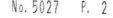
Fo	rm 5500-SF	Short Form Annual R	•	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service		Benefit Plan			2	2013
[Department of Labor Benefits Security Administration	This form is required to be file Retirement Income Security Act of the Interna	ed under sections 104 ar f 1974 (ERISA), and sec al Revenue Code (the C	ctions 6057(b) and 6058	e B(a) of	This Form i	s Open to Public
Pension I	Benefit Guaranty Corporation	Complete all entries in accor			0-SF.	Ins	pection
Part I	Annual Report le	dentification Information				1	
For calen	dar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
	eturn/report is for:	X a single-employer plan		an (not multiemployer)		a one-partici	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths))	
C Check	box if filing under:	× Form 5558	automatic extension			DFVC progra	im
		special extension (enter description	on)				
Part II	Basic Plan Infor	mation—enter all requested inform	nation				
1a Name NORTHWE	•	& TRANSPLANT SURGEONS, P.S.	, 401K PROFIT SHARIN	NG PLAN	1b	Three-digit plan number (PN) ▶	001
					1c	Effective date o	f plan
	· · · · · · · · · · · · · · · ·				<u> </u>	01/01	
		ress; include room or suite number (e & TRANSPLANT SURGEONS, P.S.		employer plan)		Employer Identi (EIN) 91-15	46063
122 W 7TH					2c	Sponsor's telep 509-462	
SUITE 226 SPOKANE	, WA 99204				2d	Business code (62111	
3a Plan	administrator's name and	l address 🛛 Same as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	elephone number
4 If the	name and/or EIN of the	plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c	DN	
<u> </u>		t the beginning of the plan year					14
		It the end of the plan year			5a 5b		10
		ccount balances as of the end of the			55		10
				•	5c		10
6a Wer	e all of the plan's assets	during the plan year invested in eligit	ole assets? (See instruc	tions.)			🗙 Yes 🗌 No
		he annual examination and report of (See instructions on waiver eligibility					🗙 Yes 🗌 No
		her line 6a or line 6b, the plan canr	,				
c If the	plan is a defined benefit	plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?		Yes No	Not determined
Coution	A nonality for the late of	r incomplete filing of this return/re		unlago rossenskio os			<u> </u>
		r incomplete filing of this return/re er penalties set forth in the instruction					able, a Schedule
SB or Sch		d signed by an enrolled actuary, as w					
SIGN	Filed with authorized/va	alid electronic signature.	08/07/2014	DALE STEVENS			
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual sig	ining as employe	r or plan sponsor
DALE STE BREAK-TH	s name (including firm na	me, if applicable) and address; includ	de room or suite numbe				number (optional)
	VALLEY, WA 99206						

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
a Total plan assets	7a	226457					2402817	
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	226457	0				2402817	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:		1000	_					
(1) Employers	8a(1)	1322		_				
(2) Participants	8a(2)	3051		_				
(3) Others (including rollovers)	8a(3)	481		_				
b Other income (loss)	8b	49961	4					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			548164	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	40700	8					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g	290	9					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						409917	
i Net income (loss) (subtract line 8h from line 8c)	8i						138247	
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics	IJ							
Part V Compliance Questions								
				Yes	No		Amount	
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) 	ciary Correc	ction Program)	10a	Yes	No X		Amount	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	ciary Correc ? (Do not inc	ction Program)	10a 10b	Yes			Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correc ? (Do not inc	ction Program)		Yes	Х			25000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond? 	ciary Correc ? (Do not inc fidelity bond	ction Program) clude transactions reported 	10b		Х			25000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of the plan base of the pl	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See	10b 10c		X X			25000
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? Were any fees or commissions paid to any brokers, agents, or other 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10b 10c 10d 10e		X X X			25000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi n?	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f		x x x x			5000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See See See See See See See See See Se	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruct	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x x			5000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f		x x x x x x x x			25000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x			25000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruct re required n I-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	(Form		25000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instruct te required n I-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	(Form	2	
 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instruct ne required n I-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	2	
 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 vart VI Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi an? s of year end See instruct be required n I-3 ents? (If "Ye com Schedule requirement	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	2	
 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruct le required n I-3 ents? (If "Ye om Schedule requirement as applicab g amortized	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	X Sched	X X X X X X X Ulle SE	3 (Form ERISA?	2 Yes	
 0 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruct ne required n I-3 ents? (If "Ye om Schedule requirement as applicabl g amortized	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	X Sched	X X X X X X X X X X X X X X X X X X X	3 (Form ERISA?	2 Yes	

