Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pensio	on Benefit Guaranty Corporation				Inspection
Part I	Annual Report Identif				
For cale	ndar plan year 2013 or fiscal pla	an year beginning 02/01/2013		and ending 01/3	1/2014
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or	
		x a single-employer plan;	a DFE (s	specify)	
R This	return/report is:	the first return/report;	the final	return/report;	
2 111101	ctam/report to.	an amended return/report;	=	olan year return/report (less	s than 12 months).
C If the	plan is a collectively-bargained	plan, check here			<u>_</u> '
	k box if filing under:	☐ Form 5558;	_	ic extension;	the DFVC program;
	•	special extension (enter desc	cription)		
Part	II Basic Plan Informa	ntion—enter all requested informa	ition		
1a Nam	ne of plan				1b Three-digit plan 501
GROUP	GROUP BENEFITS PLAN FOR EMPLOYEES OF EVERGREEN LIVING CENTERS, INC.				number (PN) ▶ 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					01/01/2004
	•	include room or suite number (emp	oloyer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 91-1556064
EVERGREEN LIVING CENTERS, INC.					2c Sponsor's telephone number 360-794-9020
P.O. BO MONRO	X 1086 E, WA 98272-0000		AIN, SUITE A , WA 98272-0000		2d Business code (see instructions) 623000
Caution	: A penalty for the late or inco	omplete filing of this return/repor	t will be assessed	unless reasonable cause	e is established.
					rt, including accompanying schedules, belief, it is true, correct, and complete.
SIGN HERE	Filed with authorized/valid elec	tronic signature.	08/12/2014	LARRY CHINN	
HEIKE	Signature of plan administra	ator	Date	Enter name of individual	l signing as plan administrator
SIGN HERE					
IILKL	Signature of employer/plan	sponsor	Date	Enter name of individual	l signing as employer or plan sponsor
SIGN HERE					
	Signature of DFE		Date	Enter name of individual	l signing as DFE
Preparer	's name (including firm name, if	f applicable) and address; include r	oom or suite numbe		Preparer's telephone number (optional)

	Form 5500 (2013)	Page 2		
3a	Plan administrator's name and address Same as Plan Sponsor Name	me as Plan Sponsor Address	3b Administrator 3c Administrator number	
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/rep EIN and the plan number from the last return/report: Sponsor's name	port filed for this plan, enter the name,	4b EIN 4c PN	
u	Sponsor's name		40 110	
5	Total number of participants at the beginning of the plan year		5	159
6	Number of participants as of the end of the plan year (welfare plans complete or	ly lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	164
b	Retired or separated participants receiving benefits		6b	1
С	Other retired or separated participants entitled to future benefits		6c	0
d	Subtotal. Add lines 6a, 6b, and 6c.		6d	165
е	Deceased participants whose beneficiaries are receiving or are entitled to receiv	e benefits	. 6e	_
f	Total. Add lines 6d and 6e .		. 6f	
g	Number of participants with account balances as of the end of the plan year (onl complete this item)		6g	
h	Number of participants that terminated employment during the plan year with acless than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only mul	tiemployer plans complete this item)	. 7	
b	If the plan provides pension benefits, enter the applicable pension feature codes If the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits, enter the applicable welfare feature codes to the plan provides welfare benefits.	from the List of Plan Characteristics Code	es in the instructions	
	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attacted.	Plan benefit arrangement (check all the (1)	insurance contract	
			ibei allacifeu. (500	monucuons)
а	Pension Schedules (1) R (Retirement Plan Information)	b General Schedules		
		(1) H (Financial Infor	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) I (Financial Inform	mation – Small Plan	1)

(3)

(4)

(5)

(6)

11 A (Insurance Information)

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

Purchase Plan Actuarial Information) - signed by the plan actuary

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2013

pursuant to ERISA section 103(a)(2).			'	inspection			
For calendar plan year 20°	13 or fiscal pla	n year beginning 02/01/2013		and en	ding 01	1/31/2014	
A Name of plan GROUP BENEFITS PLAN	FOR EMPLO	YEES OF EVERGREEN LIVING	G CENTERS, INC.	B Three	e-digit number (P	N) •	501
C Plan sponsor's name a EVERGREEN LIVING CE		e 2a of Form 5500		D Emplo 91-155		cation Number (l	EIN)
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
AETNA HEALTH INC.	T	<u> </u>	1 () (Dellaran	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	•
	code	identification number	policy or contract		(†)) From	(g) To
95-3402799	00000	806525-11-001		24	10/01/20	013	01/31/2014
2 Insurance fee and community descending order of the		ation. Enter the total fees and to	otal commissions paid. I	ist in line 3	the agents,	, brokers, and ot	her persons in
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid						
		1188					0
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).			
		and address of the agent, broke		m commiss	ions or fees	s were paid	
HUB INTERNATIONAL N	ORTHWEST		. BOX 3018 HELL, WA 98041				
(h) Amount of color or	nd book	Fe	es and other commission	ns paid			
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpose)		(e) Organization code
	1188						3
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales ar	nd bass	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose)		(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid		
(4)	and and address of the agent, stone	.,			
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	(o) / tinodit	(a) 1 dipose	0000		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid		
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	(O) / timodine	(a) 1 diposes	0000		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid		
	_				
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	(o) / unoun	(4)	3345		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid		
		Fees and other commissions paid	() 0		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	(1)	(2)			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid		
(h) Amount of calca and har-		Fees and other commissions paid	(2) Omanination		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
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Pa	art II					
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	

