIDIAN STREET, SUITE P. WA 98371-7512	A	3c	Administrator's telephone number
		101712201	, 1111000111012			253-848-2303
		e plan sponsor has changed since the	he last return/report filed	for this plan, enter the	4b	EIN
a Sponso	•	mber from the last return/report.			40	PN
		at the beginning of the plan year			5a	20
		at the end of the plan year			5b	
		account balances as of the end of the			30	16
		account balances as of the end of the	, ,	•	5c	16
6a Were	all of the plan's asset	s during the plan year invested in eli	igible assets? (See instru	ctions.)		X Yes No
•	•	f the annual examination and report			,	₩ v □ v.
		? (See instructions on waiver eligibil				
		ither line 6a or line 6b, the plan ca				
		or incomplete filing of this return				
		her penalties set forth in the instruct nd signed by an enrolled actuary, as				
	true, correct, and com			·	,	, 3
CION	Filed with authorized	valid electronic signature.	04/02/2013	DON R. RUSSELL		
SIGN HERE						
	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	gning as plan administrator
SIGN HERE						
	Signature of emplo		Date			gning as employer or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address; inc	ciude room or suite numb	er (optional)	Prep	parer's telephone number (optional)

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) En	d of \	/oar		
<u>′</u>	Total plan assets	7a	(a) Beginning of Tea			(b) End of Year 1911813					
	Total plan liabilities	7a 7b	102212	.0					19110	3	
	Net plan assets (subtract line 7b from line 7a)	76 7c	162272	ο Ο				-	01101	2	
8	,	70		.0		1911813 (b) Total					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D)	Tota	l		
	(1) Employers	8a(1)	4125	1							
	(2) Participants	8a(2)	8322	22							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	18264	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30711	8	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1768	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	34	8							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1803	33	
i	Net income (loss) (subtract line 8h from line 8c)	8i							28908	35	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	-,									
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2T 2A 2F 2G	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	les in t	he instru	ctions	:		
Do	t V Compliance Overtions										
Par				1	Vaa	NIa	l				
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tiono within	a tha time paried described in		Yes	No		An	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c	Χ					200	0000
-	Did 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 oth										
_	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See		Χ						
	instructions.)			10e	^					į	5212
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (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							
Par											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			•		Yes	<u> </u>	No
114	Enter the amount from Schedule SB line 39										
12						11a	EDICAG	Т	Yes		No
12	Is this a defined contribution plan subject to the minimum funding			or se	CUON	5UZ OĪ	EKISA?		1 68	^	110
a	(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 greating the weight.	ng amortize	ed in this plan year, see instru		and e	_	ne date o			uling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule			ιτι		Day		_ Ye	dI		
	Enter the minimum required contribution for this plan year	•				12b					
h	Entar the minimum required contribution for this plan year										

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	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?		Yes 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
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	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## 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

2012

This Form is Open to Public Inspection

Pension Be	nefil Guaranty Corporation	► Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.	Пороск	J11			
Part I	Annual Report lo	dentification Information	Commission of account fall at a commission of			•				
For calenda	ar plan year 2012 or fisc		01/01/2012	and ending		12/31/2012				
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant p	lan			
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mg	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter descript	 tion)							
Part II	Basic Plan Infor	mation—enter all requested inform								
1a Name		one an equation mon	manori		1b	Three-digit				
	,	CLINIC, PLLC 401(K) P	ROFIT SHARING E	LAN	''	plan number				
						(PN) • 001				
						Effective date of plan 01/01/1986				
2a Plan sr	nonsor's name and add	ress; include room or suite number	/employer if for a single-	employer plan)		Employer Identificatio	n Number			
Evergre	een Childrens	Clinic, Pllc	(omployor, in for a omgro	simple you planty		(EIN) 91-215839				
					2c	Sponsor's telephone				
1910 S	. Meridian Str	eet, Suite A				253-848-2303				
					2d	Business code (see in	nstructions)			
Puyallı	ıp	WA 98371-7512				621111				
3a Plan ad	dministrator's name and	l address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's EIN				
EVERGRI	EEN CHILDRENS	CLINIC, PLLC				91-2158392				
					3C	Administrator's teleph	one number			
1910 S	MERIDIAN STR	EET, SUITE A				253-848-2303				
PUYALLU	JP	WA 98371-7512								
4 If the r	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b	EIN				
	· ·	ber from the last return/report.								
a Sponso					4c	PN				
		it the beginning of the plan year			5a		20			
<b>b</b> Total r	number of participants a	it the end of the plan year			5b		16			
		ccount balances as of the end of the			5c		16			
	The second secon	during the plan year invested in elig				X				
		the annual examination and report of		·		<u>A</u>	163 [] 110			
		(See Instructions on waiver eligibility				X	Yes No			
lf you	answered "No" to eitl	her line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form	5500.				
Caution: A	penalty for the late or	r incomplete filing of this return/re	eport will be assessed u	unless reasonable cau	ise is	established.				
		er penalties set forth in the instruction								
	dule MB completed and rue, correct, and completed	d signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	, and i	to the best of my know	ledge and			
Deller, it is t	rde, correct, and compr	ete.								
SIGN	ASS		14/2/13	DON R. RUSSELI	L					
HERE				ual sid	ıning as plan administr	ator				
SIGN						, mig av plan av, mis				
HERE	0:			F	C/9000	00.40 No. 90.000.4000.000 NA	The second second			
Preparer's	Signature of employ	er/plan sponsor me, if applicable) and address; inclu	Date			ning as employer or pl arer's telephone numb				
, roparor o	namo (morading inin) na	mo, a approache) and address, men	add footh of suite fluitibes	(optional)	l i ieb	arer a telephone numb	or (optional)			
				l						

