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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instru	ctions to the Form 5500)-SF.			
Part I		dentification Information						
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	13	and ending 12	2/31/2	2013		
A This return/report is for:								
B This ret								
an amended return/report a short plan year return/report (less than 12 months)								
C Check I	box if filing under:		DFVC program					
		special extension (enter descript	ion)					
Part II	Basic Plan Infor	mation—enter all requested inforr	mation					
1a Name					1b	Three-digit		
EVERGREE	N CHILDRENS CLINIC,	, PLLC 401(K) PROFIT SHARING P	PLAN			plan number	001	
				-	10	(PN) ▶ Effective date of		
					10	01/01/		
2a Plan sp EVERGREE	ponsor's name and add	ress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identif		
4040 0 M E	DIDIAN OTDEET OUT				2c	Sponsor's telep		
	RIDIAN STREET, SUITI , WA 98371-7512	E A		-	2d	(see instructions)		
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's I		
VERGREEN	CHILDRENS CLINIC, I	PLLC 1910 S. MER PUYALLUP, '	IDIAN STREET, SUITE WA 98371-7512	A	3c		telephone number	
		plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN		
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN		
5a Total r	number of participants a	t the beginning of the plan year			5a		16	
b Total r	number of participants a	t the end of the plan year			5b		19	
		ccount balances as of the end of the	. , ,	•	5c		19	
_		during the plan year invested in eligi					X Yes No	
b Are you	ou claiming a waiver of t 29 CFR 2520 104-46?	the annual examination and report o (See instructions on waiver eligibility	f an independent qualific , and conditions)	ed public accountant (IQF	PA)		X Yes No	
		her line 6a or line 6b, the plan can						
C If the p	olan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	П	Yes No	Not determined	
		•		•			1	
		r incomplete filing of this return/re					abla a Cabadula	
SB or Sche		er penalties set forth in the instructio d signed by an enrolled actuary, as v ete.						
SIGN	Filed with authorized/va	alid electronic signature.	03/14/2014	DON R. RUSSELL				
HERE	Signature of plan ad	ministrator	Date	Date Enter name of individual signing as plan administrator				
SIGN								
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ıal siq	ning as employe	er or plan sponsor	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)							number (optional)	

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Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ar		
	Total plan assets	7a	(a) Beginning of Tea				2361728			3	
b	Total plan liabilities	7b							389)	
	Net plan assets (subtract line 7b from line 7a)	7c	191181	1911813			2361339				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(4) / 4110 4111				()				
	(1) Employers	8a(1)	7243	8							
	(2) Participants	8a(2)	9274	.9							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	29193	9							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	57126		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	746	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f	13	6							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7600)	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						4	149526	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2J 2T 2A 2F 2G 2K	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Coo	les in t	he instruc	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Χ					2000	100
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				2000	,00
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
C	insurance service, or other organization that provides some or all				X						
	instructions.)			10e	^					61	150
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	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	ne required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•	Īr	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>			
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 55		- = 01					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th	ne date of	the le		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk					1					
	Enter the minimum required contribution for this plan year	•				12b					

Page	3 -		1
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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 (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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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

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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information							
	01/2013	and ending	12/31/	2013			
A This return/report is for:	multiple-employer p	lan (not multiemployer)	a one-participant plan				
B This return/report is: the first return/report the	ne final return/report						
an amended return/report a	short plan year retur	n/report (less than 12 m	onths)				
C Check box if filing under: Form 5558	utomatic extension		DFVC program				
special extension (enter description)							
Part II Basic Plan Information—enter all requested informati	on						
1a Name of plan			1b Three-digi	t			
EVERGREEN CHILDRENS CLINIC, PLLC 401(K) PRO	FIT SHARING	PLAN	plan numb	per 001			
			(PN)				
			1c Effective of 01/01/1				
2a Plan sponsor's name and address; include room or suite number (em.	ployer, if for a single-	emplover plan)		Identification Number			
Evergreen Childrens Clinic, Pllc		,	The state of the s	-2158392			
			2c Sponsor's	telephone number			
1910 S. Meridian Street, Suite A			253-84	8-2303			
Power11888 MB 002E1 EE10			1	code (see instructions)			
Puyallup WA 98371-7512 3a Plan administrator's name and address Same as Plan Sponsor Name	ma [Cama as Dis	Consumer Address	621111 3b Administra	And Path			
EVERGREEN CHILDRENS CLINIC, PLLC	ne Same as Plai	Sponsor Address	91-215				
AVARORADA CHILDRAND CHIMIC, FINC			3c Administra	tor's telephone number			
1910 S. MERIDIAN STREET, SUITE A			253-848	8-2303			
PUYALLUP WA 98371-7512							
4 If the name and/or EIN of the plan sponsor has changed since the las	4b EIN						
name, EIN, and the plan number from the last return/report.		, ,	-FO LITY				
a Sponsor's name	4c PN						
5a Total number of participants at the beginning of the plan year				16			
b Total number of participants at the end of the plan year				19			
Number of participants with account balances as of the end of the pla complete this item)			5c	19			
6a Were all of the plan's assets during the plan year invested in eligible							
b Are you claiming a waiver of the annual examination and report of an							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	d conditions.)			X Yes No			
If you answered "No" to either line 6a or line 6b, the plan cannot				_			
C If the plan is a defined benefit plan, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)?.	Yes N	o Not determined			
Caution: A penalty for the late or Incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is establishe	d.			
Under penalties of perjury and other penalties set forth in the instructions,	I declare that I have	examined this return/rep	oort, including, if	applicable, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete.	as the electronic ver	sion of this return/report	, and to the best	of my knowledge and			
	1 1 1 1	[
SIGN HERE	3/12/14	DON R. RUSSELI	<u>. </u>				
Signature of plan administrator	Date /	Enter name of individ	ual signing as pla	n administrator			
SIGN							
HERE Signature of employer/plan sponsor		ployer or plan sponsor					
Preparer's name (including firm name, if applicable) and address; include	room or suite numbe	r (optional)	Preparer's telep	hone number (optional)			
			ANTHER WEST				

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	193	1181	3		236172
b Total plan liabilities	7b					38
C Net plan assets (subtract line 7b from line 7a)	7c	193	1181	3		236133
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:			7243	0		
(1) Employers	8a(1)			1000		
(2) Participants	8a(2)		9274	9		
(3) Others (including rollovers)	8a(3)	20	0100	0		
b Other income (loss)	8b	2:	9193	9	17.0	45.00
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c				- 11	45712
to provide benefits)	. 8d		746	4		
e Certain deemed and/or corrective distributions (see instructions)	8e			0	TUE IN	
f Administrative service providers (salaries, fees, commissions)	8f		13	6		
g Other expenses	8g			0	W.T.	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			10		760
i Net income (loss) (subtract line 8h from line 8c)	8i	Supplied Page V Novie	والقور			44952
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions						no mod delibrio.
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 Fide			10a		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		20000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		Х	
• Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e	Х		615
f Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
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			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the unpaid minimum required contribution for current year for	rom Schedu	ule SB (Form 5500) line 39		ann l	11a	
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ction :	302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	ble.)				
granting the waiver	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year					
If you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Form	n 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year					12b	

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C	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).		12d			
6	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			res X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year	. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferror of the PBGC?					
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s	to			
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
GINALIN I						
Part	VIII Trust Information (optional)					
14a Name of trust				rust's EIN		