Par		-					
	If more than one contract covers the same gro information may be combined for reporting pu the entire group of such individual contracts w	rposes if such contracts are	experienc	e-rated as a unit. Whe	ere contrac		ί,
8 E	Benefit and contract type (check all applicable boxes)						
	Health (other than dental or vision)	b Dental	с∏	Vision		d Life insurance	
	Temporary disability (accident and sickness)	f Long-term disability	g∏	Supplemental unemp	lovment	h Prescription drug	
i	Stop loss (large deductible)	j HMO contract	k X		.,	I Indemnity contract	
	m ☐ Other (specify) ▶	,	ш				
	II Guier (specify)						
9 E	xperience-rated contracts:						
	Premiums: (1) Amount received		9a(1)				
	(2) Increase (decrease) in amount due but unpaid		9a(2)				
	(3) Increase (decrease) in unearned premium rese	erve	9a(3)				
	(4) Earned ((1) + (2) - (3))				9a(4)		
	b Benefit charges (1) Claims paid		9b(1)				
	(2) Increase (decrease) in claim reserves	9	9b(2)				
	(3) Incurred claims (add (1) and (2))				9b(3)		
	(4) Claims charged				9b(4)		
	c Remainder of premium: (1) Retention charges (or					_	
	(A) Commissions		(1)(A)			_	
	(B) Administrative service or other fees		(1)(B)			_	
	(C) Other specific acquisition costs		(1)(C)			_	
	(D) Other expenses	_	(1)(D)			_	
	(E) Taxes	0	(1)(E)			_	
	(F) Charges for risks or other contingencies		(1)(F)			_	
	(G) Other retention charges				0-(4)(11)		
	(H) Total retention	_	_		9c(1)(H)	 	
	(2) Dividends or retroactive rate refunds. (These	_			9c(2)		
	d Status of policyholder reserves at end of year: (1)	·			9d(1)		
	(2) Claim reserves				9d(2)		
	(3) Other reserves				9d(3)		
40	e Dividends or retroactive rate refunds due. (Do no	t include amount entered in	ine 9c(2) .)	9e		
	Nonexperience-rated contracts:	- uud - u			40-	0.77	
	Total premiums or subscription charges paid to ca				10a	373	26
	b If the carrier, service, or other organization incurred retention of the contract or policy, other than report of the contract or policy.	, ,			10b		
	Specify nature of costs	1103 III 1 art 1, IIII0 2 above, 10	oport arrio	G116			

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Schedule A (Form 5500) 2013

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

		F 3 2 3.3 1. 2	(- // /		
For calendar plan year 20	13 or fiscal plan	year beginning 02/01/2013	and e	nding 01/31/2014	
A Name of plan GROUP BENEFITS PLAN	FOR EMPLOY	ZEES OF EVERGREEN LIVING	CENTERS INC	ee-digit n number (PN)	501
C Plan sponsor's name a EVERGREEN LIVING CE		e 2a of Form 5500	·	oyer Identification Numbe	er (EIN)
			Coverage, Fees, and Com a unit in Parts II and III can be rep		
1 Coverage Information:			<u> </u>		
(a) Name of insurance ca	rrier				
UNION SECURITY INSU	RANCE COMP	PANY			
	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or	contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
81-0170040	60337	D698 (MERRY)	28	02/01/2013	01/31/2014
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	al commissions paid. List in line 3	3 the agents, brokers, and	other persons in
(a) Total a	amount of comn	missions paid	(b) T	otal amount of fees paid	
		481			0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all persons).		
	(a) Name a		or other person to whom commis	sions or fees were paid	
HUB INTERNATIONAL N	IORTHWEST		BOX X INGHAM, WA 98227		
			TOTIVIN, TV/ COLLY		
(In) Amount of color or		Fee	s and other commissions paid		
(b) Amount of sales ar commissions pai		(c) Amount	(d) Purpos	se	(e) Organization code
·	268				3
	(a) Name a	nd address of the agent, broker,	or other person to whom commis	sions or fees were paid	
THE UNITY GROUP			BOX X INGHAM, WA 98227		
		DELLI	114011/1WI, W/1 0022/		
(h) Amount of color or		Fee	s and other commissions paid		
(b) Amount of sales ar commissions pai		(c) Amount	(d) Purpos	se	(e) Organization code
	213		,,,,		3
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, see	the instructions for Form 5500), Sch	edule A (Form 5500) 2013

Schedule A (Form 5500)	2013	Page 2 - 1			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid		
(4)	and and address of the agent, stone	.,			
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	(o) / tinodit	(a) 1 dipose	0000		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid		
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	(O) / timodine	(a) 1 diposes	0000		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid		
	_				
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	(o) / unoun	(4)	3345		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid		
		Fees and other commissions paid	() 0		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	(1)	(2)			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid		
(h) Amount of calca and har-		Fees and other commissions paid	(2) Omanination		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	
aployer(s) or members of the same en rience-rated as a unit. Where contract s a unit for purposes of this report.	

