Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2013

This Form is Open to Public Inspection

Pe	nsion Be	nefit Guaranty Corporation	➤ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	Ins	spection
Pa	rt I	Annual Report	Identification Information					
For o	alenda		scal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013	
A T	his ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan
B T	his ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retui	rn/report (less than 12 mo	onths))	
C	heck b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	am
			special extension (enter descri	ption)				
Pa	rt II	Basic Plan Info	ermation—enter all requested info	ormation				
1a	Name	of plan				1b	Three-digit	
ENDO	CRINE	ASSOCIATES 401K	PROFIT SHARING				plan number	
						4.	(PN)	001
						10	Effective date o	ர pian ∕2002
2a	Plan sr	onsor's name and ad	Idress; include room or suite numbe	r (employer if for a single	-employer plan)	2h	Employer Identi	
		E ASSOCIATES OF S		. (cp.oyo.,o. a cg.o	omployer plany			95396
						2c	Sponsor's telep	
		AVE., SUITE 570 NA 99204				2d	509-77	(see instructions)
	,					Zu	6211	
3a	Plan ad	dministrator's name ar	nd address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
								·
4			e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed f	or this plan, enter the	4b	EIN	
а		or's name	mber from the last return/report.			4c	PN	
			at the beginning of the plan year			5a		12
			at the end of the plan year			5b		11
С			account balances as of the end of the	' ' '	•	5c		11
6a		,	s during the plan year invested in eli			30		X Yes □ No
_		·	f the annual examination and report	•	•	PA)		
			? (See instructions on waiver eligibil					X Yes No
	-		ither line 6a or line 6b, the plan ca			_		-
С	If the p	lan is a defined benef	fit plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Cau	ion: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	ıse is	established.	
			her penalties set forth in the instruct					able, a Schedule
		dule MB completed a rue, correct, and com	nd signed by an enrolled actuary, as	s well as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge and
Delle	1, 11 15 1	rue, correct, and com	piete.		Ţ			
SIGN HERE Filed with authorized/valid electronic signature. 10/01/2014 CHRISTINE CARBER						Υ		
HEK	E	Signature of plan a	dministrator	Date	Enter name of individe	ual sig	ning as plan adr	ministrator
SIG								
HER		Signature of emplo		Date	Enter name of individ			
Prep	arer's	name (including firm r	name, if applicable) and address; inc	clude room or suite number	er (optional)	Prep	arer's telephone	number (optional)
								namber (epitenal)
								(opasial)
								((2)10.10.1)
								(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	103119		940212					
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	103119	4					940212	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(w) runount				(/			
	(1) Employers	8a(1)	4350	43504						
	(2) Participants	8a(2)	2430	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	12815	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							195963	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28694	5						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							28694	5
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-9098	2
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R 3B 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 code	es from the List of Plan Chara	cterist	ic Coc	les 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 contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
					X					00000
				10c						90000
	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				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Χ				
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	ne required	I notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	X No
44-	5500) and line 11a below)							L	168	^ NO
	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>	7	
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			<u> </u>	εu- ·	_44 - ::	ilia e
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	enter ti Day	ne date d	f the l		iing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				I			
	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 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

2013

OMB Nos. 1210-0110

This Form is Open to Public Inspection

D		Annual Dana		Complete all entries in ac		e with the instru	ictions to the Form 55	00-SF.	<u>. </u>		
	art I calend	dar plan year 2013 o	rt Ide	entification Information		1 /2012					
			X		_	1/2013	and ending		12/31/20		
		eturn/report is for:					olan (not multiemployer))	a one-partic	ipant plan	
В.	This re	eturn/report is:	닏	the first return/report	=	inal return/report					
				an amended return/report	a sho	ort plan year retui	m/report (less than 12 n	nonths)		
C	Check	box if filing under:	X	Form 5558	auto	matic extension			DFVC progr	am	
				special extension (enter desc	ription)				_		
Pa	rt II	Basic Plan In	form	ation—enter all requested int	formation			· · · · · ·			
1a	Name	of plan				,		1b	Three-digit		
]	ENDO	CRINE ASSOCI	ATES	3 401K PROFIT SHAR	ING				plan number		
								4.0	(PN) •	001	
								10	Effective date of 01/01/200		
2a	Plan s	sponsor's name and	addres	ss; include room or suite numbe	er (employ	er, if for a single	-employer plan)	2h		ification Number	
I	ENDO	CRINE ASSOCI	ATES	OF SPOKANE,	` ' '	,			(EIN) 91-199		
	PLLC	•						2c	Sponsor's telep		
	210	א ביינו אווים	CIII	TTT 570					(509) 777		
		W. 5TH AVE.,	201	LIE 5/U				2d	d Business code (see instructions		
	SPOK						99204	<u> </u>	621111		
3a	Plan a	idministrator's name	and a	ddress XSame as Plan Spons	or Name	Same as Plar	n Sponsor Address	3b	Administrator's	EIN	
								30	Administrator's	tolophono pumba-	
								30	Administrators	telephone number	
4								<u> </u>			
4	name i	name and/or EIN of t · FIN and the plan n	ne pia umber	n sponsor has changed since t r from the last return/report	he last ret	turn/report filed for	or this plan, enter the	4b	EIN	· · · · · · · · · · · · · · · · · · ·	
		or's name	u	mont the tast retain report				4c	PN		
5a	Total ı	number of participant	ts at th	ne beginning of the plan year		. 4		5a		7.0	
				ne end of the plan year				5b		12	
				ount balances as of the end of t				36	 	11	
	compl	ete this item)				······································	piano de not	5c		11	
6a	Were	all of the plan's asse	ets dur	ing the plan year invested in el	igible asse	ets? (See instruc	tions.)			X Yes No	
b	Are yo	ou daiming a waiver	of the	annual examination and report	of an inde	ependent qualifie	d public accountant (IQ	PA)			
				ee instructions on waiver eligibil line 6a or line 6b, the plan ca						X Yes No	
				in, is it covered under the PBG						1	
										Not determined	
Caut	ion: A	penalty for the late	or in	complete filing of this return	report wi	ill be assessed i	unless reasonable cau	ıse is	established.		
Unde	r pena	alties of perjury and o	other p	enalties set forth in the instruct	tions, I dec	clare that I have	examined this return/rep	oort, in	cluding, if applic	able, a Schedule	
belief	f, it is t	rue, correct, and con	ngdete.	gned by an earolled actuary, as	s well as ti	ne electronic vers	sion of this return/report	, and t	o the best of my	knowledge and	
			7	V ////		/ / /	· · · · · · · · · · · · · · · · · · ·		····		
SIGN		Jm 17	4	actor	8	120/2014	LYNN A. KOHLME	EIER,	, M.D.		
пскі	-	Signature of plan	admir	nistrator		ate /	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN		·		<u> </u>	1			,			
HERE		Signature of empl	oyer/p	olan sponsor		ate	Enter name of individu	ual sig	ning as employe	r or plan sponsor	
Prepa	arer's i	name (including firm	name,	, if applicable) and address; inc	lude room	n or suite number	(optional)	Prepa	arer's telephone	number (optional)	
										,	
							}				

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year		
а	Total plan assets	7a	1,03		94				940,	212
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,03	1,19	94				940,	212
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1			
а	Contributions received or receivable from:		4	2 5			•	-	1	
	(1) Employers	8a(1)		3,50 4,30						
	(2) Participants	8a(2)	2	4,30	-	•				-
	(3) Others (including rollovers)	8a(3)	10	8,19						
	Other income (loss)	8b		0,1	, ,			 :	0.5	963
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· · · · ·		+-	-,			. 33,	
	to provide benefits)	8d	28	6,94	15					
е	Certain deemed and/or corrective distributions (see instructions)	8e					. , , , , ,	- 1-	- 4.	
f	Administrative service providers (salaries, fees, commissions)	8f						•	129 162 2	i,
g	Other expenses	8g							-	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	,					2	286,	945
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						2)	90,9	82)
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	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instruc	tions:		
	2E 2G 2J 2R 3B 3D 2F									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in 1	the instructi	ons:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	T	Amount	·	
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			10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х				
c	Was the plan covered by a fidelity bond?			10c	х				90	000
d				100					,	
	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 oinstructions.)	of the bene	efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan					Х				
		····		10f			 			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	-		10g		- X				
n	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х	-		٠.	
ī	If 10h was answered "Yes," check the box if you either provided th					' 			-	
	exceptions to providing the notice applied under 29 CFR 2520.101	I-3		10i				<u> </u>		
Part	VI Pension Funding Compliance					-				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Υe	s X	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	302 of	ERISA?	Υe	s X	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 e	enter th Day		ne letter i Year	uling	
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				,			
h	Enter the minimum required contribution for this plan year		••••••			12b				

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	F	orm 5500-SF 2013 130118	Page 3 -			
С	Enter	r the amount contributed by the employer to the plan for this plan year		12c		
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	· -	12d		
е	Will t	he minimum funding amount reported on line 12d be met by the funding	deadline?		Yes	No NA
Part	VII	Plan Terminations and Transfers of Assets				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?		🔲 Y	′es X No	· · · · · · · · · · · · · · · · · · ·
	If "Y∈	es," enter the amount of any plan assets that reverted to the employer th	is year	. 13a		
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		control		Yes X No
С		ring this plan year, any assets or liabilities were transferred from this plan in assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s) to		
1	3c(1)	Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
	1					
Part	VIII	Trust Information (optional)		· · · · · · · · · · · · · · · · · · ·		
14a I	Name	of trust		14b ⊤r	ust's EIN	

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