Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit OLYMPIA RADIOLOGISTS, P.S. 401(K) PLAN & TRUST plan number (PN) ▶ 001 1c Effective date of plan 05/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number OLYMPIA RADIOLOGISTS, P.S. (EIN) 91-1777409 Sponsor's telephone number 360-570-3008 P.O. BOX 1879 OLYMPIA, WA 98507 Business code (see instructions) 621111 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 5 **b** Total number of participants at the end of the plan year..... 5b 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 5 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 5 d(2) Total number of active participants at the end of the plan year..... 5d(2) 5 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 t	true, correct, and complete.					
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2015	THOMAS PLUMLEY			
	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			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)		

	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 runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to be a second to be a second to the plan cannot want to be	an indepe and condi ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.		
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined	
Par					-			
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
	Fotal plan assets	7a	24696	90			2569607	
	Fotal plan liabilities	7b	24606	200			2560607	
	Net plan assets (subtract line 7b from line 7a)	7c	24696	90			2569607	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: 1) Employers	8a(1)	866	808				
	2) Participants	8a(2)	544	72				
	3) Others (including rollovers)	8a(3)						
-	Other income (loss)	8b	938	337				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					234917	
	Benefits paid (including direct rollovers and insurance premiums		4250	200				
	o provide benefits)	8d	1350	000				
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
-	Other expenses	8g					135000	
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					99917	
	Net income (loss) (subtract line 8h from line 8c)	8i					99917	
Part	Fransfers to (from) the plan (see instructions) Plan Characteristics	8j						
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
10	During the plan year:				Yes	No	Amount	
	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)					X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		250000	
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 ber	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	end.)	10g	Χ		46155	
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 2520.101			10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fro	om Sched	dule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes 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 bein granting the waiver.	-			, and e	enter th Day		

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Tree ary Internal Revenue Service

Department of Labor Employee Benefits Security Additionation Pension Banafit Guaranty Copporation

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).

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to Public inspection

Part I Annual	Feport Identification Information	eccordance with the ins	tructions to the Form	5600-SF.	
For calendar plan year	2014 or fiscal plan year beginning 01/01/	2014	and ending	12/31/2014	
A This return/report is	" <u> </u>	a multiple-employer of participating employer	plan (not multiemploye oyer information in acc	f) (Filers checking this	s box must attach a list
_	a one-perticipent plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	m/report (less than 12	months)	
C Check box if filing up	ner: 🗙 Form 5558	automatic extension		☐ DFVC pro	ogram
	special extension (enter descri	ption)			
Part II Basic Pl	n Information enter all requested info				
1a Name of plan		ormation		1b Three-digit	
OLYMPIA RADIOLOGIS	15, P.S. 401(k) PLAN & TRUST			plan number	r
				(PN) ▶	001
7- 0				1C Effective dat 05/01/1997	te of plan
OLYMPIA RADIOLOGIST	and address; include room or suite numbe IB, P.S.	r (employer, if for a single	-employer plan)	2b Employer Ide (EIN) 91-177	entification Number 77409
P.O. BOX 1879				2c Sponsor's te	A STATE OF THE PARTY OF THE PAR
					de (see instructions)
OLYMPIA. WA 98507	·			621111	
od Plan auministratoris	hame and address X Same as Plan Sponso	or.		3b Administrato	r's E N
	į.			3C Administrator	r's telephone number
	w in the second				
	# 8				
4 If the name and/or 6	N of the plan sponsor has changed since th	ne last return/report filed f	or this plan, enter the	4b EIN	
a Sponsor's name	plan number from the last return/report.				
	cipanis at the beginning of the plan year	-		4c PN	
b Total number of par	cipants at the end of the plan year	***************************************	**********************	5a	5
C Number of participa	ats with account balances as of the end of th	a sias usas Matinad bana		5b	55
winblete this item).	£100021-01-01-01-01-01-01-01-01-01-01-01-01-01			5c	5
Q(1) Total number of a	trive participants at the beginning of the plan	า year	***************************************	5d(1)	5
d(2) Total number of a	clive participants at the end of the plan year.			5d(2)	5
 e Number of participan 	is that terminated employment during the pla	n veer with econoci band	filts that were		
iess triair (00% vest		*****************************	TFTTT44877477478444444444444444444444444	5e	0
Under consilies of perior	he late or incomplete filing of this return/s	report will be assessed	uniesa reseonable ca	use is established.	
	Pied and signed by an enrolled actuary as				ilicable, a Schedule ny knowledge and
sigk 👱 /	<u> </u>	1 10/1/2015	XJ THOMAS	7,,,,,,,	
HERE Signature o	plan administrator	Date			
SIGN		Date /	Enter name of indivi	dual signing as plan a	dministrator
	employer/plan sponsor				· · · · · · · · · · · · · · · · · · ·
Preparer's name (includir	g firm name, if applicable) and address (incli	Date Ude room or suite number	Enter name of individed to a continuous properties of individual properties of	dual aigning as emplo	yer or plan sponsor
	, , , , , , , , , , , , , , , , , , , ,	or said (idi)(Do)	/ (Optional)	Liebaretz tolebyot	ne number (optional)
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For Panarunet Baduation	-t Ned-				ASAL STEAM THE FAME AS STEAM TO THE STEAM AS A STEAM AS
ONE COLUMN	ct Notice and OMB Control Numbers, see the ir	istructions for Form 6500	3F.		Form SEOO DE 1200 A

