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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

				ctions to the Form 55	, , , , , , , , , , , , , , , , , , , 		
Part I	Annual Report Id	lentification Information					
For calend	ar plan year 2013 or fisca	al plan year beginning 01/01/2013	3	and ending	12/31/2	2013	
A This ref	turn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer	·)	a one-partici	pant plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12	months))	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
• 0oux	[[special extension (enter descriptio					
Part II	Racio Blan Inform	nation—enter all requested informa	·				
1a Name		mation—enter all requested informa	auon		1h	Three-digit	
	IOSPICE EMPLOYEE 40	O1K PLAN			10	plan number	
						(PN) •	001
					1c	Effective date o	f plan
						01/01	/2005
	ponsor's name and addre HEALTHCARE, LLC	ess; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identi	
HORIZON F					0-	-	16334
	0.55 W. V. 075 F				2C	Sponsor's telep	
	CADE WAY STE E WA 99208-6070				2d		(see instructions)
						62410	
3a Plan a	dministrator's name and	address Same as Plan Sponsor N	ame Same as Plar	n Sponsor Address	3b	Administrator's	EIN
	EALTHCARE, LLC	<u> </u>	DE WAY STE E	•			16334
		SPOKANE, WA			3с		telephone number
						509-489	9-4581
4 If the I	name and/or FIN of the n	lan sponsor has changed since the la	ast return/report filed fo	or this plan enter the	4h	EINI	
		olan sponsor has changed since the labor from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN	
name		olan sponsor has changed since the la per from the last return/report.	ast return/report filed fo	or this plan, enter the		EIN PN	
name a Spons	, EIN, and the plan numb or's name		· 		4c		43
a Spons 5a Total	, EIN, and the plan numb or's name number of participants at	per from the last return/report.			4c 5a		43
name a Spons 5a Total b Total c Numb	, EIN, and the plan numb or's name number of participants at number of participants at per of participants with ac	the beginning of the plan yeart the end of the plan year	olan year (defined bene	efit plans do not	4c 5a 5b		49
name a Spons 5a Total b Total c Numb	, EIN, and the plan numbor's name number of participants at number of participants at er of participants with ac lete this item)	t the beginning of the plan year t the end of the plan year count balances as of the end of the p	olan year (defined bene	efit plans do not	4c 5a 5b	PN	49
name a Spons 5a Total b Total c Numb comp	, EIN, and the plan number or's name number of participants at number of participants at per of participants with ac lete this item)	the beginning of the plan year	olan year (defined bene e assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	49
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	p. EIN, and the plan number of participants at number of participants at the per of participants with action the plan's assets of the p	the beginning of the plan year	olan year (defined bene e assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)ed public accountant (I	4c 5a 5b 5c QPA)	PN	49
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	p. EIN, and the plan number of participants at number of participants at the per of participants with action the plan's assets of the p	the beginning of the plan year	olan year (defined bene e assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)ed public accountant (I	4c 5a 5b 5c QPA)	PN	26 X Yes No
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name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p	p. EIN, and the plan number of participants at number of participants at the plan participants at the plan participants with action of the plan's assets of the plan's assets of the plan and the plan's assets of the plan and the plan and the plan and the plan is a defined benefit plan is a defined benefit plan is a defined benefit plan is a defined to the plan is a defined benefit plan is a defined to the plan is a defined benefit	the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	efit plans do not ctions.) d public accountant (I and must instead us ERISA section 4021)	4c 5a 5b 5c QPA)e Form	PN	26
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the Under pens SB or Sche	p. EIN, and the plan number of participants at number of participants at the plan participants at the plan participants with action of participants with action of the plan's assets of the plan's assets of the plan is a defined benefit plan is a defined benefit plan is of perjury and other edule MB completed and	the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	efit plans do not ctions.)	4c 5a 5b 5c 5c QPA) ee Form ? [ause is eport, ir	PN 5500. Yes No established. ncluding, if applic	49 26
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the Under pens SB or Sche	p. EIN, and the plan number of participants at number of participants at the plan participants at the plan participants with action of the plan's assets of the plan's assets of the plan and the plan's assets of the plan is a defined benefit plan is a defined benefit plan is of perjury and othe	the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	efit plans do not ctions.)	4c 5a 5b 5c 5c QPA) ee Form ? [ause is eport, ir	PN 5500. Yes No established. ncluding, if applic	49 26
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is	p. EIN, and the plan number of participants at number of participants at the plan participants at the plan participants with action of participants with action of the plan's assets of the plan's assets of the plan is a defined benefit plan is a defined benefit plan is of perjury and other edule MB completed and	the beginning of the plan year	e assets? (See instruction independent qualifier and conditions.)	efit plans do not ctions.)	4c 5a 5b 5c 5c QPA) ee Form ? [ause is eport, ir	PN 5500. Yes No established. ncluding, if applic	49 26
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name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the Caution: A Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants at number of participants at the plan of participants at the plan of participants with active this item)	the beginning of the plan year	e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c 5c QPA) e Form ? [ause is eport, irort, and idual signification of the content of the	PN 5500. Yes No established. No	49 26 X Yes No X Yes No Not determined able, a Schedule r knowledge and ministrator er or plan sponsor
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the Caution: A Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants at number of participants at the plan of participants at the plan of participants with active this item)	the beginning of the plan year	e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c 5c QPA) e Form ? [ause is eport, irort, and idual signification of the content of the	PN 5500. Yes No established. No	49 26 X Yes No X Yes No Not determined able, a Schedule r knowledge and ministrator er or plan sponsor
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the Caution: A Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants at number of participants at the plan of participants at the plan of participants with active this item)	the beginning of the plan year	e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c 5c QPA) e Form ? [ause is eport, irort, and idual signification of the content of the	PN 5500. Yes No established. No	49 26 X Yes No X Yes No Not determined able, a Schedule r knowledge and ministrator er or plan sponsor

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year					
<u>'</u>	Total plan assets	7a	(a) Beginning of Tea				673642			
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	52606	8			673642			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(6) 10	aı		
	(1) Employers	8a(1)	4716	5						
	(2) Participants	8a(2)	7187	3						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	8443	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20347	6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5577	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	12	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5590)2	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						14757	74	
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 2E 2G 2J 2K 3D 2F	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:		
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 instructio	ns:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		mount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
c				10c	X				25	5000
d	· · · · · · · · · · · · · · · · · · ·			100					20	0000
	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 year e	end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10	•		10i						
Part							ı			
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	П	No
110										
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							No		
12	Is this a defined contribution plan subject to the minimum funding	-		or se	cuon	3U2 Of	EKISA!	Yes	^	INO
	(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 beir			ctions	and 4	enter th	l ne date of the	letter r	ulina	
	granting the waiver		Mon		, unu (Day		ear	amiy	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				4.6.	1			
b	Enter the minimum required contribution for this plan year					12b				

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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b 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

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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 12/31/2013 01/01/2013 and ending For calendar plan year 2013 or fiscal plan year beginning a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension C Check box if filing under: Form 5558 special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number HORIZON HOSPICE EMPLOYEE 401K PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2005 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HORIZON HEALTHCARE, LLC (EIN) 91-1716334 HORIZON HOSPICE 2c Sponsor's telephone number 123 W CASCADE WAY STE E 509-489-4581 2d Business code (see instructions) 624100 WA 99208-6070 SPOKANE Administrator's EIN Same as Plan Sponsor Address 3a Plan administrator's name and address Same as Plan Sponsor Name 91-1716334 HORIZON HEALTHCARE, LLC 3c Administrator's telephone number 509-489-4581 123 W CASCADE WAY STE E 99208-6070 SPOKANE WA 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. 4c PN 5a Total number of participants at the beginning of the plan year 5a 43 b Total number of participants at the end of the plan year 5b 49 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 26 X Yes No 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 (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined 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. 9-2 Loren Guske SIGN HERE Enter name of individual signing as plan administrator Signature of plan administrator Date SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone 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		_
a	Total plan assets	7a		2606	8		(~) =			57364	. 2
b	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	5	2606	8				6	57364	. 2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			_
	Contributions received or receivable from:						(2)	· · Otal			
	(1) Employers	8a(1)		4716	55						
	(2) Participants	8a(2)	ı	7187	73						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		8443	88						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	20347	6
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5577	77						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		12	25						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5590	2
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1	4757	4
j	Transfers to (from) the plan (see instructions)	8j									l,
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F	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	des in t	he instru	ctions	:		
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No		Δm	ount		_
	Was there a failure to transmit to the plan any participant contribut	tions within	n the time period described in					7,111	Carre		-
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest	•	•	40h		Х					
	on line 10a.)			10b	7.7					0500	_
				10c	Х					2500	(
	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 instructions.)		' '	10e		Х					
f	<u>, </u>			10f		Х					_
						Х					-
g	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR	10g		X					
i	2520.101-3.)	ne required	d notice or one of the	10h							-
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							_
Par								-			_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No)
118	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?	[Yes	X No	כ
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)								
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T		-		
h	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 (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?		Y	es 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 und of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	plan(s) t	10		
1	3c(1) Name of plan(s):	1:	3 c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				l
	Name of trust		14b Tr	ust's EIN	

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