	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service		Benefit d under se	PIAN ctions 104 and 4065 of the Employe	2009				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974 (ERISA), and section 6058(a) of the evenue Code (the Code).			This Form is Open to Public			
P	ension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instructions to the Form 5500-SF.						
		entification Information	2						
_	calendar plan year 2009 or fisca				2/31/2				
	This return/report is for:		final return	mployer plan (not multiemployer)		one-participant plan			
в	This return/report is for:	an amended return/report		i year return/report (less than 12 mo	nthe)				
C		Form 5558		extension	11113)	DFVC program			
C	Check box if filing under:	special extension (enter descriptio		extension					
Pa	art II Basic Plan Inform	nation—enter all requested information	,						
	Name of plan				1b	Three-digit			
NOR	THWEST PATHOLOGY SERVI	CES, PS 401(K) PROFIT SHARING	PLAN			plan number			
					1c	(PN) ► 002 Effective date of plan			
						12/01/1977			
	Plan sponsor's name and addre THWEST PATHOLOGY SERVI	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1584800			
		0E3, F.3.			2c	Plan sponsor's telephone number			
	BOX 33160 ITLE, WA 98133-0000				2d	206-365-5171 Business code (see instructions)			
3a	Plan administrator's name and	address (if same as Plan sponsor, er	nter "Same	2")	3b	621510 Administrator's EIN			
NOR	THWEST PATHOLOGY SERVI	CES, P.S. P. O.BOX 33 SEATTLE, W				91-1584800			
		OLATTEL, W	// 00100 0		3C	Administrator's telephone number 206-365-5171			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
l	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	19			
b	Total number of participants at	the end of the plan year			5b	0			
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	0			
6a		uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No			
	Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQ					
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No			
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	4346499	9	0			
b	•		7b						
<u> </u>		'b from line 7a)	7c	4346499	J	0			
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total			
a			8a(1)						
	(2) Participants		8a(2)						
_	(3) Others (including rollovers)		8a(3)		_				
b			8b	297242	2	007010			
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	80			297242			
u			8d	464374	1				
е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
f	•	s (salaries, fees, commissions)			4				
g			8g			1010711			
h i		Be, 8f, and 8g)	8h						
i		e 8h from line 8c) ee instructions)				-4040433			
,		·····	8j						

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	A	moun	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
с	Was the plan covered by a fidelity bond?	10c	Х				3	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		×				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					ΠY	es	× No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Y	es 🕻	× No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.					e letter /ear		-
lf y	ou 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				
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 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 during the plan year or any prior year?					ΧY	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 of the PBGC?	under	the co			X Y	es	No
C	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.)							_
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	130	: (3) F	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establi	ished.	I		

