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

Part I	Annual Repor	t Identification Information	l					
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	.014	and ending 12	/31/2014			
A This re	eturn/report is for:		er) (Filers checking this box must attach a lis cordance with the form instructions)					
		a one-participant plan	a foreign plan					
B This return/report is		the first return/report	the final return/repo	ort				
		an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC program			
		special extension (enter desc	ription)					
Part II	Basic Plan Inf	ormation—enter all requested in	formation					
1a Name					1b Three-digit			
ROMAN L.	KUTSY 401(K) PLAN				plan number (PN) ▶	001		
					1c Effective date of p			
					01/01/20			
2a Plan s	sponsor's name and a	nddress; include room or suite numb EURODIAGNOSTICS, PLLC	er (employer, if for a sing	gle-employer plan)	2b Employer Identification (EIN) 75-3075			
					2c Sponsor's telepho			
EVERETT, \	ER AVENUE WA 98201				425-505-2200 2d Business code (see instruction			
					621111	e mondonomo)		
3a Plan a	administrator's name	and address XSame as Plan Spon	sor.		3b Administrator's EIN	١		
					3c Administrator's tele	ephone number		
4					41			
		he plan sponsor has changed since umber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN			
	sor's name				4c PN			
5a Total	number of participan	ts at the beginning of the plan year.			5a	2		
b Total	number of participan	ts at the end of the plan year			5b	0		
		n account balances as of the end of	. , ,	•	5c	0		
	,	articipants at the beginning of the p			5d(1)	2		
d(2) ⊤o	ital number of active r	participants at the end of the plan ye	ar		5d(2)			
e Numb	er of participants that	terminated employment during the	plan year with accrued b	enefits that were	5e	0		
less th	nan 100% vested							
Courtions	A manalty far the late	ar incomplete filing of this return	n/ranaut will be assess	ad unlass researchis as	uaa ia aatabliahad			
		e or incomplete filing of this return other penalties set forth in the instru				le, a Schedule		
Under per SB or Sch	nalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, including, if applicab			
Under per SB or Sch	nalties of perjury and o ledule MB completed true, correct, and cor	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/re	port, including, if applicab			
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Under per SB or Sch belief, it is SIGN HERE	nalties of perjury and of dedule MB completed true, correct, and correct with authorized	other penalties set forth in the instru and signed by an enrolled actuary, mplete. d/valid electronic signature.	ctions, I declare that I ha as well as the electronic	ave examined this return/re version of this return/repor	port, including, if applicab	owledge and		
Under per SB or Sch belief, it is	nalties of perjury and of pedule MB completed true, correct, and correct with authorized Signature of plan	other penalties set forth in the instru and signed by an enrolled actuary, mplete. d/valid electronic signature. administrator	ctions, I declare that I ha as well as the electronic Date	eve examined this return/reversion of this return/repor	port, including, if applicab t, and to the best of my kn	istrator		
Under per SB or Sch belief, it is SIGN HERE SIGN HERE	nalties of perjury and of pedule MB completed true, correct, and correct with authorized Signature of plan	other penalties set forth in the instru and signed by an enrolled actuary, mplete. d/valid electronic signature.	ctions, I declare that I has well as the electronic Date Date	eve examined this return/reversion of this return/reportation of this return of this	port, including, if applicab t, and to the best of my kn	istrator		
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Under per SB or Sch belief, it is SIGN HERE SIGN HERE	nalties of perjury and of pedule MB completed true, correct, and correct with authorized Signature of plan	other penalties set forth in the instru and signed by an enrolled actuary, inplete. d/valid electronic signature. administrator	ctions, I declare that I has well as the electronic Date Date	eve examined this return/reversion of this return/reportation of this return of this	port, including, if applicab t, and to the best of my kn lual signing as plan admin lual signing as employer o	istrator		
Under per SB or Sch belief, it is SIGN HERE SIGN HERE	nalties of perjury and of pedule MB completed true, correct, and correct with authorized Signature of plan	other penalties set forth in the instru and signed by an enrolled actuary, inplete. d/valid electronic signature. administrator	ctions, I declare that I has well as the electronic Date Date	eve examined this return/reversion of this return/reportation of this return of this	port, including, if applicab t, and to the best of my kn lual signing as plan admin lual signing as employer o	istrator		