		If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	irposes if such contracts a	re experienc	e-rated as a unit. Whe	ere contrac		
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b X Dental	c	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disability	/ g	Supplemental unemp	loyment	h Prescription drug	
	i [Stop loss (large deductible)	j HMO contract	k 🗌	PPO contract		I Indemnity contract	
	m	Other (specify)						
9	Expe	erience-rated contracts:						
	•	Premiums: (1) Amount received		9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid					_	
		(3) Increase (decrease) in unearned premium res	- - - - - - - - - -				_	
		(4) Earned ((1) + (2) - (3))	_			9a(4)		
	_	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs	<u> </u>	9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention		<u></u>		9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or 🔲 o	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide b	enefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line 9c(2)	.)	9e		
10		nexperience-rated contracts:						
	_	Total premiums or subscription charges paid to c				10a		17525
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo	, ·		•	10b		
	Sp	ecify nature of costs						

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Schedule A (Form 5500) 2013

Welfare Benefit Contract Information

Part III

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2013 or fiscal plan year beginning

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

 Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

02/01/2013

and ending

01/31/2014

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

A Name of plan GROUP BENEFITS PLAN FOR EMPLOYEES OF EVERGREEN LIVING CENTERS, INC.				Three-digit plan number (PN	1) •	501
	C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN LIVING CENTERS, INC.				ation Number (EIN)
		ing Insurance Contract C Individual contracts grouped as a				
1 Coverage Information:						
(a) Name of insurance ca	rrier					
ASURIS NORTHWEST H	IEALTH					
# N = 11 1	(c) NAIC	(d) Contract or	(e) Approximate number of		Policy or co	ontract year
(b) EIN	code	identification number	persons covered at end o policy or contract year	f (f)	From	(g) To
91-0495743	47350	60001722	48	02/01/201	13	09/30/2013
2 Insurance fee and communication descending order of the		tion. Enter the total fees and tota	I commissions paid. List in lir	ne 3 the agents, t	brokers, and ot	ther persons in
(a) Total a	amount of comm		(k) Total amount o	of fees paid	
	5575					
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all person	s).		
	• •	nd address of the agent, broker, o		missions or fees	were paid	
HUB INTERNATIONAL N	ORTHWEST	P.O. B BELLII	OX X NGHAM, WA 98227			
(b) Amount of sales ar	ud boos	Fees	s and other commissions paid			
commissions pai		(c) Amount	(d) Pur	pose		(e) Organization code
	5575	940 AD	DITIONAL COMPENSATION			3
	(a) Name ar	nd address of the agent, broker, o	or other person to whom comi	missions or fees	were paid	
(II) Assessed to the	41	Fees	and other commissions paid			
(b) Amount of sales ar commissions pai		(c) Amount	(d) Pur			(e) Organization code
			. ,			
For Panarwork Poductio	n Act Notice a	nd OMB Control Numbers, see	the instructions for Form F	500	Sobor	dule A (Form 5500) 2013
FOI Faperwork Reductio	II ACLINOLICE AI	in Owid Control Numbers, see	the matructions for Form 5	Juu.	Sched	v. 130118

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	(2)					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	(2)				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
(h) Amount of calca and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	

Schedule A	(Form	5500)	2013

Part							
	If more than one contract covers the same of information may be combined for reporting the entire group of such individual contracts	ourposes if such contracts a	re experienc	e-rated as a unit. Whe	ere contrac		
8 Be	nefit and contract type (check all applicable boxes)					
а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
е	Temporary disability (accident and sickness)	f Long-term disability	· g 🗌	Supplemental unemp	lovment	h Prescription drug	
i	Stop loss (large deductible)	j HMO contract	k X		.,	I Indemnity contract	
m		,					
	Cities (specify)						
9 Ex	perience-rated contracts:						
а	Premiums: (1) Amount received		9a(1)				
	(2) Increase (decrease) in amount due but unpa	id	9a(2)			_	
	(3) Increase (decrease) in unearned premium re	serve	9a(3)				
	(4) Earned ((1) + (2) - (3))	<u>-</u>			9a(4)		
b	Benefit charges (1) Claims paid		9b(1)				
	(2) Increase (decrease) in claim reserves		9b(2)				
	(3) Incurred claims (add (1) and (2))				9b(3)		
	(4) Claims charged				9b(4)		
С	Remainder of premium: (1) Retention charges (_	
	(A) Commissions		9c(1)(A)			_	
	(B) Administrative service or other fees		9c(1)(B)			_	
	(C) Other specific acquisition costs	-	9c(1)(C)			_	
	(D) Other expenses	F-	9c(1)(D)			_	
	(E) Taxes	<u> </u>	9c(1)(E)			_	
	(F) Charges for risks or other contingencies		9c(1)(F)			_	
	(G) Other retention charges				0-/4\/ \		
	(H) Total retention	_	_		9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (Thes				9c(2)		
C	. ,	•			9d(1)		
	(2) Claim reserves				9d(2)		
_	(3) Other reserves				9d(3)		
<u> </u>	Dividends or retroactive rate refunds due. (Do	not include amount entered	in line 9c(2).	.)	9e		
_	onexperience-rated contracts:	corrier			10a	055	704
a b					10a	253	3761
N.	retention of the contract or policy, other than rep	, ,		•	10b		
,	specify nature of costs		, .p				
	,						

