Department of the Treasury Benefit Plan	ee	OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee	9	2013		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(Employee Benefits Security Administration the Internal Revenue Code (the Code).	(a) of This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500	-SF.	Inspection		
Part I Annual Report Identification Information				
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12	2/31/2	2013		
A This return/report is for:		a one-participant plan		
B This return/report is:				
an amended return/report a short plan year return/report (less than 12 mo	nths)			
C Check box if filing under: X Form 5558 automatic extension		DFVC program		
special extension (enter description)				
Part II Basic Plan Information—enter all requested information				
1a Name of plan	1b	Three-digit		
ROMAN L. KUTSY 401(K) PLAN		plan number		
	10	(PN) ▶ 001 Effective date of plan		
	10	01/01/2004		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b	Employer Identification Number		
EVERGREEN NEUROLOGY & NEURODIAGNOSTICS, PLLC		(EIN) 75-3075949		
	2c	Sponsor's telephone number		
2326 RUCKER AVENUE EVERETT, WA 98201	24	425-505-2200		
	20	Business code (see instructions) 621111		
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b	Administrator's EIN		
	•.•			
	3c	Administrator's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b	EIN		
name, EIN, and the plan number from the last return/report. a Sponsor's name	4c	PN		
5a Total number of participants at the beginning of the plan year	5a			
	Ja	2		
b Total number of participants at the end of the plan year		2		
 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 	5b	2		
 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not	5b 5c	2		
 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQF) 	5b 5c ² A)	2 2 		
 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c PA)	2 2 		
 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c 2A) Form	2 2 		
 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c 2A) Form	2 2 		
 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c 2A) Form 	2 2 2 2 2 Yes No 5500. Yes No Not determined established.		
 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c 2A) Form 	2 2 2 2 2 2 2 2 2 2 2 2 2 2		
 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c 2A) Form 	2 2 2 2 2 2 2 2 2 2 2 2 2 2		
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 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c PA) Form se is ort, ir and	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
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C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c 2A) Form 	2 2 <td< td=""></td<>		
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C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c 2A) Form 	2 2 2 X Yes No X Yes No X Yes No X Yes No S500. Yes No Not determined established. cluding, if applicable, a Schedule to the best of my knowledge and ining as plan administrator		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b 5c 2A) Form 	2 2 2 X Yes No X Yes No X Yes No X Yes No S500. Yes No Not determined established. cluding, if applicable, a Schedule to the best of my knowledge and ining as plan administrator		

Pa	rt III Financial Information									
7	Plan Assets and Liabilities (a) Beginning of Yea						(b) End	of Y	ear	
а	Total plan assets	8				8	37309			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	65870	8				8	37309	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	878							
	(2) Participants									
	(3) Others (including rollovers)	8a(3)	15296	0						
	Other income (loss)	8b	13290	9				4	79604	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_			1	78601	
u	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i							78601	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	:	
	2E 2F 2J 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		۸m	ount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in			110		AIII	Juni	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a	X					26625
b	Were there any nonexempt transactions with any party-in-interest					х				
	on line 10a.)			10b	Х					
<u>с</u>	, , ,			10c	~					10000
d		•		10d		х				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			Tou						
C	insurance service, or other organization that provides some or all					х				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h		(х				
	2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11										
-	Is this a defined benefit plan subject to minimum funding requirem	ients? (If "	5500) and line 11a below)							
									Yes	
11a									Yes	
11a 12	5500) and line 11a below)	om Sched	ule SB (Form 5500) line 39			11a	``````````````````````````````````````		Yes Yes	X No
	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr	rom Sched	ule SB (Form 5500) line 39			11a	``````````````````````````````````````		1	X No
12	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding	rom Sched requireme , as applicang ng amortiz	ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruc	e or se	ction :	11a 302 of	ERISA?	the le Yea	Yes tter rul	
12 a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	rom Sched requireme , as applicang amortiz	ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruc- 	e or se	ction :	11a 302 of	ERISA?		Yes tter rul	

C	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	· 🗆 ۲	res X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust ROMAN L. KUTSY RETIREMENT TRUST			rust's EIN 61104506			