	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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and condit	ndent qualified public accounta ions.)	nt (IQ	PA)		X Ye	
C	f 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 det	ermined
Par	t III Financial Information	•						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
<u>a</u>	Total plan assets	7a	8373	809				0
	Total plan liabilities	7b	0075					0
	Net plan assets (subtract line 7b from line 7a)	7c	8373	309	-			0
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	19	950				
	2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	313	354				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					3	3304
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	8d	8706	313				
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					87	0613
	Net income (loss) (subtract line 8h from line 8c)	8i					-83	7309
_ j ·	Transfers to (from) the plan (see instructions)	8j						
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe							
10	During the plan year:				Yes	No	Amoun	1
	Was there a failure to transmit to the plan any participant contribution	tions withi	n the time period described in				74110411	<u> </u>
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X		
	on line 10a.)			10b		Χ		
c	Was the plan covered by a fidelity bond?			10c		X		
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	If this is an individual account plan, was there a blackout period? (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)							es X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction (302 of	ERISA? Ye	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ruling

	Form 5500-SF 2014 Page	e 3 - 1			
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 negative amount)	_	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadli	ine?		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	'es No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	r	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to ar of the PBGC?				X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				

14a Name of trust ROMAN L. KUTSY RETIREMENT TRUST

14b Trust's EIN 861104506

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 section 6057(b) and 6058(a

OMB Nos. 1210-0110 1210-0089

	Department of Labor Employee Benefits Security Administration Trits form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of							2014		
	doyne Benefits Security Administration emsion Benefit Guaranty Corporation		the in	lemai Revenue Code (no section 6057(b) and 6((the Code).	This Form is Open to Pu				
_		Complete all entries in execution								
Ford	art i Annual Repor alendar plan year 2014 or f					900-Sr.				
	onour port Jost 2014 (k.)	_		01/01/2014		12,	/31/2014			
Ат	his return/report is for:	x a single-emp	loyer plan	a multiple-employe	er plan (not multiemploye	r) (Filers ch	necking this bo	X Must attach a list		
_		a one-particip	oant plan	a foreign plan	ployer information in acc	ordance wi	th the form ins	tructions)		
ВТ	his return/report is:	the first return	n/report	x the final return/rep	ert					
		an amended	return/report	=	etum/report (less than 12	months)				
C c	heck box if fling under:	x Form 5558		 ,		munusj				
	- I wante	<u></u>	sion (enter descrip	utomatic extensio	on .		DFVC progre	m		
Par	til Basic Dlan Info									
	till Basic Plan Info	miation — en	er all requested in	formation						
1	Roman L. Kutsy 401	(W)					hree-digit	************		
	war as war as ACT	(v) brau					an number 'N) ▶	001		
						1c Ef	Tective date o	plan		
2a F	Plan sponsor's name and ad vergreen Neurology	dress; include roor	n or suite number	(employer, if for a since	ile-amployer plant		1/01/2004			
_	vergreen Neurology	* Naurodiac	mostics, PLI	ic ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	na amnayer pensi	ZD En	nployer Identii IN) 75-301	ication Number		
2	326 RUCKER AVENUE					(4	onsor's teleph 125) 505-2	one number 200		
U	S EVERETT WA 98201		٠					ee instructions)		
3a P	lan administrator's name an	d address X Sa	me as Pian Snoos	or Nome		62	21111			
			The state of the s	or realing		3b Ad	ministrator's E	IN		
						3C Adi	ministrator's te	lephone number		
4 If	the name and/or FIN of the	-lee								
na	the name and/or EIN of the ime, EIN, and the plan num	pian sponsor has d ber from the last re	changed since the	last return/report filed	for this plan, enter the	4b EIN				
a s	ionsor's name		·			T.		***************************************		
5a To	ital number of participants a	the beginning of t	he plan year			4C PN	r			
						5a 5b		2		
	mber of participants with acmplete this item)		or me end of the l	plan year (defined ben	efit plans do not	 		0		
	otal number of active partic			*************	**************	5c		0		
d(2) 1	Otal number of active e-	-portar at the begin	ining or the plan ye	Bar	****************	5d(1)		2		
e Nu	otal number of active partic	ipants at the end c	of the plan year	*************	=1=+***********************************	5d(2)		0		
les	mber of participants that ter s than 100% vested	umanumumumumumumumumumumumumumumumumumum	an during the plan	year with accrued ber	nefits that were	5e	·····	· · · · · · · · · · · · · · · · · · ·		
Cautio	henging in the late of	Incomplete filing	l Of this returnion	nost will be some				0		
Under j	penalties of perjury and othe ichedule MB completed and	r penalties set fort	h in the instruction	Port will be assessed	i uniesa reasonable cau	se is estal	blished.			
belief. it	chedule MB completed and is true, correct, and completed	signed by an enro	olled actuary, as w	ell as the electronic ve	: examined this return/rep ::sion of this return/report	ort, includii and to the	ng, if applicab	e, a Schedule		
	1/			·			Dest of Hily Kil	oweoge and		
SIGN HERE	- Auce	~		10/04/15	ROMAN L. KUTSY					
	Signature of plan admin	strator /	····	Date /	Enter name of individual	signing as	plan administ	rainr		
SIGN	HUCK	C/		10/04/16	Roman		Ja c	74101		
and the second	Signature of employer/pl	an sponsor		Date	Enter name of Individual	signing as	employer or r	den enonge		
·opuis	r's name (including firm nam	те, п applicable) ar	nd address; includ	e room or suite numbe	er (optional)	Preparer's	telephone nur	nber (optional)		
						-	,	(-proliul)		
					<u>[</u> .		· · · · · · · · · · · · · · · · · · ·			
or Pap	erwork Reduction Act Not	ice and OMB Con	tral Number							