Part IV	Provision of Information			
11 Did tl	ne insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

		pursuant to	ERISA section 103(a)(2)).			
For calendar plan year 20	13 or fiscal pla	n year beginning 02/01/2013	}	and en	ding 01	/31/2014	
A Name of plan GROUP BENEFITS PLAN FOR EMPLOYEES OF EVERGREEN LIVING CENTERS, INC.			B Three plan	e-digit number (P	N) •	501	
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN LIVING CENTERS, INC. D Employer Identification Number (EIN) 91-1556064				EIN)			
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca	rrier						
AETNA HEALTH INC.	T	T				D. I'	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	
(5) 2.11	code	identification number	policy or contrac		(f)	From	(g) To
95-3402799	00000	806525-10-001	4	41	10/01/20)13	01/31/2014
2 Insurance fee and come descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
2392							
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	s were paid	
HUB INTERNATIONAL N	IORTHWEST		. BOX 3018 THELL, WA 98041				
			one and other commission	ne paid			
(b) Amount of sales ar commissions paid		(c) Amount		and other commissions paid (d) Purpose			(e) Organization code
2392				(4)			3
	(a) Name a	and address of the agent, broke	r. or other person to who	m commissi	ions or fees	s were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	Э		(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, stone	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	(2)				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
(h) Amount of calca and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	

Part							
	If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	urposes if such contracts ar	e experienc	e-rated as a unit. Who	ere contract		
8 B	enefit and contract type (check all applicable boxes))					
а	X Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
е	Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unemp	olovment	h Prescription drug	
i	Stop loss (large deductible)	j HMO contract	k ⊠		, ,	I Indemnity contract	
n		,	<u></u>				
•	Curici (Specify)						
9 E	perience-rated contracts:						
	Premiums: (1) Amount received		9a(1)				
	(2) Increase (decrease) in amount due but unpai	d	9a(2)				
	(3) Increase (decrease) in unearned premium re-	serve	9a(3)				
	(4) Earned ((1) + (2) - (3))				9a(4)		
ŀ	Benefit charges (1) Claims paid		9b(1)				
	(2) Increase (decrease) in claim reserves		9b(2)				
	(3) Incurred claims (add (1) and (2))				9b(3)		
	(4) Claims charged				9b(4)		
(Remainder of premium: (1) Retention charges (
	(A) Commissions		9c(1)(A)				
	(B) Administrative service or other fees		9c(1)(B)			_	
	(C) Other specific acquisition costs	 	9c(1)(C)			_	
	(D) Other expenses		9c(1)(D)			_	
	(E) Taxes	<u></u>	9c(1)(E)				
	(F) Charges for risks or other contingencies.		9c(1)(F)			_	
	(G) Other retention charges				0-(4)(11)		
	(H) Total retention	_			9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (These				9c(2)		
(. ,	•			9d(1)		
	(2) Claim reserves				9d(2)		
_	(3) Other reserves				9d(3)		
40	Dividends or retroactive rate refunds due. (Do n	ot include amount entered i	n line 9c(2) .)	9e		
	Nonexperience-rated contracts:				40-		74445
í					10a		71145
ı	 If the carrier, service, or other organization incur retention of the contract or policy, other than rep 	, ,			10b		
	Specify nature of costs	5.155 art i, iii 6 2 450 vo,	. sport and	***************************************		1	

Part	IV	Provision of Information			
11 D	Did the	insurance company fail to provide any information necessary to complete Schedule A?	Yes	X	No

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

, , , , , , , , , , , , , , , , , , , ,		pursuant to	ERISA section 103(a)(2)		ion	Inspection
For calendar plan year 20	13 or fiscal plan	year beginning 02/01/2013		and en	ding 01/31/2014	
A Name of plan GROUP BENEFITS PLAN FOR EMPLOYEES OF EVERGREEN LIVING				B Three plan		501
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN LIVING CENTERS, INC. D Employer Identification Number (EIN) 91-1556064					(EIN)	
		ing Insurance Contract Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance ca		DANIV				
UNION SECURITY INSC	TRANCE COMP	ANT	(a) Approximate no	mbor of	Policy or o	pontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contract	t end of	(f) From	(g) To
81-0170040	70408	D698 (ROYAL)	13	36	02/01/2013	01/31/2014
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents, brokers, and o	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
		2836		` '		0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).		
<u> </u>		nd address of the agent, broker			ions or fees were paid	
HUB INTERNATIONAL N	NORTHWEST		BOX X LINGHAM, WA 98227			
(b) Amount of sales a	ad boos	Fe	es and other commission	ns paid		
commissions pa		(c) Amount		(d) Purpose	9	(e) Organization code
	1561					3
	(a) Name a	nd address of the agent, broker		m commissi	ions or fees were paid	
THE UNITY GROUP P.O. BOX X BELLINGHAM, WA 98227						
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid		
commissions pa		(c) Amount	ı	(d) Purpose	e	(e) Organization code
	1275					3

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, stone	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	()				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) direct (
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	
employer(s) or members of the same en perience-rated as a unit. Where contract as a unit for purposes of this report.	
c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract	d Life insurance h Prescription l Indemnity co

