Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan					oyee	OMB Nos. 1210-0110 1210-0089				
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee R						2014				
Employee Be	partment of Labor enefits Security Administration nefit Guaranty Corporation	Internal	This Form is Open to Public Inspection							
For calenda										
		al plan year beginning 01/01/2014	a multiple-employer pl		/ <u>31/2014</u> (Filers checl	king this box must attach a list				
<ul><li>A This ret</li><li>B This return</li></ul>	urn/report is for:	<ul> <li>a single-employer plan</li> <li>a multiple-employer plan (not multiemployer) (Filers checking this box must attach a of participating employer information in accordance with the form instructions)</li> <li>a one-participant plan</li> <li>a foreign plan</li> <li>the first return/report</li> <li>the final return/report</li> </ul>								
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)					
C Check b	box if filing under:	Form 5558	FVC program							
Part II	Basic Plan Infor	 mation—enter all requested informa	ation							
1a Name					1b     Three-digit       plan number     001					
					1c Effective date of plan 01/01/2001					
2a Plan sp PACIFIC IMA		ress; include room or suite number (er	mployer, if for a single-	employer plan)	-					
6808 220TH \$	STREET SW SUITE 10	0			<b>2c</b> Sponsor's telephone number 425-827-3041					
MOUNTLAKE	E TERRACE, WA 98043	}			2d Business code (see instructions) 621111					
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor.					<b>3b</b> Administrator's EIN 91-2005609					
4 If the n	ame and/or EIN of the	3 or this plan, enter the	3c Administrator's telephone number 425-827-3041 4b EIN							
	EIN, and the plan num	ber from the last return/report.			4C PN					
- <u>-</u>		t the beginning of the plan year								
		t the end of the plan year			5a 5b	3				
C Numbe	er of participants with ac	count balances as of the end of the p	lan year (defined bene	fit plans do not	50 50	3				
•	,	cipants at the beginning of the plan ye			5d(1)	3				
<b>d(2)</b> Tota	al number of active parti	cipants at the end of the plan year			5d(2)	2				
<ul> <li>C Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.</li> </ul>					5e	0				
		incomplete filing of this return/rep			ise is estab	lished.				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instructions I signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	oort, includir	ng, if applicable, a Schedule				
SIGN		alid electronic signature.	.D.							
HERE	Signature of plan ad	ministrator	Date	Enter name of individual signing as plan administrato						
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) JODI CALHOUN RANDALL & HURLEY, INC.					idual signing as employer or plan sponsor Preparer's telephone number (optional) 509-838-5500					
SPOKANE,		and OMB Control Numbers, see the inst		05		Form 5500-SE (2014)				

<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?		Yes	No	No	t determined	
Pa	t III Financial Information	-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	d of Y	ear	
а	Total plan assets	7a	14785	528					1544037	
b										
С	Net plan assets (subtract line 7b from line 7a)	7c	14785	1478528					1544037	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	153	333						
	(2) Participants	8a(2)	417	'41						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	84	54						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							65528	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		19						
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19	_
i	Net income (loss) (subtract line 8h from line 8c)	8i							65509	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	IJ								
-	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the insti	uction	s:	
<u> </u>	2A 2E 2F 2G 2J 2K 2R 3B 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in tl	ne instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	_
a		tions withi	n the time period described in							-
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
				10c	×				4 47051	_
	C Was the plan covered by a fidelity bond?				X				147853	<u> </u>
	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all instructions.)			10e		х				
f						Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								15477	7
h	<ul> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li> </ul>					х				
i										
Part	exceptions to providing the notice applied under 29 CFR 2520.101-3									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Тг	Yes 🗌 No	
11a	Enter the unpaid minimum required contribution for current year fr					11a		···		
12										

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
<b>b</b> Enter the minimum required contribution for this plan year		12b						
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year		12c						
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	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								
13a Has a resolution to terminate the plan been adopted in any plan year?	· 🗆 ۲	Yes X No						
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a							
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		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):	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)					
Part VIII Trust Information (optional)								
14a Name of trust				14b Trust's EIN				