6a b	Were all of the plants assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a valver of the annual examination and report of an independent qualified public accountant (IQPA)						_		
	Yes No.								
_	If you answered "Bo" to either line 6a or line 6b, the plan can	not use Fo	orm 5500-SF and must instea	ad us	e For	n 6500	,		
1.35%	If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA section 4	021)7	,[Yes	☐ No ☐ Not determined		
_ P	art III Financia Information								
7	Plan Assets and Lizbilities	45	(a) Beginning of Ye	ar			(b) End of Year		
a	Total plan assets	7a	246989		\neg	2569607			
<u>b</u>	Total plan liabilities	7b			一				
c	Net plan assets (sulftract line 7b from line 7a)	7¢	246969	90	_	2569607			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount						
а	Contributions received or receivable from:		(a) Amount	_	9.0	(b) Total			
_	(1) Employers	8a(1)	8660	8					
_	(2) Participants	. 8a(2)	5447	72	F_{k}^{a}, f_{a}^{d}				
	(3) Others (including rollovers)	8a(3)			11.7 (a) 12.7 (a) 13.4 (a)				
<u>b</u>	(1000) 11000 11000 1100 1100 1100 1100 1	8b	9383	37	2900 240	military and the second			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			1. i.v.	224047			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	13500	00	235 A	234917			
е.	Certain deemed and/or corrective distributions (see instructions)	. 8e			221	i film			
f	Administrative service providers (salaries, fees, commissions)	. 8f		_	in a				
g	Other expenses				2.31.72	A STATE OF S			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			(Section	978 978				
ī	Net Income (loss) (subtract line 8h from line 8c)	. BI		Property of	97.60 57.50	135000			
j	Transfers to (from) the plan (see instructions)				315) 5.5	99917			
Dai	t IV Plan Characteristics	· 8j		·					
b	9a If the plan provides bension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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	Ouring the plan year:			_	Yes	No	A-11-0-14		
a	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Field	Was there a failure to transmit to the plan any participant contributions within the time period described in					Amount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not it	nclude transactions reported	10a		X			
C	Was the plan covered by a fidelity bond?			<u> </u>	<u> </u>				
	Did the plan have # loss, whether or not reimbursed by the plan's	fidelity bon	of that was counsed by found	10c	X		250000		
	or dishonesty?			10d		X			
	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	በ፤ የ ክድ ከድሰብ	ifits under the bland (See	10e		х			
f	Has the plan falled to provide any benefit when due under the plan	n?			-	_	****		
g				10f		_ <u>x</u>	*****		
	If this is an Individual account plan, was there a blackout period?	ny participant loans? (If "Yes," enter amount as of year end.)			Х		46155		
	If 10h was answerfid "Yes," check the box if you either provided the	id "Yes," check the box if you either provided the required nation or one of the				Х			
i Adilah	exceptions to proviping the notice applied under 29 CFR 2520.101	I-3	*******************************	101					
	VI Pension Funding Compliance								
11	5500) and line 11a jelow).								
77a	Enter the dipaid maintain required contribution for current year fro	minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12	is this a defined contribution plan subject to the minimum funding	contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERICA2							
	to res, complete the 12s of lines 12b, 12c, 12d, and 12e below	se applicat	olo)			- 1			
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	a amodina	d le this plant was a section	tions,	and e	nter the	e date of the letter ruling Year		
	· · · · · · · · · · · · · · · · · · ·						7.001		

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Form 5500-SF	i uge - I I			to Till Milleton to a control of the
it you completed line	12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		,	
D Enter the minimum	required contribution for this plan year	12b	<u> </u>	
C Enter the amount			T	
d Subtract the amount	ontributed by the employer to the plan for this plan year	12c		
negative amount)	t in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d		
e Will the minimum f	inding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A
Part VII Plan Terr	inations and Transfers of Assets	*************	169	INO INVA
	erminate the plan been adopted in any plan year?		Yes X N	
If "Yes," enter the	mount of any plan assets that reverted to the employer this year	13a	Yes X N	10
b Were all the plan a	sets distributed to participants or beneficiaries, transferred to another plan, or brought under the		<u> </u>	∏ Yes ⊠ No
🕶 អ បណ្ឌាញ ព្រេះន ស្គារុង្គក្រ 🦞	ear, any assets or liabilities were transferred from this plan to another plan(s), identify the plant ullities were transferred. (See instructions.)	s) to		1 162 X 140
13c(1) Name of plan	annes were transletted. (348 instructions.)		10.4.4	
		13c(2) E	IN(s)	13c(3) PN(s)
Part VIII Trust Info	mation (optional)		W. a. *	
14a Name of trust		146 7	ruet's EIN	
:		140	ruets EIN	
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