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of Year		
a	Total plan assets	7a		272	8		1911	1813	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	162	272	8		1911	1813	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:			125	1				
-	(1) Employers	8a(1)			_			_	
	(2) Participants	8a(2)		3322	2	_			
	(3) Others (including rollovers)	8a(3)	1.0	1264	-	-		_	
	Other income (loss)	8b	10	3264	2	_	2.05	7110	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		307	7118	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	768	5				
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f		34	8				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					18	8033	
i	Net income (loss) (subtract line 8h from line 8c)	8i					289	9085	
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	1			1				
9a b	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2T 2A 2F 2G  If the plan provides welfare benefits, enter the applicable welfare for								
Part	V Compliance Questions								
10	•								
	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ction Program)	10a	Yes	No X	Amount		
	Was there a failure to transmit to the plan any participant contribu	iciary Corre ? (Do not in	ction Program)	10a 10b	Yes		Amount	_	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Corre ? (Do not in	ction Program)		Yes	Х		0000	
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre	ction Program)	10b		Х		0000	
c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 infidelity bonner persons of the beneficiary Corre	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c		Х	200	0000	
c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	fidelity bon- mer persons	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d	Х	Х	200		
c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	fidelity bon- ner persons of the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f	Х	X	200		
c d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 dinstructions.)  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	fidelity bon- ner persons of the benef s of year er (See instruc	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d	Х	X X X	200		
c d e f g	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	fidelity bon- ner persons of the benef n?	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f 10g	Х	X X X	200		
b c d e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and 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 other insurance service or other organization that provides some or all dinstructions.)  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 lif 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	fidelity bon- ner persons of the benef n?	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Х	X X X	200		
b c d e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and 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 other insurance service or other organization that provides some or all dinstructions.)  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 lif 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	fidelity bon- mer persons of the benef	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	200 5 (Form		
b c d e f g h i	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and 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 off insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	fidelity bon- fidelity bon- firer persons of the benefiner.  s of year er (See instruction he required 1-3	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	200 5 (Form	5212	
b c d e f g h i	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.).  Was the plan covered by a fidelity bond?	fidelity bon- fi	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X 11a	200	5212 5210	
b c d e f g h i Part 11 11a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and Dol's Voluntary Fidumer on the plan covered by a fidelity bond?  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 other insurance service or other organization that provides some or all dinstructions.)  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 lif 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  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity bon- fidelity bon- firer persons of the benefing sof year er (See instruction of the required 1-3	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X 11a	200	5212 5210	
b c d e f g h i 11a 11a 12 a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and 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 off insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity bon- fi	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i plete or se	X X Schec	X X X X X X X X 11a 202 of	200  3 (Form Yes  ERISA? Yes X	5212 No.	
b c d e f g h i 11a 11a 12 a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumer on the plan and 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 off insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity bon- fi	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i plete or se	X  X  Schec	X X X X X X 11a 302 of	200  3 (Form Yes  ERISA? Yes   Ene date of the letter ruling	5212 No.	

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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 negative amount)	(enter a minus sign to the left of a	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 X No
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year	13a	112
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	nn to another plan(s), identify the plan(s	) to	
1	3c(1) Name of plan(s):		13c(2) EI	N(s) 13c(3) PN(s)
Part	VIII Trust Information (optional)		1	
14a	Name of trust		14b Tru	ust's EIN