Foi	m 5500-SF	Short Form Annu	loyee	OMB Nos. 1210-0110 1210-0089						
Inte	erment of the Treasury mail Rovenue Sonice	This form is required to be file	Retirement	2014						
Employee	epartment of Labor Senelits Socially Administration enalit Guaranty Corporation	Income Security Act of 1974	This Form is Open to Public Inspection							
Part I Annual Report Identification Information										
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and entiting 12/31/2014										
🔂 a singlo-employer plan 🔲 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list										
A This re	rdance with t	the form Instructions)								
B This cet	um/report la	a one-participant plan	a one-participant plan the first return/report the first return/report							
	on of opport in	an emended return/report	H	m/report (less than 12 n	nonths)					
C		X Form 6558	Automatic extension	in open (in the second s		FVC program				
G Check	box If filing under:	00								
Part II	Decta Director	U special extension (enter descri		////						
1a Name	d plan	mation-enter all requested inf	omation		11b Thre	edigit				
Pacific	: Imaging, PLI	C Profit Sharing Pla	n			number 001				
					(PN)	and the second se				
						live date of plan 01/2001				
2a Plan a Pacific	ponsor's name and ad C Imaging, PL	dress; include room or suite numbe .C	er (employer, lf for a single	-emptoyar plan)		over Identification Number 91–2005609				
6808 22	20th Street SM	I Suite 100			and the second se	sor's telephone number				
		Duice 100				-827-3041 tess code (see instructions)				
	ake Terrace	WA 98043			621					
		d address USame as Plan Spons	or.		3b Administrator's EIN 91-2005609					
PACIFIC	: Imaging, PLI	iC			3c Administrator's telephone number					
6808 22	Oth Street Sh	Suite 100			425-827-3041					
Mountla	ke Terrace	WA 98043			1					
4 if then	ame and/or EIN of the	plan sponsor has changed since li	he last return/report filed fo	or this plan, enter the	4b EIN					
B Sponso		ber from the last return/report.			4C PN					
5a Total n	umber of participents	at the beginning of the plan year								
b Totel n	comber of participants	at the end of the plan year			5b	3				
C Numbé	ir of participants with e	ccount balances as of the end of th	te olen veer (delined hene	to ob seele til	-	3				
d(1) Tata	I number of active part	icipants at the beginning of the pla	л узаг	********	5d(1)					
		icipants at the end of the plan year			8d(2)	3				
e Number	of participants that ter	minated employment during the pla	an year with scenied bono	file that wore	50					
Caution: A	penalty for the late o	r incomplete filing of this return/	inner will be angeneed	unione sone anhie en		0				
Under penal	tiles of perjury and oth	er penallios set foolgin the institut	ions, I declare that I have	meanined this return/rep	port, Including	g, if applicable, a Schedule				
bellef. It is to	UB. COTINCI. END COMP	a fighed by an earollod ectuery, as	well as the electronic vers	sion of this return/report	, and to the l	best of my knowledge and				
sign i										
HERE	E Signatura of plan administrator Das Enter name of individ					s plan administrator				
Bign Here	BIGN									
	Bignaturo of employer/plan eponsor Date Entar name of individual signing as employer or plan aponsor									
JUUI Ca.	LNOUN	- 1994-second	elophone number (optional)							
Randall & Hurley, Inc. 601 W. Riverside Ave, Suite 1600						509-838-5500				
JUL 11. 1	AVEISIGE AVE	suite 1600			-					
Spokane	0.000	WA 99201								
For Paparwork	k Reduction Act Notice	and OMB Control Numbers, see the l	natructions for Porm 6500-8	F.	1	Form 6500-SF (2014)				

-

6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	<b>b</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 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not dete	rmined
	rt III Financial Information			21):		103			
Га 7							<i>(</i> ) = 1		
	Plan Assets and Liabilities	_	(a) Beginning of Yea	1 <b>r</b> 7852	0		(b) End c		.544037
	Total plan assets	7a	14	1052	. 0				.544037
		otal plan liabilities							F 4 4 0 2 7
	Net plan assets (subtract line 7b from line 7a)	7c		7852	8				.544037
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	-1234567890123	1533	3				
	(2) Participants	8a(2)	2	1174	1				
	(2) Others (including rollovers)	8a(3)	-12345678901234	15					
h	Other income (loss)	8b	-1234567890123	845	34				
-				015	, 1				65528
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-				05520
u	to provide benefits)	8d	-12345678901234						
е	Certain deemed and/or corrective distributions (see instructions)	8e	-1234567890123	15					
f	Administrative service providers (salaries, fees, commissions)	8f	-1234567890123	1	.9				
q	Other expenses	8g	-1234567890123	15					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						679.0	19
	Net income (loss) (subtract line 8h from line 8c)	8i					_123/19		65509
÷	Transfers to (from) the plan (see instructions)	1			_				00000
,		8j	1.2.349.070201.234						
_	t IV Plan Characteristics								
98	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3B 3D	reature co	des from the List of Plan Chara	acteris	Stic Co	ides in	the instruct	ons:	
b	-								
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu	tions withir	n the time period described in			v			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		10a		Х	-1234	56789	012345
b	Were there any nonexempt transactions with any party-in-interest					х	1.0.0.4		
	on line 10a.)			10b			-1208	0.0.7.6.3	012343
C	Was the plan covered by a fidelity bond?			10c	Х		-1234	56789	147853
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		•	10d		Х	-1234		
е	Were any fees or commissions paid to any brokers, agents, or oth	ner persons	s by an insurance carrier,					_	
	insurance service, or other organization that provides some or all			10-		Х	-1224		
	instructions.)			10e					
	f Has the plan failed to provide any benefit when due under the plan?					Х	-1234	56789	012345
g	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х		-1234	56789	15477
h	<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х			
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								
Part	Part VI Pension Funding Compliance								
11									
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)						