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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	7 timiaai itopoi	t identification information							
For calenda	ar plan year 2014 or	fiscal plan year beginning 01/01/	2014	and ending 07	/31/2014				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions)									
		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/repor	t					
		urn/report (less than 12 m	onths)						
C Check	box if filing under:	1	DFVC program						
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested i	nformation						
1a Name		'			1b Three-digit				
NORTHWES	ST CARDIOTHORAC	CIC & TRANSPLANT SURGEONS	, P.S., 401K PROFIT SHA	RING PLAN	plan numbe				
					(PN) •	001			
					1c Effective da	1/01/1992			
		address; include room or suite num IC & TRANSPLANT SURGEONS,		le-employer plan)		entification Number 1-1546063			
					2c Sponsor's telephone number				
122 W 7TH A	AVE					9-462-6504			
SUITE 110 SPOKANE, V	VA 99204				2d Business code (see instructions) 621111				
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrate	or's EIN			
					3c Administrator's telephone number				
		he plan sponsor has changed since	e the last return/report filed	I for this plan, enter the	4b EIN				
name		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	d for this plan, enter the	4b EIN 4c PN				
name a Spons	, EIN, and the plan no or's name		· 	· 		10			
a Spons 5a Total	, EIN, and the plan noor's name number of participant	umber from the last return/report.			4c PN 5a	10			
name a Spons 5a Total i b Total i C Numb	, EIN, and the plan nown or's name number of participant number of participant er of participant with the control of the contr	umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year h account balances as of the end of	f the plan year (defined be	enefit plans do not	4c PN 5a 5b	0			
name a Spons 5a Total i b Total i C Numb comple	, EIN, and the plan not or's name number of participant number of participant er of participants with the this item)	umber from the last return/report. ts at the beginning of the plan year ts at the end of the plan year	f the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c	0			
name a Spons 5a Total I b Total I c Numb comple d(1) Total	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c 5d(1)	0			
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name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Tot e Numbe	, EIN, and the plan noor's name number of participant number of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be plan yearearearear with accrued be	enefit plans do not	4c PN 5a 5b 5c 5d(1)	0 0 8			
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name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Tot e Numbe less th Caution: A Under pens SB or Sche	, EIN, and the plan noor's name number of participant er of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be plan yearear	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap	00000000000000000000000000000000000000			
name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Tot e Numbe less th Caution: A Under pens SB or Sche	A EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) al number of active p er of participants that an 100% vested A penalty for the late alties of perjury and of edule MB completed strue, correct, and cor	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be plan yearear	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if ap	00000000000000000000000000000000000000			
name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is is	A EIN, and the plan noor's name number of participant number of participant er of participants with ete this item) al number of active p er of participants that an 100% vested A penalty for the late alties of perjury and of edule MB completed strue, correct, and cor	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau ve examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	opplicable, a Schedule f my knowledge and			
name a Spons 5a Total I b Total I c Numb comple d(1) Total d(2) Total e Numbe less th Caution: A Under pena SB or Sche belief, it is si	A EIN, and the plan noor's name number of participant er of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined be plan year	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of	opplicable, a Schedule f my knowledge and			
name a Spons 5a Total I b Total I c Numb comple d(1) Total d(2) Total e Numbe less th Caution: A Under pena SB or Sche belief, it is si SIGN HERE	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	ts at the beginning of the plan year ts at the end of the plan year	plan year (defined be plan year	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best	on the state of th			
name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is is SIGN HERE SIGN HERE	p. EIN, and the plan noor's name number of participant number of participant er of participants with the et this item)	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined be plan year	enefit plans do not enefits that were enefits that were enefits that were enefits that were DALE STEVENS Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of lual signing as plan	on the state of th			
name a Spons 5a Total I b Total I c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is is SIGN HERE Preparer's DALE STEN	p. EIN, and the plan noor's name number of participant pumber of participant er of participants with the et this item)	ts at the beginning of the plan year its at the end of the plan year	of the plan year (defined be plan year	enefit plans do not enefits that were enefits that were enefits that were enefits that were DALE STEVENS Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best	on the state of th			
name a Spons 5a Total I b Total I c Numb comple d(1) Total d(2) Total e Numbe less th Caution: A Under pena SB or Sche belief, it is to SIGN HERE Preparer's DALE STEV BREAK-THI 200 NORTH	p. EIN, and the plan noor's name number of participant number of participant er of participants with the et this item)	ts at the beginning of the plan year ts at the end of the plan year	of the plan year (defined be plan year	enefit plans do not enefits that were enefits that were enefits that were enefits that were DALE STEVENS Enter name of individ Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if apt, and to the best of the best	opplicable, a Schedule f my knowledge and administrator			

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a continued to the continued to t	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Ye	s 🗌 N	10 10
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	rmined	
Par –										
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End c	of Year	0	_
	Total plan assets	7a	24028	517	+				0	
	Total plan liabilities	7b	24028	217	+				0	
	Net plan assets (subtract line 7b from line 7a)	7c		717	+		(b) T-	4-1		_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	itai		
	(1) Employers	8a(1)	19	941						
	(2) Participants	8a(2)	28	375						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	774	159						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						82	275	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24850	92						
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2485	092	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2402	817	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b	2E 2F 2G 2J 2K 2A If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instruction	ons:		_
10	During the plan year:				Yes	No	,	Amount		_
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ				
с	Was the plan covered by a fidelity bond?			10c	X				25000)0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	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 as	s of year e	end.)	10g		X				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s 🔲 N	lо
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Ye	s X N	Ю
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day		e letter r Year	uling	_