10-05-2015

6a Were all of the nights accepte division the		Page 2						
6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual exprisions.	de assets? (S	See instructions.)		*********	****	*********	XYes	$\overline{\Box}$
b Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public accoun	tant (i	QPA)				الب
under 29 CFR 2520.104-48? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann of the plan is a defined benefit plan, is it covered under the CDCO.	and conditio	ns.)	********	*******			X Yes	
c If the plan is a defined benefit plan, is it covered under the PBGC in Part III Financial Information	Ugigance ou	room (see SDICA vice	ad us	Form	5500			
Part III Financial Information	Transcribe pro	Right (SEE CIVIDA SECTION	4U21)		<u>-LJ</u>	Yes 🗌	No Not de	etem
7 Plan Assets and Liabilities	1 - 1 A 1 - 1 - 1			····				
a Total plan assets	+	(a) Beginning of)	ear			(b) E	nd of Year	
b Total plan liabilities	- 7a	837	,309					0
C Net plan assets (subtract line 7b from line 7a)	7b							0
Income, Expenses, and Transfers for this Plan Year	+		, 309					0
d Contributions received or receivable from:	1	(a) Amount		\perp	,	<u>(t</u>) Total	
(1) Employers	. 8a(1)	1	, 950					
(2) Participants	. Ba(2)		0			7 - 2 - 1		
b Other income (loss)	. 8a(3)							
C Total income (add lines 8a/1) 8a/2) 8a/3) and 8b)	8b	31,	354					
U Certerns paid including direct rollowers and includes	8c						33.3	304
to broade delicits)	8d	870,	61 A					
E Canain deemed and/or corrective distributions (see instructions)	8e	0.0,	023					
Administrative service providers (salaries, fees, commissions)	81	······································		-				
Other expenses	8g		 -	+-				
i otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		1 17 17	-				211.5
Net income (loss) (subtract line 8h from line 8c)	81			+-	······		870,6	
Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8)			1.		3 1 1 11	(837,30	9}
b if the plan provides welfare benefits, enter the applicable welfare feat								
if the plan provides pension benefits, enter the applicable pension fer 2E 2F 2J 3B 3D b if the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year:	ure codes fro	om the List of Plan Charact		Codes	in the		DAS:	
Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributions and EOI (Average Part 20 CFR 2510.3-1022 (See instructions and EOI (Average Part 20 CFR 2510.3-1022)	ure codes fro	om the List of Plan Charact	eristic		in the			
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If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions During the plan year. Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia Description 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 fider or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? If this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3 or tyle Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	ons within the ary Correction (Do not included) the benefits of year end.) e instructions equired notice s? (If "Yes,"	time period described in Program) de transactions reported at was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d 10d 10d 10d 10d 10d	Yes	No X X X X X X X X X X X X X X X X X X X	instruction	DAS:	No
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	Form 5500-SF 2014						
H	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip	<u> </u>					
<u>b</u>	Enter the minimum required contribution for this plan year	to line 13		7			
		*******		12b	<u>L</u>		
c	Enter the amount contributed by the employer to the plan for this plan year						
d	Subject the amount in line 12c from the array is	**********	*****	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	to the lef	of a	1		***************************************	
. e		**********	***************************************	12d			
Part		*********	***********		Yes	□ No	□ N/A
13a	Has a resolution to torrelate the site of Assets						
	Has a resolution to terminate the plan been adopted in ariy plan year?	**********	***********	XY	es 🔲	A.	
b	the amount of any plan assets that reverted to the employer this year					IVO	·····
Đ	VVEIR all the plan accept dictributed to meet to	e benjambi		13a			(
C	of the PBGC?	a nigotiii	under me c	ntrol		X Yes	г .
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify ti	e plants) to		L.,	WEJ 168	L No
10	3c(1) Name of plan(s):						
			130	(2) EIN(s)	130/3) PN(s)
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		- 1					
Part \	VIII Truct Information 4					İ	
	1 West information (optional)				·		·
148 N	lame of trust						
Ro	oman L. Kutsy Retirement Trust		i	14b Tn	ust's EIN		
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