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?	XY	′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		[] Y	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	130	:(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

AUS. I. ZVI4 3:V9PM NWHL BILLING

1



	rm 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	yee		OM8 Nos. 1210-011 1210-008
	artment of the Treasury arnal Revenue Service	This form is required to be file	d under sactions 104	and 4065 of the Employ	ee		2013
C Employee I	epartment of Labor Sensits Security Administration	Relirement Income Security Act of	1974 (ERISA), and s Revenue Code (the	ections 6057(b) and 605	8(a) oi	This Form	is Open to Public
Pension E	tenefit Guaranty Corporation) Complete ell entries in accorr	anto attorne por traverse services	Constant and on	00-SF.	In	epection
Part I	Annual Report lo	dentification information					
	lar plan year 2013 or fisc	(*)	/01/2013	and ending		12/31/201	3
	tanoreport is ior.		5 S S S	plan (not mulilemployer)		a one-partic	ipanl plan
B This re	lum/report is:	lhe lirst return/report	the final return/report				
C	N	CT		m/report (less then 12 n	ionlhs)		
C Check	box if filing under:		automatic extension			DFVC progr	ากก
Part II	Basic Plan Infor	special extension (enter description mation—enter all requested informe		. X			
1a Name		mation - enter all requested informe	4000		1 1b	Three-digit	1
NORTHW	EST CARDIOTHOR.	ACIC & TRANSPLANT SURG	EONS, P.S., 4	01K PROFIT	1	plan number	
SHARIN	G PLAN					(PN) 🕨	001
					10	Effective date	
2a Plans	ponsor's name and addr	ess; include room or suite number (er	nployer, if for a single	-employer plan)	26	Employer Ideni	ification Number
Northw	est Cardlothora	acic & Transplant Surge	eons, P.S.			(EIN) 91-15	
122 W	7th Ave				20	Sponsor's telej	
Suite	226				21	509-462-6 Business code	504 (see instructions)
Spokan		WA 99204			2.	621111	(966 (18) 0000118)
3a Plana	dministrator's name and	address XSame as Pian Sponsor Na	ame XSame as Pla	n Sponsor Address	3b	Administrator's	EIN
					2.		lelephone number
4 If the r	name and/or EIN of the p	lan sponsor has changed since the la	st return/report filed f	or this plan, enter the	4b	EIN	
a Spons	or's name	per from the tast return/report.		ж. Т	4c	PN	
		the beginning of the plan year			5a		14
		the end of the plan year			5b		10
C Number compl	er of participants with ac ele this item)	count balances as of the end of the pl	an year (defined bene	alit blaue qo vor	5c		10
		luning lhe plan year Invested in eligible				1	X Yes No
b Are yo	u claiming a waiver of th	e annual examination and report of a	n Independent qualifie	ad public accountant (IO	PA)		
Under If you	29 CFR 2520.104-46? (answered "No" to eith	See instructions on waiver eligibility a er line 6a or line 6b, the plan canno	nd conditions.)	and must instead use	Earm	£500	X Yes No
		plan, is it covered under the PBGC ins					Not determined
	· · · · · · · · · · · · · · · · · · ·						J Her determined
		Incomplete filing of this return/repo r penalities set forth in the instructions,					able a Schedule
SB or Sche	dule MB completed and rue, correct, and comple	signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report	, and l	o the best of my	knowledge and
SIGN	2 mulle	1. anex	8/1/14	Timothy Iceno	gle,	MD	
HERE	Signature of plan adm	ningstratifr M	Dale,	Enter name of Individ	ual sig	ning as plan adr	ministrator
SIGN	Zuman 4	1. Mallal	8/1/14	Timothy Iceno	gle,	MD	
HERE	Signature of employe	r/plan sponsor	Dale	Enter name of individ			
Preparar's I Dale St		ne, if applicable) and address; include	room or suile numbe	r (optional)	Prep	arer's telephone 509-755	number (optional)
	hru Benefits,	LTC				009-100	- WIND
200 No1	th Mullan Road	, Suite 216					
(m_)	V-11	WA 00005					
La contra a la contra de la con	Valley	WA 99206	Hallous for Cores 1788	07			Form \$800 95 (2012)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

