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	1							
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013										
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	er) a one-participant plan					
B This ret	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m			
		special extension (enter desc	cription)		•	 -				
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name	of plan					Three-digit				
EASTSIDE N	NEPHROLOGY & H	PERTENSION, PLLC 401(K) PRO	FIT SHARING PLAN & TRU	JST		plan number (PN) ▶	001			
						Effective date of				
						01/01/	•			
		address; include room or suite numb	per (employer, if for a single	-employer plan)	2b	Employer Identif	ication Number			
EASTSIDE	NEPHROLOGY & H	YPERTENSION, PLLC				(EIN) 91-19				
_					2c	Sponsor's telep				
13030 121S KIRKLAND,	T WAY NE #102 WA 98034				2d		see instructions)			
,					Zu	62111	,			
3a Plan a	dministrator's name	and address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's E	ΞΙΝ			
		_	_		20	A.				
					30	Administrator's t	elephone number			
4										
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b	EIN				
	or's name				4c	PN				
5a Total i	number of participan	ts at the beginning of the plan year.			5a					
b Total i	number of participan	ts at the end of the plan year			5b					
		h account balances as of the end of		-	5c		6			
	•	ets during the plan year invested in				_	X Yes No			
		of the annual examination and repo								
under	29 CFR 2520.104-4	6? (See instructions on waiver eligil	bility and conditions.)		· · · · · · · · · · · · · · · · · · ·		X Yes No			
		either line 6a or line 6b, the plan					•			
C If the p	plan is a defined ben	efit plan, is it covered under the PB	GC insurance program (see	ERISA section 4021)? .	📙	Yes No	Not determined			
Caution: A	A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ıse is e	established.				
		other penalties set forth in the instru								
	edule MB completed true, correct, and col	and signed by an enrolled actuary, mplete.	as well as the electronic ve	rsion of this return/report	i, and t	o the best of my	knowledge and			
	Filed with outhorize	d/valid electronic signature.	02/05/2044	ACTIED ALEMAND						
SIGN HERE			03/05/2014	ASTIER ALEM, M.D.						
	Signature of plan	administrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator			
SIGN HERE										
		loyer/plan sponsor	Date	Enter name of individu						
JODI CALH	•	name, if applicable) and address; i	nowae room or suite numbe	ει (υμιιυπαι)	riepa	•	number (optional)			
RANDALL & HURLEY, INC. 509-838-5500										
		T 4000								
	ERSIDE AVE., SUIT	E 1600								
601 W. RIV	ERSIDE AVE., SUIT	E 1600								

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Voar				
	Total plan assets						(b) Liid 0	6779	19		_	
	Total plan liabilities	7b	291	7	+				4			
	Net plan assets (subtract line 7b from line 7a)	95360	953603				6779	15				
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount				(b) To					
	Contributions received or receivable from:		(a) Amount				(b) Total					
	(1) Employers	8										
	(2) Participants	2) Participants										
	(3) Others (including rollovers)											
b	Other income (loss)	8b	23372	20								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2830	98			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55820	5								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f	58	1								
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5587	86			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2756	88			
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics				•					_	_	
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:				
Dor	t V Compliance Questions										_	
Par	•				V	Ma	l .			_		
10	During the plan year:			Yes	No	,	mount		_			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X						
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X						
					X				7		00	
				10c					- 1	500	JU	
d	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											
	instructions.)		. ,	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 a	s of vear e	end.)	10g	X						0	
h		(See instru	uctions and 29 CFR	10h		X						
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i								
Part 11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	nplete	Sched	dule SE	3 (Form					
	5500) and line 11a below)							Ye	es	N	Vο	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Ye	es X	. 1	Νo	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ⁄ear	ruling]		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1					
b	Enter the minimum required contribution for this plan year					12b						

Page	3	-	1	
гаус	J	_		

			1								
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	art 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	13a			0						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	ntrol Yes X 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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)						
Part	VIII Trust Information (optional)			•							
14a	Name of trust	14b Trust'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

