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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in accordance	rdance with the instr	uctions to the Form 550	0-SF.			
Part I	Annual Report	Identification Information						
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/20	12	and ending	12/31/2	012		
	urn/report is for: urn/report is:	a single-employer plan the first return/report	a multiple-employer the final return/repor	plan (not multiemployer) t	[a one-particip	oant plan	
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)			
C Check b	oox if filing under:			DFVC progra	ım			
		special extension (enter descripti	<u> </u>					
Part II	Basic Plan Info	rmation—enter all requested inform	nation				,	
1a Name NORTHWES		C & TRANSPLANT SURGEONS, P.S.	, 401K PROFIT SHAR	RING PLAN		Three-digit plan number (PN) ▶	001	
					1c	Effective date o		
2a Plan sp NORTHWES	ponsor's name and ad ST CARDIOTHORACI	dress; include room or suite number (C & TRANSPLANT SURGEONS, P.S	employer, if for a single	e-employer plan)		Employer Identi (EIN) 91-15	fication Num 77893	ıber
	AVE STE 532				2c	Sponsor's telep 509-623		∍r
SPOKANE,	WA 99204-2318				2d	Business code (62111	•	ions)
	dministrator's name ar	and address Same as Plan Sponsor & TRANSPLANT 105 W 8TH A		an Sponsor Address			77893	
URGEONS,	F.O.	SPORAINE, U	T 99204-2318		30	Administrator's t 509-623		inibei
name,	, EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	last return/report filed	for this plan, enter the	4b			
	or's name	at the beginning of the plan year			4c	PN T		40
		0 0 , ,			- Ou			13
		at the end of the plan year			5b			14
		account balances as of the end of the		•	5c			14
b Are you under	ou claiming a waiver of 29 CFR 2520.104-46	s during the plan year invested in eligi f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can	an independent qualif and conditions.)	ied public accountant (IQ	(PA)		X Yes X Yes	No No
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	d unless reasonable cau	use is e	established.		
SB or Sche	, , ,	her penalties set forth in the instructiond signed by an enrolled actuary, as wolete.	,			O, 11	,	
SIGN	Filed with authorized	valid electronic signature.	05/07/2013	DALE STEVENS				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sigr	ning as plan adn	ninistrator	
SIGN HERE	Signature of emplo	vav/nlan ananav	Date	Enter name of individ	الماماما	ning on ampleye		
DALE STEV BREAK-THE 200 NORTH	name (including firm r	ame, if applicable) and address; inclu		Enter name of individuer (optional)		arer's telephone	number (op	

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
a	Total plan assets						(5) =::		26457)	
	Total plan liabilities		2574641			2204010					
	Net plan assets (subtract line 7b from line 7a)	7b 7c	257464	1				2:	264570)	
	Income, Expenses, and Transfers for this Plan Year			(a) Amount			(h)	Total	20 101 1		
	Contributions received or receivable from:		(a) Amount				(13)	Total			
	(1) Employers	8a(1)	1149	6							
	2) Participants										
	(3) Others (including rollovers)	8a(3)	172	22							
b	Other income (loss)	8b	29086	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	30112	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	63749	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	269	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							64018	3	
	Net income (loss) (subtract line 8h from line 8c)	8i						-:	31007	1	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2A	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
Dawl	W Commission of Oscoptions										
Part	•				V		I				
10	During the plan year:	C 20-1	andra de la compansión de		Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					260	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	·	10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X					
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X					
	has the plan falled to provide any benefit when due under the plan	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	2520.101-3.)			10h		X					
i	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											
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, as applicable.)											
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	e MB (For	m 5500), and skip to line 13.				1				
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 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):	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