		If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	urposes if such contracts ar	e experienc	e-rated as a unit. Wh	ere contrac		
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b X Dental	с	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unem	ployment	h Prescription drug	
	i [Stop loss (large deductible)	j HMO contract	k∏	PPO contract		I Indemnity contract	
	m	Other (specify)	- L	<u> </u>				
	_							
9 E	Ехре	erience-rated contracts:						
	a I	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	l	9a(2)				
		(3) Increase (decrease) in unearned premium res	erve	9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		_
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves	<u> </u>	9b(2)		1		_
		(3) Incurred claims (add (1) and (2))				9b(3)		_
		(4) Claims charged				. 9b(4)		_
	С	Remainder of premium: (1) Retention charges (o	· · · · · · · · · · · · · · · · · · ·	. (1)(1)				
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs	 	9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes	-	9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)			_	
		(G) Other retention charges				00/41/11		_
		(H) Total retention				, , , ,	1	_
		(2) Dividends or retroactive rate refunds. (These	<u> </u>		,	(-/		_
	d	Status of policyholder reserves at end of year: (1	•					_
		(2) Claim reserves				9d(2)		_
	_	(3) Other reserves				9d(3)		_
10	e Nic	Dividends or retroactive rate refunds due. (Do no	ot include amount entered i	n iine 9c(2) .	<u>)</u>	. 9e		
10		nexperience-rated contracts:	orrior			. 10a	0044	
	a b	Total premiums or subscription charges paid to c If the carrier, service, or other organization incurr				IUa	8214	_
	IJ	retention of the contract or policy, other than repo				. 10b		

Part IV	Provision of Information			
11 Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Specify nature of costs >

Schedule A (Form 5500) 2013

Part III Welfare Benefit Contract Information

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 20	13 or fiscal plar	year beginning 02/01/2013		and en	iding 01/31/20)14	
A Name of plan GROUP BENEFITS PLAN	FOR EMPLOY	EES OF EVERGREEN LIVING (CENTERS, INC.		e-digit number (PN)	•	501
C Plan sponsor's name a EVERGREEN LIVING CE		e 2a of Form 5500		D Emplo	oyer Identification 56064	Number (EIN)
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
GROUP HEALTH OPTIC	INC.						
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate n		Po	olicy or co	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year		(f) From	1	(g) To
91-1467158	47055	5123800	:	27	02/01/2013		01/31/2014
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	I commissions paid. L	ist in line 3	the agents, broke	ers, and o	ther persons in
(a) Total a	amount of comr			(b) To	otal amount of fee	s paid	
		7334					0
3 Persons receiving com		ees. (Complete as many entries a	·				
HUB INTERNATIONAL N		nd address of the agent, broker, or P.O. B		m commiss	ions or fees were	paid	
HOB INTERNATIONAL IN	ionimizor	BELLII	NGHAM, WA 98227				
(b) Amount of sales ar	nd hase	Fees	and other commissio	ns paid			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	3709						3
	(a) Name a	nd address of the agent, broker, o	or other person to who	m commiss	ions or fees were	paid	
THE UNITY GROUP		P.O. B BELLII	OX X NGHAM, WA 98227				
							T
(b) Amount of sales and base commissions paid		(c) Amount	and other commissio	d other commissions paid			(e) Organization code
commissions pa	3625	(c) Amount		(d) Purpose			3
For Paperwork Reduction	n Act Notice a	nd OMB Control Numbers, see	the instructions for I	Form 5500.		Sched	lule A (Form 5500) 2013 v. 130118
							V. 100110

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, stone	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	()				
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	, ,	, , ,				

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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page 4	
employer(s) or members of the same en experience-rated as a unit. Where contra- d as a unit for purposes of this report.	
c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract	d Life insurance h Prescription of I Indemnity con

Ра	irt II	If more than one contract covers the same grinformation may be combined for reporting process the entire group of such individual contracts of	roup of employees of the surposes if such contracts a	are experiend	ce-rated as a unit. Wh	nere contract		
8	Ben	efit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	e
	е	Temporary disability (accident and sickness)	f Long-term disability	y g	Supplemental unem	ployment	h Prescription	drug
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity co	ntract
	m	Other (specify)						
9	Ехрє	erience-rated contracts:						
	a I	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	d	9a(2)				
		(3) Increase (decrease) in unearned premium res	serve	9a(3)				
		(4) Earned ((1) + (2) - (3))	<u>.</u>			9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (c	on an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees	-	9c(1)(B)				
		(C) Other specific acquisition costs	To the second	9c(1)(C)				
		(D) Other expenses		9c(1)(D)			1	
		(E) Taxes	T T	9c(1)(E)			1	
		(F) Charges for risks or other contingencies.		9c(1)(F)			1	
		(G) Other retention charges		9c(1)(G)			1	
		(H) Total retention	_			9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These	_	_				
	d	Status of policyholder reserves at end of year: (1) Amount held to provide b	penefits after	retirement			
		(2) Claim reserves	<i>'</i>					
		(3) Other reserves						
	е	Dividends or retroactive rate refunds due. (Do n						
10		nexperience-rated contracts:		(-)	,	,		
		Total premiums or subscription charges paid to o	carrier			. 10a		15300°
	b	If the carrier, service, or other organization incur				100	1	10000
	~	retention of the contract or policy, other than rep			•	. 10b		