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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	Yes N	0	
	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		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	3c(2) E∣	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

OM8 Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the Instructions to the Form	5500-SF.	Public Inspection
Part Annual Report	dentification Information			<u> </u>
For calendar plan year 2014 or fis		01/01/2014 and ending	07,	/31/2014
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) of participating employer information in acco		
B	a one-participant plan the first return/report	a foreign plan X the final return/report		
B This return/report is	months)			
	an amended return/report		_	TI 10
C Check box if filling under:	Пр	FVC program		
Bart III Day 1 By 1 Co	special extension (enter desci			
· · · · · · · · · · · · · · · · · · ·	rmation—enter all requested int	formation	146 -	.11.14
1a Name of plan NORTHWEST CARDIOTHOR SHARING PLAN	ACIC & TRANSPLANT SU	JRGEONS, P.S., 401K PROFIT	1b Thre plan (PN)	number 001
				ctive date of plan 01/1992
2a Plan sponsor's name and add Northwest Cardiothor		er (employer, if for a single-employer plan)		loyer Identification Number
122 W 7th Ave	acic & Itanepiant so	irgeons, F.S.		91-1546063
122 W /CH AVE				nsor's telephone number →462-6504
Suite 110			2d Busin	ness code (see instructions)
Spokane	WA 99204	*****	621	
3a Plan administrator's name and	I address XSame as Plan Spons	sor.	3b Admi	inistrator's EIN
			3c Admi	inistrator's telephone number
· · · · · · · · · · · · · · · · · · ·				
	plan sponsor has changed since t iber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
a Sponsor's hame			4c PN	
5a Total number of participants a	it the beginning of the plan year		5a	10
			. 5b	0
complete this item)		he plan year (defined benefit plans do not	. 5c	0
		an year	5d(1)	
		r	5d(2)	C
		lan year with accrued benefits that were	5e	0
Caution: A penalty for the late or	r incomplete filling of this return	report will be assessed unless reasonable ca	use is estab	lished.
	signed by an enrolled actuary, as	tions, I declare that I have examined this return/res s well as the electronic version of this return/repor		
SIGN	the bear	1/8//c Timothy Iceno	gle, MD	
HERE Signature of plan ad	ministrator	Date / Enter name of individ		is plan administrator
SIGN MERE	y & trense	Timothy Iceno	gle, MD	
Signature of employ		Date Enter name of individ		s employer or plan sponsor
	me, if applicable) and address (inc	clude room or suite number) (optional)	Preparer's	telephone number (optional)
Dale Stevens	110		5	09-755-3767
Break-Thru Benefits,				
200 North Mullan Road	ı, Suite 216			
Spokane Valley	WA 99206			

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can't the plan is a defined benefit plan, is it covered under the PBGC in	an Indepe and condi lot use Fo	ndent qualified public accounts tions.) orm 5500-SF and must instea	ant (IC	PA) Forn	ı 5500	, .	Ye X	»s []	No No
	rt III Financial Information	insurance p	orogram (see Littor openion st	-] 100	Пио Г	1101 000		
7	Plan Assets and Liabilities	T :	(a) Beginning of Yea		\top	_	(b) End	of Von		
a	Total plan assets	. 7a		028:	17		(b) Ellu	OI 1641		
	Total plan liabilities	·								
	Net plan assets (subtract line 7b from line 7a)		24	028	17					
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount		+		(b) 1	'otal		
	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount	194	11					
	(2) Participants	. 8a(2)		28	75					
	(3) Others (including rollovers)	. 8a(3)				7				
þ	Other income (loss)	8b		774	59					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							82	275
d	Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	. Bd	. 24	8509	92		·			
ė	Certain deemed and/or corrective distributions (see instructions)	8e _			1					
f	Administrative service providers (salaries, fees, commissions)	Bf								
g	Other expenses	8g				i .				- 1
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<u>.</u>	- ,			2485	
<u> </u>	Net Income (loss) (subtract line 8h from line 8c)	81	·		_			-2	2402	81
<u> </u>	Transfers to (from) the plan (see Instructions)t IV Plan Characteristics	8j _						1 2		
	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in I	the instructi	ons:		
Par 10					Yes	No				
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		108	NO		Amount		
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fide			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			10c	х				250	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
. 6	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10 a		x				
f	Has the plan failed to provide any benefit when due under the pla	n? ,		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	m¢.)	10g		Х				
h	If this is an Individual account plan, was there a blackout period? (2520.101-3.)	The second substitute their	CARLES CONTROL OF ANY AND	10h		х				
i				10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	ş []	Νφ
11a	Enter the unpaid minimum required contribution for current year for					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ints of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	×	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year Is being granting the waiver.				and e	nter th Day		ie letter ri Year	uling	*

Form 5500-SF 2014 Page 3 -					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year	12b				
C Enter the amount contributed by the employer to the plan for this plan year	120				
d Subtract the emount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
e 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	_	3 BOST 6		18 18	
13a Has a resolution to terminate the plan been adopted in any plan year?	X	Yes N	0		
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?	ontrol	control X Yes			
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.)) to				
13c(1) Name of plan(s):	13c(2) E	EIN(5)	13c(3) PN(s)	
Part VIII Trust Information (optional)		PROGRAMMA AND DELLA			
14a Name of trust	14b Trust's EIN				