No. 1998 P. 2

Form 5500-SF	Benefit Plan						
Department of the Transury Internal Revenue Service		d to be filed under sections 104 an		2013			
Department of Labor					e Open to Public		
Employee Banatta Security Administration Penalon Banatti Guaranty Corporation	-	•	-	inspection			
		s in accordance with the instruct	poins to the Form 5900-br.				
For calendar plan year 2013 or file		01/01/2013	and ending 1	2/31/2013			
-	x a single-employer plan	a multiple employer pla		a one-partici			
A This return/report is for:	2		at (not monormany and		van it hierien		
B This return/report is:	the first return/report	. I the final return/report					
	an emended return/repo	ont a short plan year return automatic extension	Vreport (less than 12 months	_			
C Check box If filing under:		DFVC program					
	special extension (enter	r description)					
Basic Plan Info	mation - enter all requ	asted information					
1a Nama of plan			1t) Three-digit plan number			
Roman L. Kutsy 401	(K) Plan			(PN) ►	001		
	••••		10	Effective date of	f plan		
······································				01/01/2004	,		
2a Plan sponsor's name and an Everyreen Neurolog	idresa; include room of suite 7 & Neurodiacmostic	e number (employer, if for a single- ta , PLLC	employer plan) 21	Employer Ident (EIN) 75-30			
			20	2 Sponsor's telep (425) 505-			
2326 ROCKER AVENUE			20		(see instructions)		
US EVERETT	WA 98201			621111			
3a Plan administrator's name a	nd address 🔀 Same as Pl	lan Sponsor Neme 🛄 Same as P	tan Sponsor Address 31	Administrator's	EIN		
					telephone number		
	e plan sponsor hes changed mber from the test return/rep	I since the last return/report filed fo port.		DEIN			
a Sponsor's name		····		<u>G PN</u>			
) year			2		
		and of the place was (defined by a		P	2		
	account datances as or the	end of the plan year (defined bena	nt piens do not	c	2		
		ed in eligible assets? (See instructi	015.)		XYes No		
b Are you claiming a waiver of		d report of an Independent qualifier					
		plan cannot use Form 5500-SF a	ind must instead use Form	1 5600.			
		the PBGC Insurance program (see			o 🔲 Not determine		
Contian & saualist for the left	or ideatelists filling of thi	is return/report will be essessed	uniors meanshie cause i	e ostablished.			
Under periatex of Denity and SCall Schedule Matter Defen	nheidemeilen sehtondirch and signed by un en offers	(The such that I declare that I have Subtry a work of the second statements	stanger, the data mepoli	included, Repul	able, of Servicial matche dope and		
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Simulacitimoto							
		dress; include room or suite numbi	WARKS TO BE AN ADDRESS OF THE THE REAL ADDRESS OF THE REAL ADDRESS OF THE REAL ADDRESS OF THE PARTY OF THE PA		s number (optional)		
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5600-SF.

Form 5800-SF (2013) v.130118 f

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Form 5500-SF 2013 Page 2 Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 658,708 837,309 b Total plan tabilities. 7b С Net plan assets (subtract line 7b from line 7a) 7¢ 658,708 837,309 8 Income, Expenses, and Transfers for this Plan Year 1072 (a) Amount (b) Total Contributions received or receivable from: а (1) Employers 8a(1) 8,782 (2) Participants . 8a(2) 16,850 (3) Others (including rollovers) 8#(3) b Other Income (loss) 8b 152,969 C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 的复数医神经 Benefits paid (including direct rollovers and insurance premiums d 178.601 to provide benefits) 6d e Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 81 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 81 178,601 Transfers to (from) the plan (see instructions) 81 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b Part V Compliance Questions During the plan year: Yes No Was there a failure to transmit to the plan any participant contributions within the time period described in Amount а 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program) 10a x Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 26,625 h on line 10a.) 106 x С Was the plan covered by a fidelity bond? 10c χ Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10,000 ď or dishonesty? . 10d x Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, æ insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e x Has the plan failed to provide any benefit when due under the plan? £ 10† x Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g 10g х If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h 2520.101-3.) ... 10h x If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3 10 Part Viel Pension Funding Compliance Is this a defined banefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11

			Yes X No
<u>_11a</u>	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	1	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of	<u> </u>	
	(if Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below, as analicable.)	T	Yes 🛣 No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the waiver	l	e letter ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ay	Year
b	Enter the minimum required contribution for this plan year	······	
	12b		

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	Form 5500-SF 2013 Page 3-							
 d	Enter the amount contributed by the employer to the plan for this plan year		12c	T				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the will the minimum funding amount)		12d		·······			
Part	Plan Terminations and Transfers of Assets	******		Yes [No			
<u>13a</u>	las a resolution to terminate the plan been adopted in any plan year?			s X N		- <u></u>		
b v	Vere all the plan assets distributed to participants as beauficities to the employer this year	******			<u> </u>			
CI	If the PBGC?	fy the plan(s) to		<u>[</u>	<u>] Yes</u>	X No		
13c	(1) Name of plan(s):	130	:(2) EIN(5)	13c(3)	PN(s)		
14a Name of trust				14b Trust's EIN				
Roman L. Kutsy Retirement Trust					86-1104506			

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