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Specify nature of costs >

Schedule A (Form 5500) 2013

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

			ERISA section 103(a)(2)		1011		Inspection	
For calendar plan year 20	13 or fiscal pla	an year beginning 02/01/2013	}	and en	ding 01/	31/2014		
A Name of plan GROUP BENEFITS PLAN	FOR EMPLO	OYEES OF EVERGREEN LIVING	G CENTERS, INC.		e-digit number (PN	1) •	501	
	C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN LIVING CENTERS, INC. D Employer Identification Number (EIN) 91-1556064							
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca	rrier							
AETNA HEALTH INC.	I		(-) A			Dallaviana		
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a		(f)		ontract year	
	code	identification number	policy or contract	year	(1)	From	(g) To	
95-3402799	00000	806525-12-001	1	3	10/01/201	13	01/31/2014	
2 Insurance fee and come descending order of the		nation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, I	brokers, and o	ther persons in	
(a) Total a	amount of con	nmissions paid		(b) To	otal amount o	of fees paid		
		840					0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all	persons).				
HUB INTERNATIONAL N	. ,	and address of the agent, broke	r, or other person to whor BOX 3018	n commissi	ions or fees	were paid		
HOD INTERNATIONAL N	OKIHWESI		THELL, WA 98041					
(b) Amount of sales ar	nd hase	Fe	ees and other commission	ns paid				
commissions pai		(c) Amount	(d) Purpose				(e) Organization code	
	840						3	
	(a) Name	and address of the agent, broke	r or other person to whor	n commissi	ions or fees	were paid		
	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid				
commissions pai	d	(c) Amount		(d) Purpose	9		(e) Organization code	

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, stone	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	()				
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	, ,	, , ,				

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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year		4		
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

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	Schedule A (Form 5500) 2013		Pa	age 4		
Part I	Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the surposes if such contracts a	are experienc	ce-rated as a unit. Wh	ere contrac	
8 Ben	efit and contract type (check all applicable boxes)					
а	X Health (other than dental or vision)	b Dental	c	Vision		d Life insurance
e [Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unem	ployment	h Prescription drug
i [Stop loss (large deductible)	j HMO contract	k 🛚	PPO contract		I Indemnity contract
m	Other (specify)	_	_	_		_
9 Exp	erience-rated contracts:					
а	Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpai	d	9a(2)			
	(3) Increase (decrease) in unearned premium res	serve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	
b	Benefit charges (1) Claims paid		9b(1)			
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3) Incurred claims (add (1) and (2))				9b(3)	
	(4) Claims charged				9b(4)	
С	Remainder of premium: (1) Retention charges (on an accrual basis)				
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			7
	(C) Other specific acquisition costs	ŀ	9c(1)(C)			7
	(D) Other expenses	ŀ	9c(1)(D)			7
	(E) Taxes	ŀ	0 (4)(5)			7
	(F) Charges for risks or other contingencies.	ŀ				7
	(G) Other retention charges					7
	(H) Total retention	•			9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These					
d	Status of policyholder reserves at end of year: (1					
-	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
е	Dividends or retroactive rate refunds due. (Do n				9e	
10 No	onexperience-rated contracts:		3(=)	, ,	,	

Part IV	Provision of Information			
11 Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

a Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

Specify nature of costs >

¹² If the answer to line 11 is "Yes," specify the information not provided. **\rightarrow**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

, , , , , , , , , , , , , , , , , , , ,			are required to provide the init ERISA section 103(a)(2).	ormation		Inspection	
For calendar plan year 2013 or fiscal plan year beginning 02/01/2013 and ending 01/31/2014							
A Name of plan GROUP BENEFITS PLAN	FOR EMPLO	YEES OF EVERGREEN LIVING	CENTERS, INC.	Three-digit plan number (PN)	•	501	
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN LIVING CENTERS, INC. D Employer Identification Number (EIN) 91-1556064							
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:	le Scriedule A.	maividual contracts grouped as	a unit in Faits if and in can be	e reported on a sing	gie Scriedule	A.	
(a) Name of insurance ca	rrier						
REGENCE BLUESHIELD	OF IDAHO		_				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end	of	Policy or co	•	
(2) =	code	identification number	policy or contract year	/T1 F	rom	(g) To	
82-0206874	60131	60002308	41	02/01/2013	3	01/31/2014	
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	tal commissions paid. List in l	ine 3 the agents, br	okers, and ot	her persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
	6890						
3 Persons receiving com	missions and	fees. (Complete as many entries	as needed to report all perso	ns).			
	. ,	and address of the agent, broker		nmissions or fees w	ere paid		
HUB INTERNATIONAL N	IORTHWEST		BOX X LINGHAM, WA 98227				
(b) Amount of sales ar	nd base	Fe	es and other commissions pai	d			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	6890					3	
	(a) Name	and address of the agent, broker	, or other person to whom com	nmissions or fees w	ere paid		
		-	·		·		
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount	(d) Pu	irpose		(e) Organization code	

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	()	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
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Part II						
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year		4		
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page	4	

Par	t II	If more than one contract covers the same gr information may be combined for reporting pu	oup of employees of the surposes if such contracts	are experienc	ce-rated as a unit. Wh	ere contrac		
0 -		the entire group of such individual contracts v		realeu as a u	riit for purposes of this	в героп.		
		efit and contract type (check all applicable boxes)		_	1		- 🗔	
•	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
(е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unem	ployment	h Prescription drug	
i	i [Stop loss (large deductible)	j HMO contract	kΧ	PPO contract		I Indemnity contract	
I	m	Other (specify)						
9 E	xn	erience-rated contracts:						
	•	Premiums: (1) Amount received		9a(1)			7	
		(2) Increase (decrease) in amount due but unpaid						
		(3) Increase (decrease) in unearned premium res					7	
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				. 9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		` /\ /				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)			_	
		(E) Taxes		0 (4)(5)			_	
		(F) Charges for risks or other contingencies		0 (4)(0)			_	
		(G) Other retention charges	!			2 (4)(1)		
		(H) Total retention	_	_		9c(1)(H)	
	_	(2) Dividends or retroactive rate refunds. (These						
	d	Status of policyholder reserves at end of year: (1	, ·					
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
4.0	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	. 9e		
10	No	nexperience-rated contracts:						
	a	Total premiums or subscription charges paid to c				. <u>10a</u>	34	14486
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo	, ,		•	. 10b		
	Sp	pecify nature of costs						