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.	09/16/2010	RICHARD G. PATTON, M.D.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Benefit Plan Normal Restmuss Service Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Administration 055(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the Instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 A This return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan C Check box if filing under: X Form 5558 automatic extension DFVC program Special extension (enter description) DFVC program 002 Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) b Distribution Ocception Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) b Distribution Number (PN) b Ocception		210-0110 210-0089
Department of Lacr Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Pull Internal Revenue Code (the Code). Period Bendit Guarany Corporation Priod Department of Locatification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 A This return/report Identification Information B This return/report is for: If first return/report Single-employer plan multiple-employer plan (not multiemployer) one-participant plan C Check box if filing under: Form 5558 automatic extension DFVC program Part II Easic Plan Information—enter all requested information 10 / 01/2009 A This return/report is for: If for single-employer plan (not multiemployer) One-participant plan C Check box if filing under: X Form 5558 automatic extension DFVC program Part II Easic Plan Information—enter all requested information 10 C Effective dat	This form is required to be filed under sections 104 and 4065 of the Employee 1 2003	
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A This return/report is for: A single-employer plan multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report A final return/report one-participant plan B This return/report is for: an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: X Form 5558 automatic extension DFVC program B This return/report special extension (enter description) DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) ▶ 002 Ic Effective date of plan Northwest Pathology Services, PS 401(k) Profit 1b Three-digit plan number (PN) ▶ 002 Ic Effective date of plan 12/01/1977 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer identification Number (206) 365-5171 Northwest Pathology Services', P.S. 2b Employer identification a second (see instruction 621510) B a special extension Seattle WA 98133-0000 3b Administrator's telephone num (206) 365-5171 2d Businese code (see instruction faume and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	ication Information	
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5a Total number of participants at the beginning of the plan year	the last return/report. Sponsor's name	
b Total number of participants at the end of the plan year	d of the plan year	1
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not		
complete this item)		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	ne plan year invested in eligible assets? (See instructions.)	
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	be plan year invested in eligible assets? (See instructions.) Sc inal examination and report of an independent qualified public accountant (IQPA) X structions on waiver eligibility and conditions.) X	(No
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Sc ne plan year invested in eligible assets? (See instructions.) X ual examination and report of an independent qualified public accountant (IQPA) X structions on waiver eligibility and conditions.) X or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X (a) Beginning of Year (b) End of Year 7a 4,346,499 7b 1 line 7a) 7c 4,346,499 this Plan Year (a) Amount (b) Total rom: 8a(1) 8a(3) 8a(3) 297,242	(No ((
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e Certain deemed and/or corrective distributions (see instructions) 8e	Sc ne plan year invested in eligible assets? (See instructions.) X Yes ual examination and report of an independent qualified public accountant (IQPA) X Yes structions on waiver eligibility and conditions.) X Yes Yes or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes Yes (a) Beginning of Year (b) End of Year (b) End of Year 7a 4,346,499 7b 1ine 7a) 7c 4,346,499 this Plan Year (a) Amount (b) Total rom: 8a(1) 8a(2) 8a(3) 8b 297,242 Ba(3), and 8b) 8c 297,242 s and insurance premiums 8d 4,643,741	(No ((
f Administrative service providers (salaries, fees, commissions)		(No ((
g Other expenses		(No ((
h Total expenses (add lines 8d, 8e, 8f, and 8g)	5c ne plan year invested in eligible assets? (See instructions.) X year invested in eligible assets? Yes year Yes year (a) Beginning of Year (b) End of Year (b) End of Year 7a 4,346,499 this Plan Year (a) Amount rom: 8a(1) 8a(2) 8a(3) 8a(3) 297,242 Ba(3), and 8b) 8c s and insurance premiums 8d se instructions) 8e ributions (see instructions) 8e ributions (see instructions) 8f <	(No ((
Transfers to (from) the plan (see instructions)	Sc X Yes ane plan year invested in eligible assets? (See instructions.) X Yes ual examination and report of an independent qualified public accountant (IQPA) X Yes itructions on waiver eligibility and conditions.) X Yes or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes 7a 4,346,499 7b 7c 1line 7a) 7c 7c 4,346,499 7b 1 8a(1) 8a(1) 8a(2) 8a(3) 8a(3) 297,242 Sa(3), and 8b) 8c 297, ributions (see instructions) 8e ries, fees, commissions) 8f 8g and 8g) 8h 4,643,741	(No No ((((7,242 3,741
J For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF. Form 5500-SF (2)	5c ne plan year invested in eligible assets? (See instructions.) X Lal examination and report of an independent qualified public accountant (IQPA) X structions on waiver eligibility and conditions.) X or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes (a) Beginning of Year (b) End of Year 7a 4,346,499 7b 7c 1ine 7a) 7c 7c 4,346,499 this Plan Year (a) Amount rom: 8a(1) 8a(2) 8a(3) 8a(3) 297,242 Ba(3), and 8b) 8c s and insurance premiums 8d 8g 4,643,741 8g 4,643,741 and 8g) 8h 8g 4,643,741	(No No ((((7,242 3,741

Page **2**-

	V Compliance Questions							
	During the plan year:		Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		x				
с	Was the plan covered by a fidelity bond?	10c	x		· · ·		00,	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x			<u> </u>	00
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x				
-	Has the plan failed to provide any benefit when due under the plan?	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	<u>. </u>	x				
	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	10i						
Part V	/I Pension Funding Compliance				1			
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	nplete	Scheo	lule SB	(Form	 Yes	s X	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s X	No
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	ath	and e	nter th Day	e date of t	he letter ri Year	uling	
-	bu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year		Γ	12b				
	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 negative amount)	ofa		12d				
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		I/A
Part ۱	/II Plan Terminations and Transfers of Assets						<u> </u>	
13a	as a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	<u>.</u> П	No
	f "Yes," enter the amount of any plan assets that reverted to the employer this year		Ē	13a				(
b '	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			X Yes	 \$ []	No
C	f 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.)	he pla	n(s) to			_		
13	c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	3) PN((s)

SIGN	Millian atting M	09/08/2010	Richard G. Patton, M.D.
HERE	Signature of plan administrator	Date /	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor