Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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SIGN **HERE**

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit EVERGREEN ASSET MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number EVERGREEN ASSET MANAGEMENT, LLC 36-4563107 (EIN) Sponsor's telephone number 253-853-5500 3226 ROSEDALE ST NW, STE 201 GIG HARBOR, WA 98335 Business code (see instructions) 523900 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 4 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 05/14/2015 JOHN VOIGT

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a nunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot will be a second to the plan will be a second to the plan cannot will be a second to the pla	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Yes X Yes	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	∐No ∐ N	lot deterr	nined
Par -					-				
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of		200
	Fotal plan assets	7a	11857		-			134662	26
	Fotal plan liabilities	7b	44057	0				134662	26
	Net plan assets (subtract line 7b from line 7a)	7c	11857	47					20
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
	Contributions received or receivable from: (1) Employers	8a(1)	798	377					
	2) Participants	8a(2)	230	000					
	3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	580	002					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16087	79
	Benefits paid (including direct rollovers and insurance premiums								
	o provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							0
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h						16087	
	Net income (loss) (subtract line 8h from line 8c)	8i						1000	19
Pari	Transfers to (from) the plan (see instructions) Plan Characteristics	8j							
b Part	3D 2E 2F 2G 2J 2R If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Coc	les in t	he instruction	S:	
10	During the plan year:				Yes	No	А	mount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest.)	ıciary Cor	rection Program)	10a		X			
	on line 10a.)	`	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 or instructions.)	of the ber	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g	X				5116
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instr	uctions and 29 CFR	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6 	enter th Day		letter rul ear	ing

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information						
For calendar plan year 2014 or fiscal plan year beginning	01/01/2014	and ending	12/31/2	2014		
A This return/report is for:	of participating emplo a foreign plan	lan (not multiemployer) yer information in accor				
B This return/report is the first return/report	the final return/report					
an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check box if filling under: Form 5558 special extension (enter descrip	automatic extension		DFVC pr	ogram		
H						
Part II Basic Plan Information—enter all requested information	rmation					
1a Name of plan EVERGREEN ASSET MANAGEMENT, LLC 401(k) PR	OFIT SHARING PI	LAN	1b Three-digit plan numbe (PN) ▶			
			1c Effective date of plan 01/01/2005			
2a Plan sponsor's name and address; include room or suite number EVERGREEN ASSET MANAGEMENT, LLC	(employer, if for a single-	-employer plan)	2b Employer Identification Number (EIN) 36-4563107			
3226 ROSEDALE ST NW, STE 201			2c Sponsor's telephone number			
Jee Robestine of Im, Ste Lot			253 - 853			
GIG HARBOR WA 98335			2d Business code (see instructions) 523900			
3a Plan administrator's name and address XSame as Plan Sponso	r.		3b Administrator's EIN			
_						
	50		3C Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since th	a last return/report filed f	or this plan, optor the	4b EIN			
name, EIN, and the plan number from the last return/report.	4D EIN					
a Sponsor's name			4c PN			
5a Total number of participants at the beginning of the plan year				4		
b Total number of participants at the end of the plan year				4		
C Number of participants with account balances as of the end of th complete this item)			5c	4		
d(1) Total number of active participants at the beginning of the plan			5d(1)			
d(2) Total number of active participants at the end of the plan year		i	5d(2)	4		
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0		
Caution: A penalty for the late or incomplete filing of this return/			us la setablisher			
Under penalties of perjury and other penalties set forth in the instructi						
SB or Schedule MB completed and signed by an enrolled actuary, as belief, it is true, correct, and complete	well as the electronic ver	sion of this return/report	, and to the best o	f my knowledge and		
SIGN AM PART	5/13/15	JOHN VOIGT	ofmy Vors			
Signature of plan administrator	Date	Enter name of individ	ual signing las plan	administrator		
SIGN						
HERE Signature of employer/plan sponsor	Date	Enter name of individ				
Preparer's name (including firm name, if applicable) and address (including	lude room or suite numbe	er) (optional)	Preparer's teleph	one number (optional)		
,						
			2.50			

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and condition ot use Form	lent qualified public accounta ns.) n 5500-SF and must instea	nt (IQ d use	PA) Form	5500.		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)?		Yes	No N	ot determined
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	Year
а	Total plan assets	. 7a	11	8574	: 7			1346626
b	Total plan liabilities	. 7b			0			
_ c	Net plan assets (subtract line 7b from line 7a)	. 7c	11	8574	.7			1346626
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al
a	Contributions received or receivable from:			7987	, 7			
	(1) Employers	. 8a(1)			_		A STATE OF	
-	(2) Participants			2300	00			- X
i la	(3) Others (including rollovers)					3 (11)		
	Other income (loss)			5800	12	- 1/		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					X 5 - X -	160879
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			15			
	Certain deemed and/or corrective distributions (see instructions)					EAL		
	Administrative service providers (salaries, fees, commissions)					- 115	WE STATE	te a white to
g	Other expenses				.75	等点。		W
-	Total expenses (add lines 8d, 8e, 8f, and 8g)							(
-	Net income (loss) (subtract line 8h from line 8c)							160879
	Transfers to (from) the plan (see instructions)	8j					A COL	Carrie N.
Par	t IV Plan Characteristics	1 01 1						
	If the plan provides pension benefits, enter the applicable pension	feature code	es from the List of Plan Char	acteris	tic Co	des in th	a instruction	ne:
-	3D 2E 2F 2G 2J 2R	Toutoro ocu	oo nom the Elector Flam Office	4010110		000 III III		10.
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Chara	cterist	ic Cod	es in the	instruction	s:
Part	t V Compliance Questions							
_10	During the plan year:				Yes	No	Ar	nount
а	Was there a failure to transmit to the plan any participant contribu					х		
- h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10ь		Х		
					Х			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c				30000
u	or dishonesty?			10d		Х		
е		her persons of the benef	by an insurance carrier, fits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla					х		ot determined Year 1346626 1346626 160879
			ZPM MOODAM MOOR HISTORYS	10f				
g			A Secretary of the second of t	10g	Х			5116
h	2520.101-3.)			10h		Х		
J.	If 10h was answered "Yes," check the box if you either provided t 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 5500) and line 11a below)						Form	Yes No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedu	le SB (Form 5500) line 39			11a		

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

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 date of the letter ruling

Year_

Day

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	skip to line 13.					
b	Enter the minimum required contribution for this plan year		manne J	12b			
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 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?			Ye	s 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 plot the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.)	an(s), identify the	plan(s) to	0		-11	
1	13c(1) Name of plan(s):		13	c(2) EIN	(s)	13c(3)	PN(s)
Post	VIII Tweet Information (antique)						
	t VIII Trust Information (optional)		L	141 -			
14a (Name of trust			14b Tru	st's EIN		