Form 5500-SF (2013)

Form 5500-SF 2013

Page 2

Part III Financial Information	· · · · ·							
7 Plan Assels and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year	
a Total plan assets	7a	22	645	70			2402	2817
b Tolal plan liabililies	76			_				
C Net plan assets (subtract line 7b from line 7a)	70	22	645	70			2402	817
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	_			(b) 1	Total	
 Contributions received or receivable from: (1) Employee 			1322	27				
(1) Employers	8a(1)			-				
(2) Participants	8a(2)		305		-			
(3) Others (including rollovers) b Other Income (loss)	Ba(3)		481	-				
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bb	*	996)	4	_			
d Benefils paid (including direct rollovers and Insurance premiums	8c				_	-	548	164
to provide benefits)	8d	4	0700	8				
Gertain deemed and/or corrective distributions (see instructions)	80		.,					
f Administrative service providers (salaries, fees, commissions)	8f		1.05-0.0	_	_			
g Olher expenses	89	A Antonia	290	9			-	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						409	917
1 Net Income (loss) (subtract line 8h from line 8c)	61						138	247
Transfers to (from) the plan (see Instructions)	8)							
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2A b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions								
10 During the plan year:				Yes	No		A	
 Was there a failure to transmil to the plan any participant contribution 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fidure) 	ions within th	e time period described in	10a	103	x		Amount	
b Ware there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not inch	de transections reported	10b		x			
c Was the plan covered by a fidelity bond?				x	-		250	000
d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	Idelly bond, I	hat was caused by fraud	10c		x		230	000
 Were any fees or commissions paid to any brokers, agents, or other 			100					-
Insurance service, or other organization that provides some or all o instructions.)	of the benefits	under the plan? (See	10e		x			
f Hes the plan falled to provide any benefit when due under the plan	17		10f		x			
g Did the plan have any participant loans? (If "Yes," enter amount as					х		******	
h If this is an individual account plan, was there a blackout period? (S	See Instructio	ns and 29 CFR	109		x			
2520.101-3.) I If 10h was answered "Yes," check the box if you either provided the	e required no	lice or one of the	10h 10l					
			101		II			
exceptions to providing the notice applied under 29 CFR 2520.101	~							
exceptions to providing the notice applied under 20 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement	ants? (If "Yes,						[] Yes []	No
exceptions to providing the notice applied under 20 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ania? (if "Yes.						[] Yes []	No
exceptions to providing the notice applied under 20 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a	anta? (If "Yes, om Schedule	SB (Form 5500) line 39		[11a			
exceptions to providing the notice applied under 29 CFR 2520,101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a 11a Enter the unpaid minimum required contribution for current year from the subject to the minimum funding requirements 12 Is this a defined contribution plan subject to the minimum funding requirements	ants? (If "Yes, om Schedute requirements	SB (Form 5500) line 39 of sociion 412 of the Code		[11a		[] Yes []	
exceptions to providing the notice applied under 29 CFR 2520,101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a 11a Enter the unpaid minimum required contribution for current year from the unpaid minimum required contribution for current year from the unpaid minimum required contribution for current year from the unpaid minimum required contribution for current year from the unpaid minimum required contribution for current year from the unpaid of th	ants? (If "Yes, om Schedule requirements es applicable g amortized in	SB (Form 5500) line 39 of section 412 of the Code .) h this plan year, see instruc	or se	cilon :	11a 302 of Monter th	ERISA?	Yes X	
exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a 11a Enter the unpaid minimum required contribution for current year from the unpaid minimum required contribution for current year from the unpaid minimum required contribution for current year from the unpaid minimum required contribution for current year from the unpaid minimum required contribution plan subject to the minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, and the unpaid minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, and the unpaid minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, and the unpaid minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, and the unpaid minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, and the unpaid minimum funding requirement (III)	ants? (If "Yes, om Schedute requirements es applicable g amortized ir	SB (Form 5500) line 39 of section 412 of the Code .) h this plan year, see instru	o or se	cilon :	11a 302 of	ERISA?	1 Yes X	

