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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

•	01101011 20	non Guaranty Gorperation		Complete all entries in ac	cordance with th	<u>e instructions to the F</u>	orm 5500	<u>-SF.</u>			
Pi	art I	Annual Report	de	ntification Information							
For	calenda	ar plan year 2012 or fis	cal	plan year beginning 01/01	/2012	and end	ding 12	2/31/2	2012		
Α	This retu	urn/report is for:	X	a single-employer plan	a multiple-en	nployer plan (not multie	mployer)		a one-particip	oant plan	
		urn/report is:		the first return/report	the final retu	n/report					
				an amended return/report	a short plan y	ear return/report (less t	han 12 mo	nths)			
С	Check b	oox if filing under:	X	Form 5558	automatic ex	tension			DFVC progra	ım	
				special extension (enter desc	ription)						
Pa	art II	Basic Plan Info	rma	ation—enter all requested in	formation						
1a	Name o	of plan						1b	Three-digit		
END	OCRINE	ASSOCIATES 401K	PRO	OFIT SHARING					plan number		
							-		(PN)	001	
								1C	Effective date o	•	
		oonsor's name and add E ASSOCIATES OF SI		s; include room or suite numb KANE, PLLC	er (employer, if for	a single-employer plan)	2b	Employer Identi (EIN) 91-19	fication Number 95396	
910 \	W. 5TH	AVE., SUITE 570						2c	Sponsor's telep		
		WA 99204						2d	Business code ()
3a	Plan ac	dministrator's name an	d a	ddress XSame as Plan Spons	sor Name Sam	e as Plan Sponsor Add	ress	3b	Administrator's	EIN	
	3c Administrator's telephone number										
4			•	n sponsor has changed since	the last return/rep	ort filed for this plan, en	ter the	4b	EIN		
а		r's name	ibe	r from the last return/report.				4c	PN		
			at th	ne beginning of the plan year				5a			12
b				ne end of the plan year			-	5b			12
С				ount balances as of the end of			-	0.0			
						•		5c			12
6a b	Are yo	u claiming a waiver of	the	ring the plan year invested in e annual examination and repo ee instructions on waiver eligib	rt of an independe	nt qualified public accou	ıntant (IQF	PA)			No No
	If you	answered "No" to ei	the	line 6a or line 6b, the plan o	cannot use Form	5500-SF and must ins	tead use F	Form	5500.		
Cau	ution: A	penalty for the late of	r ir	complete filing of this return	n/report will be as	sessed unless reasor	nable caus	se is	established.		
SB	or Sche		d si	penalties set forth in the instruction in the instruction of the set of the s							
SIG		Filed with authorized/v	/alic	d electronic signature.	09/20/20	13 LYNN A. KO	HLMEIER,	, M.D			
HEI	RE	Signature of plan administrator Date Enter name of individu				al sig	ning as plan adr	ninistrator			
SIG											
HEI	RE	Signature of employ	/er/	plan sponsor	Date	Enter name	of individu	al sig	ning as employe	r or plan sponso	r
Pre	parer's ι	name (including firm na	ame	e, if applicable) and address; ir	nclude room or suit	e number (optional)		Prep	arer's telephone	number (optiona	al)

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7 Plan Assets and Liabilities 7a 877208 1031194	Por	t III Financial Information		-					
a Total plan assets. 7a 077786 103194 b Total plan liabilities. 7b 103194 b Total plan liabilities. 7b 103194 b Total plan liabilities. 7b 103194 c Net plan assets (subtract line 7b from line 7a). 7c 1077285 1031194 c Net plan assets (subtract line 7b from line 7a). 7c 1077285 1031194 c Northagor or received or receivable from: (1) Employers 8a(1) 30756 (2) Participants. 8a(2) 23800 (2) Participants. 8a(2) 23800 (3) Others (including rollovers). 8a(3) 50 50 50 50 50 50 50 50 50 50 50 50 50		•		(a) Denimina of Ver		1		(h) Fud of Voca	
b Total plan liabilities. 7b 7c 877268 1031194 C Nar plan assets (aubtract fine 7b from fine 7a)			_			-			
C Not plan assets (subtract line 7 or form line 7a)		·	0//20	00	-		1031194		
8 Income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Enablesian. (2) Participants. (3) Other (including rollovers). (3) Other (including rollovers). (3) Other (including rollovers). (4) Enablesian. (5) Ba (1) Ba (2) Carbon (including rollovers). (5) Dother income (loss). (6) Dother income (loss). (7) Dother income (loss). (8) Ba (2) Carbon (including direct rollovers and insurance premiums to provide benefits (including direct rollovers and insurance premiums to provide benefits). (8) Dother income (loss). (8) Dother income (loss) (subtract line Bit from line Bc). (8) Dother income (loss) (subtract line Bit from line Bc). (9) Dother spenses.				07706	20			1021101	
a Combutions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (3) Others (including rollovers). (4) Experiment (bas). (5) Others (including rollovers). (6) Other income (bas). (7) Total income (bas). (8) Others (including rollovers). (8) Others (including rollovers). (8) Others (including rollovers). (8) Other (including rollovers). (8) Other (including direct rollovers and insurance premiums to provide benefits). (8) Other (including direct rollovers and insurance premiums to provide benefits). (9) Other expenses. (9) In the plan (see instructions). (9) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides vertice where the expelicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (9) If the plan provides vertice where the expelicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (10) During the plan year. (10) West where a failure to transmit to the plan any participant contributions within the time period described in the instructions: (10) Other expenses a failure to transmit to the plan any participant contributions within the time period described in the instructions: (10) Other expenses a failure to transmit to the plan any participant contributions within the time period described in the instructions: (10) Other expenses a failure to transmit to the plan any participant contributions within the time period described in the instructions: (10) Other expenses a failure to transmit to the plan any participant contributions within the time period described in the instructions: (10) Other expenses a failure to transmit to the plan any participant contributions within the time period described in the			76		30				
(1) Employers				(a) Amount				(b) I otal	
(3) Others (including rollovers)			8a(1)	3975	6				
b Other income (closs)		(2) Participants	8a(2)	2380	00				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	9037	7 0				
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					153926	
f Administrative service providers (salaries, fees, commissions)			8d						
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 0 i Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 (153926) 8h 1 (15392	е	Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8l, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
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 2C 2J 2R 3B 3D 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-10.2? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					153926	
9a	j	Transfers to (from) the plan (see instructions)	8j						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Par	t IV Plan Characteristics							
Part V Compliance Questions 10	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurrance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurrance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	Part	V Compliance Questions							
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a						Yes	No	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu			10a		X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			100	X		00000	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)					100			90000	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?		or dishonesty?			10d		X		
f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Note (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a	Did the plan have any participant loans? (If "Yes." enter amount a	s of vear e	end.)			Χ		
i 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		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X		
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part						1		
11a Enter the amount from Schedule SB line 39		11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a								
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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_		
h. Enter the minimum required contribution for this plan year	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
Enter the minimum required contribution for this plan year.									

