Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	ar plan year 2013 or	fiscal plan year beginning 01/01/20	014	and ending 1	0/27/	2014			
A This ref	turn/report is for:	∡ a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This ref	turn/report is:	the first return/report	x the final return/report						
		an amended return/report	X a short plan year returr	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter descrip	tion)			_			
Part II	Basic Plan Inf	ormation—enter all requested infor	mation						
1a Name					1b	Three-digit			
EVERGREE	N CHILDREN'S CLI	NIC, PLLC				plan number (PN) ▶	001		
					10	Effective date o			
					. •	01/01	•		
		address; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
EVERGREE PLLC	EN CHILDRENS CLII	NIC, PLLC				(=)	58392		
							hone number		
1910 S. MERIDIAN, STE. A PUYALLUP, WA 98371-7531						Business code (
					Zu	62111	,		
3a Plan a	dministrator's name	and address XSame as Plan Sponsor	r Name Same as Plan	Sponsor Address	3b	Administrator's			
		ь .	Ц						
					3с	Administrator's	telephone number		
		he plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN			
	, EIN, and the plan n or's name	umber from the last return/report.			40	PN			
		ts at the beginning of the plan year			5a				
_		ts at the end of the plan year			5b				
		h account balances as of the end of the			30		0		
				•	5c		0		
		ets during the plan year invested in elig					X Yes No		
		of the annual examination and report of the instructions on waiver eligibility					X Yes □ No		
		either line 6a or line 6b, the plan car					<u> </u>		
		efit plan, is it covered under the PBGC			_		Not determined		
Coution	N manaity far tha lat		rement will be accessed	· · · · · · · · · · · · · · · · · · ·					
	•	e or incomplete filing of this return/r other penalties set forth in the instruction	•				able a Schedule		
SB or Sche	edule MB completed	and signed by an enrolled actuary, as							
belief, it is	true, correct, and cor	nplete.							
SIGN	Filed with authorize	d/valid electronic signature.	10/31/2014	BARBARA RUSSELL					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adr	ninistrator		
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual sid	nning as employe	er or plan sponsor		
Preparer's		name, if applicable) and address; incl					number (optional)		

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
<u>.</u>	Total plan assets	7a	236172		+		(6) E11	<u>u 01 1</u>	Cai ()
	Total plan liabilities	7b	38	9					C)
	Net plan assets (subtract line 7b from line 7a)	7c	236133	9					C)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(15)	Total		
	(1) Employers	8a(1)	2343	8						
	(2) Participants	8a(2)	650	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	5087	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							80808	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	244099	9						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	114	8						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	442147	7
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2	361339)
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	•			•					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions		
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 contribution	tions within	n the time period described in		103	140		AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr	ection Program)	10a		X				
N	on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					200000
d	• • • • • • • • • • • • • • • • • • • •			100						200000
· ·	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all			10e		X				
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X				
				10f		Χ				
9		•	,	10g		^				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
$\overline{}$	If 10h was answered "Yes," check the box if you either provided the									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12										
_ 	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 5, 50		_ <u> </u>				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juj				
	Enter the minimum required contribution for this plan year	•				12b				

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гаус	J		

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year					0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

2042

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Ben	efit Guaranty Corporation	> Complete all entries in a	ccordance with the instruction	ons to the Form 5500	-SF.		
Parti	Annual Report	Identification Information				2 /05 /001	
For calenda	r plan year 2013 or f	iscal plan year beginning	01/01/2014	and ending		L0/27/201	
A This retu	rn/report is for:	X a single-employer plan	a multiple-employer plan	(not multiemployer)	L	a one-partici	pant plan
B This retu	ırn/report is:	the first return/report	X the final return/report				
		an amended return/report	X a short plan year return/r	eport (less than 12 mo	onths)		
C Check h	ox if filing under:	Form 5558	automatic extension		[DFVC progra	am
• Oncor b	ox ii iiiiig ariaa	special extension (enter des	cription)				
Part II	Basic Plan Info	ormation—enter all requested in					
1a Name o		1,35,4 -75, 5,5,6,1			1	Three-digit	
Evergre	een Children	s Clinic, PLLC				plan number (PN)	001
						Effective date	of plan
						01/01/198	
2a Plan er	oneor's name and a	ddress; include room or suite num	ber (employer, if for a single-er	nployer plan)	2b	Employer Ident	ification Number
Evergre	een Childrens	Clinic, PLLC	_			(EIN) 91-21	58392
PLLC				2c	Sponsor's tele		
1910 S.	1910 S. Meridian, Ste. A				0.1	253-848-2	
					2a	Business code	(see instructions)
Puyallı	ıp	WA 98371-75		Changes Address	3h	Administrator's	FIN
3a Plan ac	dministrator's name	and address XSame as Plan Spo	nsor Name XSame as Plan S	Sponsor Address	0.0	Administratore	
					3c	Administrator's	telephone number
					V		
			the least antique from out filed for	this plan enter the	4h	EIN	
4 If the r	name and/or EIN of t	he plan sponsor has changed sind umber from the last return/report.	e the last return/report lileu loi	this plan, enter the	40	EIN	
	or's name	umber nom the last retailings of			4c	PN	
5a Total	number of participan	ts at the beginning of the plan yea	r		5a		19
		ts at the end of the plan year					(
		h account balances as of the end					,
comp	lete this item)		***************************************		5c		▼ Yes □ No
6a Were	all of the plan's ass	ets during the plan year invested in	n eligible assets? (See instructi	ions.)			X Yes ∐ No
b Are y	ou claiming a waiver	of the annual examination and rep 16? (See instructions on waiver eli	oort of an independent qualified	public accountant (IC	JPA)		X Yes No
under If you	r 29 CFR 2520.104-4 Lanswered "No" to	either line 6a or line 6b, the pla	n cannot use Form 5500-SF a	and must instead use	Form	5500.	_
C If the	nlan is a defined her	nefit plan, is it covered under the P	BGC insurance program (see I	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the lat	e or incomplete filing of this ret	urn/report will be assessed t	inless reasonable ca	nort i	ncluding if ann	licable a Schedule
Under pen	nalties of perjury and	other penalties set forth in the inst and signed by an enrolled actuary	ructions, i declare that i have to a succession and the contraction of	sion of this return/repo	rt, and	to the best of n	ny knowledge and
belief, it is	true, correct, and co	implete.					
TWO Est 12	1 13 11 11	D 00	[Malana	Barbara Russe	ell		
SIGN	Larvari	a Byssell	10/39/30/4	Enter name of indivi	dual ci	anina se nlan a	dministrator
HERE	Signature of plan	n administrator	Date	Enter name of indivi	uudi Si	grillig as piall a	GITH HOUGHO!
SIGN						7 TONE 200	STATE OF THE STREET
HERE	Signature of em	ployer/plan sponsor	Date	Enter name of indivi	idual si	gning as emplo	yer or plan sponsor ne number (optional)
Preparer's	s name (including fire	n name, if applicable) and address	s; include room or suite numbe	г (орионан)	Fie	harer a reiching	no number (optional)
1							