Aug. 1, 2014 J:TUPM NWHL BILLING

No.5027 P. 4

	Form 5500-SF 2013
--	-------------------

Page 3 -

1.0.00.00.00.00.00.00.00.00.00.00.00.00.						
C	Enter the amount contributed by the employer to the plan for this plan year	120	T			
d	Subtract the emount in line 12¢ from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d				-
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		N	Yes	No	N/A
Part V						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	No		
	If Yes," enter the amount of any plan assets that reverted to the employer this year	13a	T			0
b	Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brought under the of the PBGC?	control			∏ 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) which assets or liabilities were transferred. (See instructions.)	ιο				
12	3c(1) Name of plan(s): 1	3¢(2) E	IN(s)		13c(3)	PN(s)
Part \	VIII Trust Information (optional)				×	x
14a N	ame of lost	14b 7	rust's	EIN		

AUG, I. ZVI4 5:IUPM NWHL BILLING



Form 55558
(Rev. August 2012)

Department of the Treasury Internal Revenue Service

Part I Identification

.....

Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
 Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Ľ.	Name of lifer, plan administrator, or plan sponsor (see instructions) Northwest Cardiothoracic	 Fiber's Identifying number (see instructions) Employer Identification number (EIN) (9 digits XX-XXXX) 										
	Number, street, and room or suite no. (I a P.O. box, see instructions) 122 W 7th Ave Suite 226	┣	_	_		_	91-1546063 y number (SSN) (8 digits XXX-XX-XXXX)					
	City or lown, state, and ZIP code								unitary			
_	Spokane, WA 99204	L			_	_		وريندهم والمعا				
	Plan name	Plan number					in year endir					
	NORTHWEST CARDIOTHORACIC & TRANSPLANT SURGEONS, P.S., 401K		I		I		MM	DD	YYYY			
1	PROFIT SHARING PLAN	0	l	0	1	1	12	31	2013			
ar	Extension of Time To File Form 5500 Series, and/or Form 89											
1	Check this box If you are requesting an extension of time on line 2 to file the In Part 1, C above.	first	Fo	rm (551	00 s	eries relurn/	report for the	plan listed			
2	I request an extension of time until 10 / 15 / 2014 to file Form 5 Note. A signature IS NOT required If you are requesting an extension to file Form	500 n 550	\$0 00	rles seri	(5	ee Ir	istructions).					
3	I request an extension of time until 10 / 15 / 2014 to file Form 8 Note. A signature IS NOT required if you are requesting an extension to file Form					e Ins	tructions).					
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which 1 and/or line 3 (above) is not later than the 15th day of the third month after the no	his a	whe	onel	on	ic r	a) the Form equested, a	5556 is filed ind (b) lhe di	on or befo ate on line			
art	Extension of Time To File Form 5330 (see Instructions)											
1	I request an extension of time until/ /to file Form 5 You may be approved for up to a 6 month extension to file Form 5330, after the			due	d	aler	of Form 533	n				
		844545	1	a								
а	Enter the Code section(s) imposing the tax							f e T				
a b	Enter the Code section(s) imposing the tax	▶		e 4		1	2 a 🕨	D	_			
b c	and the provide that we are a set of the set	► menc	dm	ent	da	 ito .	►	C				
b c	Enter the payment amount attached							C				
b c	Enter the payment amount altached											
b c	Enter the payment amount attached											
b G	Enter the payment amount attached											
b	Enter the payment amount attached											
b G	Enter the payment amount attached											
b G	Enter the payment amount attached											

Form 5558 (Rev. 8-2012)