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	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?		Yes 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 X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust'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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/201	2		
A This return/report is for: a single-employer plan		er plan (not multiemployer)				
B This return/report is:	the final return/rep		yer) a one-participant plan			
☐ an amended return/report C Check box if filing under: ☐ The control of the c	automatic extension	eturn/report (less than 12 n on	nonths) DFVC program	m		
Part II Basic Plan Information—enter all requested infor	mation					
1a Name of plan			1b Three-digit			
ENDOCRINE ASSOCIATES 401K PROFIT SHARIN	IG		plan number (PN) ▶	001		
			1c Effective date of 01/01/2002	plan		
2a Plan sponsor's name and address; include room or suite number ENDOCRINE ASSOCIATES OF SPOKANE,	(employer, if for a sing	gle-employer plan)	2b Employer Identifi (EIN) 91-1999			
PLLC			2c Sponsor's teleph (509) 777-			
910 W. 5TH AVE., SUITE 570 SPOKANE	ī	VA 99204	2d Business code (s 621111	ee instructions)		
3a Plan administrator's name and address Same as Plan Sponsor	promotion to the second	Plan Sponsor Address	3b Administrator's E	IN		
			3c Administrator's te	lephone number		
4 If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. a Sponsor's name	e last return/report file	d for this plan, enter the	4b EIN			
5a Total number of participants at the beginning of the plan year			4c PN			
b Total number of participants at the end of the plan year				1		
C Number of participants with account balances as of the end of the complete this item)	plan year (defined be	enefit plans do not	5b 5c	1 26 a 1		
6a Were all of the plan's assets during the plan year invested in eligi						
b 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 can	f an independent qual and conditions.) not use Form 5500-S	ified public accountant (IQ	PA) Form 5500.	X Yes No		
Caution: A penalty for the late or incomplete filing of this return/re	port will be assesse	d unless reasonable cau	ise is established.			
Under penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as vibelief, it is true, correct, and complete.	ns, I declare that I have vell as the electronic v	e examined this return/report	oort, including, if applicat , and to the best of my k	ole, a Schedule nowledge and		
SIGN myn fall lu MD	9/19/13	LYNN A. KOHLME	ZIER, M.D.	o contract		
HERE Signature of plan administrator	Date	Enter name of individu	ual signing as plan admir	nistrator		
SIGN HERE						
Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; inclu	Date	Enter name of individu	ual signing as employer of	or plan sponsor		
, and address, illustration of the address, illustration of the address and ad	ac room or suite nume	он (орионаг)	Preparer's telephone nu	umber (optional)		

Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
а	Total plan assets	. 7a		7,26	8		1,031,194	
b	Total plan liabilities	. 7b						
c	Net plan assets (subtract line 7b from line 7a)	. 7c	87	7,26	58		1,031,194	
8	Income, Expenses, and Transfers for this Plan Year	ne, Expenses, and Transfers for this Plan Year (a) Amount						
а	Contributions received or receivable from:	0.40	2	9,75	. 6			
	(1) Employers	8a(1)		3,80	_	- 6.7		
	(2) Participants	8a(2)		3,00	,,,			
	(3) Others (including rollovers) Other income (loss)	8a(3)	9	0,37	7.0			
		8b		0,5,		skin II se	153,926	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					133,720	
	to provide benefits)	. 8d			100			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	8f				Carlo		
g	Other expenses	. 8g			66.7			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
i_	Net income (loss) (subtract line 8h from line 8c)	8i			10 T		153,926	
j	Transfers to (from) the plan (see instructions)	8j				拉作品		
Par	t IV Plan Characteristics							
9a b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2R 3B 3D 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Part	V Compliance Questions		ė					
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		90,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
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.)	ner persons of the benef	by an insurance carrier, its under the plan? (See	10e		Х		
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 a	s of year er	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	A		10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(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 ranting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year					12b		

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	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 resunegative amount)		. 12d		
е	Will the minimum funding amount reported on line 12d be met by the fundi	ng 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?			Yes X No	8
	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, transfe of the PBGC?	,	he control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan	(s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Total Control					
Part	VIII Trust Information (optional)		,		
14a	Name of trust		14b T	rust's EIN	