7 Plan Assets and Liabilities			(a) Beginning of Year	-			(b) End of Year
		7a		172	8		0
		7b		38	9		0
	7b from line 7a)	7c	236	133	9		0
8 Income, Expenses, and Trans		1 2 3	(a) Amount				(b) Total
a Contributions received or rece				343	0	1	
		8a(1)					
(2) Participants		8a(2)		650	0		
(3) Others (including rollovers)	8a(3)		.00.	0		
b Other income (loss)		8b		087	0	E.0	90909
	8a(2), 8a(3), and 8b)	8c				-70-	80808
	rollovers and insurance premiums	. 8d	244	099	9		
e Certain deemed and/or correct	tive distributions (see instructions)	8e			0		
f Administrative service provide	rs (salaries, fees, commissions)	8f		114	8		
g Other expenses		. 8g			0	E.	
h Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h	The second second	ф.			2442147
i Net income (loss) (subtract lin	e 8h from line 8c)	. 8i		. 39			-2361339
j Transfers to (from) the plan (s	ee instructions)	- 8j			10	rie.	
Part IV Plan Characteri	stics						
	enefits, enter the applicable welfare f	eature code	s from the List of Plan Charac	cterist	ic Cod	les in th	ne instructions;
Part V Compliance Ques	stions				Van	No	A 4
10 During the plan year:		47	the time power described in		Yes	No	Amount
29 CFR 2510.3-102? (See	nit to the plan any participant contribuinstructions and DOL's Voluntary Fid	uciary Corre	ction Program)	10a		Х	
b Were there any nonexempt on line 10a.)	transactions with any party-in-interes	t? (Do not in	clude transactions reported	10b		х	
c Was the plan covered by a	fidelity bond?			10c	Х		20000
d Did the plan have a loss, whor dishonesty?	nether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud	10d		Х	
insurance service, or other	ons paid to any brokers, agents, or ot organization that provides some or al	I of the bene	fits under the plan? (See	10e		х	
f Has the plan failed to provide	le any benefit when due under the pla	an?		10f		Х	
g Did the plan have any partic	cipant loans? (If "Yes," enter amount	as of year er	nd.)	10g		Х	
h If this is an individual accou	nt plan, was there a blackout period?	(See instru	ctions and 29 CFR	10h		х	
i If 10h was answered "Yes,"	check the box if you either provided notice applied under 29 CFR 2520.1	the required	notice or one of the	10i			
Part VI Pension Funding							
11 Is this a defined benefit plar	subject to minimum funding requirer	ments? (If "Y	es," see instructions and con	nplete	Sche	dule SI	3 (Form Yes No
	required contribution for current year					11a	
	n plan subject to the minimum fundin					302 of	ERISA? Yes X No
(If "Yes," complete line 12a	or lines 12b, 12c, 12d, and 12e below	v, as applica	able.)				
a If a waiver of the minimum to granting the waiver.	funding standard for a prior year is be	ing amortize	ed in this plan year, see instru Moi	nth	s, and	enter t Day	he date of the letter ruling Year
If you completed line 12a, co	mplete lines 3, 9, and 10 of Schedu	ile MB (For	m 5500), and skip to line 13			4-7	
h Enter the minimum required	contribution for this plan year		~~~~			12b	7

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_		12c						
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	404						
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?		Y	'es	No	N/A		
Part								
	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro			X Yes	No No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to 13c(2)			V rearrage	out that and to stroke?		
13c(1) Name of plan(s):					13c(3) PN(s)		
_								
Par	t VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				