Part	١٧	Provision of Information			
11	Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2013

		pursuant to	ERISA section 103(a)(2)			'	inspection
For calendar plan year 20°	13 or fiscal pla	n year beginning 02/01/2013		and en	ding 01	1/31/2014	
A Name of plan GROUP BENEFITS PLAN	FOR EMPLO	YEES OF EVERGREEN LIVING	G CENTERS, INC.	B Three plan	e-digit number (P	N) •	501
C Plan sponsor's name a EVERGREEN LIVING CE		e 2a of Form 5500		D Emplo		cation Number (l	EIN)
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
AETNA HEALTH INC.	T	T				D. II	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a			Policy or co	•
(0) =	code	identification number	policy or contract		(f)	From	(g) To
95-3402799	00000	806525-13-001		67	10/01/20	013	01/31/2014
2 Insurance fee and coming descending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	, brokers, and ot	her persons in
(a) Total a	amount of com	missions paid		(b) To	tal amount	of fees paid	
		3393					0
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all	persons).			
		and address of the agent, broker		m commissi	ions or fees	s were paid	
HUB INTERNATIONAL N	ORTHWEST		BOX 3018 HELL, WA 98041				
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	3393						3
	(a) Name :	and address of the agent, broker	or other person to who	m commissi	ions or fee	s were naid	
	(a) Name a	and address of the agent, broker	, or other person to who	111 COMMINISS	10113 01 100	s were paid	
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	()	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	, ,	, , ,	

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Pa	Part II Investment and Annuity Contract Information					
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Page	4

	rt II	If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	oup of employees of the surposes if such contracts	are experienc	ce-rated as a unit. Whe	ere contract	
8	Ben	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unemp	loyment	h 🛛 Prescription drug
	i [Stop loss (large deductible)	j HMO contract	kΧ	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Ехре	erience-rated contracts:					
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or 🔲 d	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2) .	.)	9e	
10	No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			10a	133468
	b	If the carrier, service, or other organization incurr	• •		•	46.	
		retention of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report amo	ount	10b	
	Sp	pecify nature of costs					

Part	: IV	Provision of Information			
11	Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

		pursuant to	ERISA section 103(a)(2)).			
For calendar plan year 20	13 or fiscal pla	n year beginning 02/01/2013	3	and en	ding 01	/31/2014	
A Name of plan GROUP BENEFITS PLAN	FOR EMPLO	YEES OF EVERGREEN LIVIN	G CENTERS, INC.		e-digit number (P	N) •	501
C Plan sponsor's name a EVERGREEN LIVING CE		e 2a of Form 5500		D Emplo		cation Number (EIN)
		ning Insurance Contract Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca							
ASURIS NORTHWEST I	HEALTH						
(I.) FIN	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
91-0495743	47350	60001953		8	02/01/20)13	09/30/2013
2 Insurance fee and com descending order of the		ation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
	2499						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	s were paid	
HUB INTERNATIONAL N	IORTHWEST		. BOX X LINGHAM, WA 98227				
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	2499	180	ADDITIONAL COMPENS	SATION			3
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	s were paid	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	Э	(e) Organization co	

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	()	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
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Pa	Part II Investment and Annuity Contract Information					
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier ma	ly be treated as a	a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C _.	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		· ·		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

Schedule A (Form 5500) 2013		Page 4		
Part III Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the same surposes if such contracts are e	experience-rated as a ι	unit. Where contrac	
8 Benefit and contract type (check all applicable boxes)			
a X Health (other than dental or vision)	b Dental	c Vision		d Life insurance
e Temporary disability (accident and sickness)	f Long-term disability	g Supplement	al unemployment	h Prescription drug
i ☐ Stop loss (large deductible)	j HMO contract	k PPO contrac	ct	I Indemnity contract
m ☐ Other (specify) ▶	· L	Ц		— ,
Premiums: (1) Amount received	d 9 serve 9	b(1) b(2)	9b(3)	
(A) Commissions		(1)(A)		
(B) Administrative service or other fees		(1)(B)		
(C) Other specific acquisition costs		(1)(C)		
(D) Other expenses		(1)(D)		
(E) Taxes		(1)(E)		
(F) Charges for risks or other contingencies.		(1)(F)		
(G) Other retention charges		(1)(G)	00(4)/Ш	1
(H) Total retention(2) Dividends or retroactive rate refunds. (These	_		9c(1)(H))
d Status of policyholder reserves at end of year: (1	— •			

e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

a Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

9d(2)

9d(3)

9e

10a

10b

36691

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

10 Nonexperience-rated contracts:

Specify nature of costs

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2013 or fiscal plan year beginning