2013

This Form is Open to Public Inspection

	Part I	Annual Report	Identification Information							
Fo	or cale	ndar plan year 2013 or fis		1/01/2013	and ending	*******	12/31/2013			
Α	This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer					r)	a one-participant plan			
В	_ = =					•	The property production			
			months	4)						
C	Chec	k box if filing under:	Form 5558	automatic extension			DFVC program			
			special extension (enter descripti	→	•		Di ve piogram			
P	art II	Basic Plan Info	rmation—enter all requested inform							
18	1 Nam	e of plan	Citor di requested inform	allon	****	1h	Three-digit			
E.	ASTS		& HYPERTENSION, PLLC	101(K) PROFIT	SHARING PLAN	e l	plan number			
T.	RUST						(PN) ▶ 001			
						1c	Effective date of plan 01/01/2004			
2a	l Plan	sponsor's name and add	ress; include room or suite number (e	employer, if for a singl	e-employer plan)	2b	Employer Identification Number			
Es#	ADID.	INE MESHKOTOGA	& HYPERTENSION, PLLC				(EIN) 91-1994669			
13	3030	121st Way NE #	102			2c	Sponsor's telephone number			
		THE THE	102				206-357-5085			
Ki	irkla	ınd	WA 98034			2d	Business code (see instructions) 621111			
3a	Plan	administrator's name and	address XSame as Plan Sponsor t	Name XISame as Pla	an Sponsor Address	3h	Administrator's EIN			
					ar oponsor Address		Administrator's EIN			
						3c Administrator's telephone number				
4	If the	name and/or EIN of the	4b	FIN						
a	паппе	e, EIN, and the plan numb or's name								
*****			the beginning of the al-			4c PN				
b	Total	number of participants at	t the beginning of the plan year	***************************************	***************************************	5a	11			
	Mumb	or of porticinants with a	the end of the plan year		***************************************	5b	6			
	comp	lete this item)	count balances as of the end of the p	olan year (defined ben	efit plans do not	5c	6			
6a	Were	all of the plan's assets of	luring the plan year invested in eligibl	e assets? (See instrue	ctions \	100				
b	Are yo	ou claiming a waiver of th	ne annual examination and report of a	an independent qualific	ed public accountant (IC	IDA)				
	under	29 CFR 2520.104-467 (See instructions on waiver eligibility a	and conditions.).		-	X Yes No			
_	If the z	answered NO to eith	er line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form:	5500			
			plan, is it covered under the PBGC in				<u> </u>			
Cau	tion: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	use is e	established.			
Unde	er pena	ilties of perjury and other	penalties set forth in the instructions	I declare that I have	evamined this return/re-	na+ in-	oludina if analizable of the			
belie	of, it is t	rue, correct, and comple	signed by an enrolled actuary, as we te.	il as the electronic ver	sion of this return/report	, and to	the best of my knowledge and			
	Sarata is	TO THE		1-/-	"					
SIGN				3/4/14	ASTIER ALEM, I	4.D.				
		Signature of plan adm	linistrator	Date /	Enter name of individ	ual sigr	ning as plan administrator			
SIGN										
HER		Signature of employer	r/plan sponsor	Date	Enter name of individ	ual sign	ning as employer or plan sponsor			
Prep	arer's r	name (including firm nam LHOUN	e, if applicable) and address; include	room or suite numbe	r (optional)	Prepa	rer's telephone number (optional)			
		& Hurley, Inc			ļ		509-838-5500			
		Riverside Ave.								
			, Duite 1000		İ	No. Cont				
Spo	kane		WA 99201							
D	000000	de Dadwattan Antales								

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	Т	·····	(b) End	of Y	ear		
а	Total plan assets	. 7a		56520			6779				919
b	Total plan liabilities	. 7b		291	.7						
C	Net plan assets (subtract line 7b from line 7a)	7c	9	5360)3				(577	915
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:	Ī		1793					•		
	(1) Employers	8a(1)			+						
	(2) Participants	8a(2) 8a(3)		3144	0						
	(3) Others (including rollovers)		2256	_							
	Other income (loss)	8b	۷	3372	:0						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-					283	098
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5	5820)5						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		58	31			1 1			
g	Other expenses	8g			_						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								558	
<u>_</u> i_	Net income (loss) (subtract line 8h from line 8c)	8i			4					756	688
j	Transfers to (from) the plan (see instructions)	8j	<u>.</u>			12,7 42					
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D 2A	feature co	des from the List of Plan Char	acteris	tic C	odes in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruct	ions:			
Par	t V Compliance Questions					·					
10	During the plan year:		,	Yes	No		Amo	ount			
а	Was there a failure to transmit to the plan any participant contribut 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					750	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х					
e				, , ,							
·	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
					Х						0
<u>g</u> h			-	10g		х		11.			-
	2520.101-3.)			10h		^_		. 14			
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						200	· · · ·
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)								Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fro					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ints of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	Х	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)								
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				and	enter tl Day	ne date of t	he le Yea		ing	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule			******							
b	Enter the minimum required contribution for this plan year				[12b					