Form 5500-SF		Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ			е	20	2013				
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19	come Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).								
Pension Be	enefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500	0-SF.	inspe	ection				
Part I Annual Report Identification Information											
For calenda	ar plan year 2013 or fisca	· · · · · ·			2/31/2						
A This ret	turn/report is for:		multiple-employer pla	an (not multiemployer)		a one-participa	nt plan				
B This ret	turn/report is:		e final return/report								
		an amended return/report	short plan year return	/report (less than 12 mo	onths)					
C Check I	box if filing under:	Form 5558	Form 5558 automatic extension			DFVC program					
	[special extension (enter description)	special extension (enter description)								
Part II	Basic Plan Inform	mation—enter all requested information	วท								
1a Name CARDIOVAS	•	S, INC. P.S. 401(K) PROFIT SHARING	PLAN AND TRUST		1b	Three-digit plan number (PN) ▶	002				
					1c	Effective date of p	lan				
						05/01/19					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CARDIOVASCULAR CONSULTANTS, INC. P.S.						Employer Identification (EIN) 91-1030					
	DIVISION PLAZA 2				2c	Sponsor's telephone number 253-939-1230					
SUITE 201 AUBURN, W	/A 98001				2d	Business code (se 621111	e instructions)				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's Ell	N				
					ЗC	Administrator's tel	ephone number				
		blan sponsor has changed since the last per from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN					
a Spons	or's name				4c	PN					
5a Total r	number of participants at	t the beginning of the plan year			5a		2				
b Total number of participants at the end of the plan year							0				
	· ·	count balances as of the end of the plan			5c		0				
		luring the plan year invested in aligible of									
b Are you under	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No										
-		her line 6a or line 6b, the plan cannot									
C if the p	bian is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see I	ERISA section 4021)?			Not determined				
		incomplete filing of this return/repor									
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.											
SIGN	Filed with authorized/valid electronic signature. 02/25/2014 ROBERT MI					DLETON					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator							
SIGN	i										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employer o	or plan sponsor				
Preparer's		me, if applicable) and address; include r				parer's telephone nu					

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Part VI Pension Funding Compliance I1 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) Yes I1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a I2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes I2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes I3 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									
 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) In a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 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. 									
1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) 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 X (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. DayYear	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (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. 		Yes [] N							
(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		Yes [] N							
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									
	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	<u>⊢</u>							
		Yes X N							

C	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?	. X Y	′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?				X Yes	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.)								
13c(1) Name of plan(s): 1		13c(2) EIN(s)		13c(3)	13c(3) PN(s)			
Part	VIII Trust Information (optional)							
14a Name of trust			ust's EIN					