		fication Information			
For calendar pla	an year 2012 or fiscal pla		1/01/2012	and ending	12/31/2012
A This return/r	eport is for: X as	single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan
B This return/r	eport is:	e first return/report	the final return/repor	t	
	an	amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)
C Check box i	filing under:	rm 5558	automatic extension		DFVC program
	☐ sp	ecial extension (enter descripti	on)		
Part II Ba	sic Plan Information	on—enter all requested inform	ation		
1a Name of pla					1b Three-digit
		& TRANSPLANT SURC	GEONS, P.S.,	401K PROFIT	plan number 001
SHARING P	LAN			ŀ	1c Effective date of plan
					01/01/1992
2a Plan spons	or's name and address; in	nclude room or suite number (e	employer, if for a single	e-employer plan)	2b Employer Identification Number
NORTHWEST	CARDIOTHORACIC	& TRANSPLANT SURG	EONS, P.S.		(EIN) 91-1577893
					2c Sponsor's telephone number
105 W 8TH	AVE STE 532			-	509-623-7575
CDOVANE	54.76	99204-2318			2d Business code (see instructions) 621111
SPOKANE	WA	ess Same as Plan Sponsor I	Jama Deama as Bla	an Sponsor Address	3b Administrator's EIN
		& TRANSPLANT SURG		an Sponson Address	91-1577893
NOKIIWESI	CHIDIOINGIC	a lighter bond	LOND, I.D.	Ī	3c Administrator's telephone number
105 W 8TH	AVE STE 532				509-623-7575
SPOKANE	UT	99204-2318			
4 If the name	and/or EIN of the plan si	onsor has changed since the	ast return/report filed	for this plan, enter the	4b EIN
name, EIN	and the plan number fro	m the last return/report.			
a Sponsor's r					4c PN
12	V 150 - 141 - 151	eginning of the plan year		-	5a 13
	• • • • • • • • • • • • • • • • • • • •	nd of the plan year		<u> </u>	5b 14
		balances as of the end of the	en annual community and a second an element	The state of the s	5c 14
	AND THE RESERVE AND THE PARTY OF THE PARTY O	the plan year invested in eligib			n. n.
		ual examination and report of			(A)
		structions on waiver eligibility			
		e 6a or line 6b, the plan cann			
		nplete filing of this return/rep			
					ort, including, if applicable, a Schedule and to the best of my knowledge and
belief, it is true, o	orrect, and complete.	11 .1	//	en alektrika sullari sitakka kena alektrika sahili kena kena kena kena kena kena kena kena	
SIGN	7.00	11/100	10/1/17	Timothy Icenog	le, M.D.
UEDE	nature of plan administ	The state of the s	0.0	+	al signing as plan administrator
	mature of plan administra	alor /	Date	Timothy Icenog	
SIGN HERE					
Sig	nature of employer/plan	sponsor applicable) and address; includ	Date		al signing as employer or plan sponsor Preparer's telephone number (optional)
Freparer s ridine	(including intri name, it a	pplicable) and address, mode	e room or suite manue	or (opiional)	r reparer's relephone number (optionar)
				1	
				-	

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T		(b) En	d of Ye	ar	
а	Total plan assets	. 7a	25	746	41				226	4570
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	25	746	41				226	4570
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from:	0-41		114	96					
	(1) Employers	8a(1)	the second secon	260			VEC 19	Sec.		
	(2) Participants	8a(2)		172	_					-
<u>_</u>	(3) Others (including rollovers)	8a(3)	2	908						
-	Other income (loss)	8b	Company of the Compan	300	37				33	0112
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+				33	0112
u	to provide benefits)	8d	6	3749	93					A
е	Certain deemed and/or corrective distributions (see instructions)	8e			1 12 12					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		269	90				and the sec	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							64	0183
i	Net income (loss) (subtract line 8h from line 8c)	8i							-31	0071
j	Transfers to (from) the plan (see instructions)	8j								
b Par	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	ic Cod	les in I	he instruc	ctions:		
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			un Marre de de com	
c	Was the plan covered by a fidelity bond?			10c	Х				26	0000
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 o instructions.)	f the benef	fits under the plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	17		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	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 2520.101			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 amount from Schedule SB line 39	*********				11a				
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	or se	ction 3	02 of	ERISA?		Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applical	ble.)							
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.		Mont		and e	nter th Day	e date of	the lette Year	er ruling	
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year				<u> </u>	12b				

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	7 0111 3300-31 2012 Fage 3 -				
С	Enter the amount contributed by the employer to the plan for this plan year	12c		Division of the second second	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	1 124		-	
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 of the PBGC?	under the control	control Yes X 1		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plan(s) to			
1	3c(1) Name of plan(s):	13c(2) E	N(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a 1	Name of trust	14b T	rust's EIN		
		es an annual subsequent			