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

02/01/2013

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

01/31/2014

and ending

A Name of plan GROUP BENEFITS PLAN FOR EMPLOYEES OF EVERGREEN LIVING CENTERS, INC.				e-digit number (PN)	501		
				·	,		
C Plan sponsor's name as shown on line 2a of Form 5500 EVERGREEN LIVING CENTERS, INC.				D Emplo 91-155	yer Identification Number (56064	(EIN)	
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
REGENCE BLUESHIELD)						
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or co	Policy or contract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To	
91-0282080	53902	60001921	3	1	02/01/2013	09/30/2013	
2 Insurance fee and composite descending order of the		tion. Enter the total fees and total	commissions paid. Lis	st in line 3	the agents, brokers, and o	ther persons in	
(a) Total a	amount of comm	nissions paid		(b) To	otal amount of fees paid		
		4247				720	
3 Persons receiving com	missions and fe	es. (Complete as many entries a	s needed to report all p	persons).			
	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
HUB INTERNATIONAL NORTHWEST P.O. BOX X BELLINGHAM, WA 98227							
						T	
(b) Amount of sales ar			Fees and other commissions paid			-	
commissions pai	d 4247	(c) Amount	(d) Purpose DITIONAL COMPENSATION		(e) Organization code		
4241		720					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
	(4)	ia addition of the agent, pronon, a	силот ролости то тилот		iono er rece mere para		
(b) Amount of sales and base commissions paid		Fees and other commissio		s paid			
		(c) Amount		(d) Purpose		(e) Organization code	
	A (N) (1	1000				11.4/5 5500 2015	
For Paperwork Reductio	n Act Notice ai	nd OMB Control Numbers, see	tne instructions for F	orm 5500.	Schee	dule A (Form 5500) 2013 v. 130118	

Schedule A (Form 5500)) 2013	Page 2 - 1				
(a) Na	ame and address of the agent broke	er, or other person to whom commissions or fees w	ere paid			
(4)	and and address of the agent, aren	.,	5.5 pa.u			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unount	(a) i dipose	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
			•			
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) y amount	(a) i uipecc	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
	-					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
oooo.oo pa.a	(0)/ 11/00/11	(0)	3333			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
(In) Amount of only and have		Fees and other commissions paid	(-) O			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of calca and base		Fees and other commissions paid	(a) Organization			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
•						

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Part II		Investment and Annuity Contract Information				
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.					
4 Current v		value of plan's interest under this contract in the general account at year end			4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
6	Cont	racts With Allocated Funds:				_
	а	State the basis of premium rates •				
	_					
	b	Premiums paid to carrier			6b	
	C.	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
	а			tion guarantee		
		(3) guaranteed investment (4) other		ŭ		
		(3) guaranteed investment (4) clifer y				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	1		75	
	•	(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	- (a)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				

		2		_	4		
		Schedule A (Form 5500) 2013		P	age 4	-	
Part	Part III Welfare Benefit Contract Information If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.						
8 B	enefit	t and contract type (check all applicable boxes)					
а	X	Health (other than dental or vision)	b Dental	С	Vision	d	Life insurance
е	\prod	Temporary disability (accident and sickness)	f Long-term disability	ty g	Supplemental unemploy	yment h	Prescription drug
i	$\overline{\sqcap}$	Stop loss (large deductible)	j HMO contract	k	PPO contract	ľ	Indemnity contract
n	า⊟ี	Other (specify)	- L	<u>-</u>	_		
	ш						
9 E	perie	ence-rated contracts:			_		
а	Pre	emiums: (1) Amount received		9a(1)			
	(2)) Increase (decrease) in amount due but unpai	d	9a(2)			
	(3) Increase (decrease) in unearned premium reserve		serve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	
k) B	enefit charges (1) Claims paid		9b(1)			
	(2)) Increase (decrease) in claim reserves		9b(2)			
	(3)) Incurred claims (add (1) and (2))				9b(3)	
	(4)) Claims charged				9b(4)	
(R	emainder of premium: (1) Retention charges (on an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees					
	(C) Other specific acquisition costs		9c(1)(C)				
	(D) Other expenses			9c(1)(D)			
	(E) Taxes						
		(F) Charges for risks or other contingencies.					
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention			<u>9</u>	9c(1)(H)	
	(2	2) Dividends or retroactive rate refunds. (These	e amounts were 🔲 paid in	cash, or	credited.)	9c(2)	
(l St	tatus of policyholder reserves at end of year: (1) Amount held to provide	benefits afte	er retirement	9d(1)	

e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

a Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

Part IV	Provision of Information			
11 Did th	ne insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9d(2)

9d(3)

9e

10a

10b

190024

10 Nonexperience-rated contracts:

Specify nature of costs

¹² If the answer to line 11 is "Yes," specify the information not provided. **\rightarrow**

Attachment to 2013 Form 5500 Form M-1 Compliance Information

Plan	Name Group Bene	efits Plan for Employees of Evergreen Living Ce	nt Ein: , 91nd 556064
Plan	Sponsor's Name	Evergreen Living Centers, Inc.	PN: 501
1.	If the plan provides verified requirements during	velfare benefits, was the plan subject to the Form M-1 filing the plan year?	Yes No X
	If "Yes" is checked	, complete lines 2 and 3.	
2.	Is the plan currently	in compliance with Form M-1 filing requirements?	Yes No
3.	to file the 2013 Form M-1 that was require Receipt Confirmation	onfirmation Code for the 2013 Form M-1 annual report. If the plan M-1 annual report, enter the Receipt Confirmation Code for the doto be filed under the Form M-1 filing requirements. (Failure to a Code will subject the Form 5500 filing to rejection as incomple	e most recent Form enter a valid
	Receipt Confirmation	n Code	