## 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

						00-SF.		
Part			entification Information			40/04/	2010	
For cal	iendar pla	n year 2012 or fisca	¬'	01/2012	and ending	12/31/		
<b>A</b> Thi	s return/re	eport is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)	)	a one-partici	pant plan
<b>B</b> Thi	s return/re	port is:	the first return/report	the final return/report	t			
			an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths	)	
C Che	eck box if	filing under:	Form 5558	automatic extension			DFVC progra	am
		Ī	special extension (enter de	escription)			_	
Part	II Ba	sic Plan Inforn	nation—enter all requested	information				
<b>1a</b> Na	ame of pla	n				1b	Three-digit	
EVERG	REEN PA	CIFIC PARTNERS	MANAGEMENT COMPANY,	IN RETIREMENT PLAN			plan number	004
						4.	(PN) •	001
						10	Effective date o	•
<b>2a</b> Pl	an sponso	or's name and addre	ess: include room or suite nur	mber (employer, if for a single	e-employer plan)	2h	Employer Identi	
EVERG	REEN PA	CIFIC PARTNERS	MANAGEMENT COMPANY	, INC.	omployer plans	25		48586
						2c	Sponsor's telep	hone number
		JITE 2300					206-26	
SEATTL	E, WA 98	101-1387				2d	Business code (	(see instructions)
							52390	
3a Pla	an adminis	strator's name and	address XSame as Plan Sp	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN
						30	Administrator's	telephone number
						30	Administrators	telephone number
4 .								
				ce the last return/report filed	for this plan, enter the	4b	EIN	
na	ame, EIN,	and the plan numb	lan sponsor has changed sin er from the last return/report.	•	for this plan, enter the			
na <b>a</b> Sp	ame, EIN, oonsor's n	and the plan numb ame	er from the last return/report.			4c	PN I	10
<b>a</b> Sp <b>5a</b> To	ame, EIN, ponsor's na otal numbe	and the plan numb ame er of participants at	er from the last return/report. the beginning of the plan yea	ar		4c 5a		10
<b>a</b> Sp <b>5a</b> To <b>b</b> To	ame, EIN, consor's na ctal number ctal number	and the plan numb ame er of participants at er of participants at	the beginning of the plan year	ar		4c 5a		10 12
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Form 5500-SF 2012 Page **2** 

	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of V	aar		
<u>,</u>	Total plan assets	. 7a	179268				(b) Liid		237455		
	Total plan liabilities	7a 7b	179200						237430	,	
	Net plan assets (subtract line 7b from line 7a)	75 7c	179268	18				22	237455		
		70					(b) T		237430	)	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)	14963	6							
	(2) Participants	8a(2)	12945	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	. 8b	16569	)4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	44780		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
q	Other expenses	8g	1	3							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13	3	
	Net income (loss) (subtract line 8h from line 8c)	8i							144767		
	Transfers to (from) the plan (see instructions)	8j									
_	t IV Plan Characteristics	oj									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 2F 2R	feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	nunt		
a				10a		X		Airis	June		
b											
			•	10b		X					
C	,				X	X				000	200
C	Was the plan covered by a fidelity bond?			10b 10c	X	X				2000	000
d	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud		X	X				2000	000
d	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 or	fidelity bor	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c 10d	X					2000	000
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f g h	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 plath bid 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)	fidelity borner persons of the benember of the first of th	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  and.) ctions and 29 CFR I notice or one of the	10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X A A A A A A A A A A A A A A A A					
f g h i Part 11	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 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 borner persons of the beneath of the benea	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  and.) ctions and 29 CFR I notice or one of the  yes," see instructions and com	10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X A A A A A A A A A A A A A A A A			Yes		No
f g h i 11a 12 a	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 plat 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  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 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  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 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  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 10h was answered "Yes," check the box if you either provided the exceptions to provide the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the provided the exceptions to provide the notice applied under 29 CFR 2520.10  If 10h was answered "Yes," check the box if you either provided the exceptions to provide the provided the pr	fidelity borner persons of the bene n?	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  and.)	10c 10d 10e 10f 10g 10h 10i nplete	Scher	X X X X A A A A A A A A A A A A A A A A	ERISA?	he le Yea	Yes Yes		No
f g h i 11a 12 a	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 plat 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.  Is this 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 being the plan's or displayed to the minimum funding to the minimum funding standard for a prior year is being the plan's agents.	fidelity borner persons of the bene n?	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See  and.)	10c 10d 10e 10f 10g 10h 10i nplete	Scher	X X X X A A A A A A A A A A A A A A A A	ERISA?		Yes Yes		No

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

## 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

Pansion Be	nefit Guaranty Corporation Complete all entries in accordance	ce with the instruct	ons to the Form 5500	-SF.		
Part I	Annual Report Identification Information				10/31/001	
For calenda	plant foot control	1/2012	and ending		12/31/201	
A This reti	um/report is for: X a single-employer plan a n	nultiple-employer pla	n (not multlemployer)		a one-partici	pant plan
B This reti	um/report is: the first return/report the	final return/report				
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an amended return/report assi	hort plan year return/	report (less than 12 mo	nths)		
C Chack h	pox if filling under: Form 5558 au	tomatic extension			DFVC progr	am
C CHECK L	special extension (enter description)				_	
Don't II	Basic Plan Information—enter all requested Information	n				
Part II		"		1b	Three-digit	
1a Name	orpian EEN PACIFIC PARTNERS MANAGEMENT COMPAN	Y, IN RETIRE	MENT PLAN		plan number	001
			,	_	(PN)	187.55
				10	Effective date of 01/01/200	
			leves wish	26		
2a Plan sp	ponsor's name and address; Include room or sulte number (empl EEN PACIFIC PARTNERS MANAGEMENT COMPAN	loyer, if for a single-e Y . INC .	mployer plan)	21)	(EIN) 90 - 01	ification Number
EVERGRI	TEN PACIFIC PARTNERS MANAGEMENT CONTIN	-,		20	Sponsor's tele	
1700 79	TH AVE SUITE 2300				206-262-4	
1700 7	III AVE DOTTE 2000			2d		(see instructions)
SEATTLE	WA 98101-1387			AFETY:	523900	`
	dministrator's name and address XSame as Plan Sponsor Nam	e XSame as Plan	Sponsor Address	3b	Administrator's	EIN
ou Harra	anning the state of the state o			_		
				3с	Administrator's	telephone number
4 If the r	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	this plan, enter the	4b	EIN	
name	EIN, and the plan number from the last return/report.	,	' '			
a Spons	or's name			4c	PN	
5a Total	number of participants at the beginning of the plan year	**********************		5a		10
<b>b</b> Total i	number of participants at the end of the plan year			5b		12
C Numb	er of participants with account balances as of the end of the plan	n year (defined bene	lit plans do not	_		1.0
comp	lete this Item)	***************************************		5c		12
6a Were	all of the plan's assets during the plan year invested in eligible a	assets? (See Instruct	lons.)			X Yes No
b Are yo	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-467 (See Instructions on waiver eligibility and	independent qualifle	d public accountant (IQ	PA)		X Yes No
under	answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	n 5500.	
	A penalty for the late or incomplete filing of this return/repor					
Lindor non	oltion of porture and other penalties set forth in the instructions.	declare that I have a	examined this return/red	port. i	ncluding, if appli	icable, a Schedule
SB or Sche	edule MB completed and signed by an enrolled actuary, as well	as the electronic ver	ion of this return/report	, and	to the best of m	y knowledge and
belief, it is	true, correct, and complete.					
SIGN	1 m	5/7/2013	TIM BRILLON			
HERE		Date	Enter name of Individ	lual si	anina as nian aa	Iministrator
1/1/4	Signature of plan administrator	5/7/13	Little Harrie of Individ	uui bi	grining do pion de	2(111110112401
SIGN HERE	mary 1	111				
	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include r	Daté /	Enter name of Individ			e number (optional)
Preparer's	name (including tirm name, it applicable) and address; include t	CONT OF SUITE HUMBE	Cohmonan	1.1.0	paren a totopilot	The contract of the contract of
				4		

Part III Financial Information				_			
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	
a Total plan assets	7a	179	268	8			22374
b Total plan liabilities	7b		0.50	-			22274
C Net plan assets (subtract line 7b from line 7a)	7c	179	268	В			22374
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			Lat with	(b) To	tal
a Contributions received or receivable from:	8a(1)	14	963	6			
(1) Employers	8a(2)	12	945	0	Mess	TO THE	plenins to
(2) Participants	8a(3)			130	al te		Hard Hard
(3) Others (including rollovers)	8b	16	569	4	î Kar		PE PAUL
b Other Income (loss)  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		75.10	3			4447
d Benefits paid (including direct rollovers and insurance premiums	- 55			0		- W	
to provide benefits)	Bd			0			
e Certain deemed and/or corrective distributions (see instructions)	80			-			
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	Bg		1	3	U III		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ALL THE PARTY OF T	100	-			4445
i Net income (loss) (subtract line 8h from line 8c)	81					5 8117	4447
j Transfers to (from) the plan (see instructions)	8j					DE N	
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 2F 2R  b 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 contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.	uciary Corre	ection Program)	10a		х		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)		***************************************	10b		Х	*	
c Was the plan covered by a fidelity bond?			10c	Х			2000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
<ul> <li>Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)</li> </ul>	of the bene	erits under the plan? (See	10e		х		
and the second s			10f		х		
			-		Х		
g Did the plan have any participant loans? (If "Yes," enter amount			10g	-			
h if this is an individual account plan, was there a blackout period? 2520.101-3.)	(200 1112111	Clions and 29 of 10	10h		X	11.32.1	
i If 10h was answered "Yes," check the box If you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	d notice or one of the	10i			parding.	M. M.
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)	ments? (If "	Yes," see instructions and cor	nplete	Sche	dule Si	3 (Form	☐ Yes ☐
11a Enter the amount from Schedule SB line 39					11a		
12 Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Cod	e or s	ection	302 of	ERISA?	Yes X
//f "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as applic	able.)					
If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortiz	ed in this plan year, see instru Mo	ntn_	s, and	enter t Day	he date of	the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Fo	rm 5500), and skip to line 13					
b Enter the minimum required contribution for this plan year				ma.	12b		

VIII Trust Information (optional)	446	Trust	.t. [1]			
				_	_	
each transfer a brown a						
	3c(2)	EIN(s	)		13c(3	PN(s)
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity the plan(s) which assets or liabilities were transferred. (See instructions.)						
of the PBGC?	*******	ŭ.	_		Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	contro			VIES	_	
	120	-	[A]	,,,,	_	
		Yes	x	No		
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	1	10	N/A
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d					
Enter the amount contributed by the employer to the plan for this plan year	12¢	1			_	
		_				
	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year