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 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

For calend	Annual Repor								
	dar plan year 2014 or	fiscal plan year beginning 07/01/	2014	and ending 06/	30/2015				
A This re	A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must at of participating employer information in accordance with the form instructions)								
		a one-participant plan	a foreign plan	a foreign plan					
B This ret	turn/report is	the first return/report	X the final return/rep	ort					
		an amended return/report	a short plan year r						
C Check	box if filing under:	Form 5558	automatic extensi	on	DFVC pro	ogram			
		special extension (enter des	cription)						
Part II	Basic Plan Inf	formation—enter all requested i	nformation						
1a Name	of plan	S. 401K PROFIT SHARING PLAN			1b Three-digit plan numbe				
					(PN) •	002			
				1c Effective date of plan 07/01/1999					
2a Plan s	sponsor's name and a ABORATORIES, P.S	address; include room or suite num	ber (employer, if for a sir	ngle-employer plan)	' '	entification Number 1-0861589			
ZEO CIMIET I	BLVD, SUITE 5				-	elephone number 9-943-6060			
RICHLAND,					2d Business code (see instructions				
22 Dlan 6	administrator's name	and address XSame as Plan Spo			621510 3b Administrator's EIN				
Ja Plan a	administrator's name	and address Same as Plan Spo	nsor.		SD Administrate	DI S EIIN			
		the plan sponsor has changed sinc number from the last return/report.	e the last return/report fil	ed for this plan, enter the	4b EIN				
	sor's name	•							
5a Total	number of participan				4c PN				
b Total number of participants at the end of the plan year					4c PN 5a	6			
D Total	number of participan	ts at the beginning of the plan year ts at the end of the plan year			1				
C Numb	ber of participants wit	0 0 1 7	of the plan year (defined b	benefit plans do not	5a	C			
C Numb	per of participants wit lete this item)	ts at the end of the plan yearh	of the plan year (defined b	benefit plans do not	5a 5b	C			
C Numb comp d(1) To	ber of participants wit lete this item) tal number of active p	ts at the end of the plan yearh account balances as of the end o	of the plan year (defined l	benefit plans do not	5a 5b 5c 5d(1)	6 C C			
c Numb compl d(1) Tot d(2) To e Numbe	ber of participants wit lete this item)tal number of active p tal number of active p er of participants that	ts at the end of the plan year h account balances as of the end of the plan yearticipants at the beginning of the plan yearticipants at the end of the plan year.	of the plan year (defined because of the plan yearplan yeareareplan year with accrued because of the plan year with a contract with a	benefit plans do not	5a 5b 5c	(
c Number complete (1) Total d(2) Total e Number less the	ber of participants wit lete this item) tal number of active p tal number of active p er of participants that han 100% vested	ts at the end of the plan year	of the plan year (defined because of the plan year	benefit plans do not	5a 5b 5c 5d(1) 5d(2) 5e	(
c Number complete (1) To d(2) To e Number less the Caution: A Under pen SB or Sch	ber of participants wit lete this item)	ts at the end of the plan year h account balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary	plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess auctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if ap	oplicable, a Schedule			
c Number compiled (1) Total d(2) Total e Number less the Caution: A Under pen SB or Schelief, it is	ber of participants wit lete this item)	ts at the end of the plan year h account balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary	plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess auctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if ap	copplicable, a Schedule			
c Number complete (1) To d(2) To e Number less the Caution: A Under pen SB or Sch	ber of participants wit lete this item)	ts at the end of the plan year h account balances as of the end of the plan yearticipants at the beginning of the participants at the end of the plan yearticipants at the end of the plan year	plan year (defined because plan year with accrued because plan year with accrued because plan year will be assess auctions, I declare that I h	benefit plans do not benefits that were sed unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if ap and to the best of	oplicable, a Schedule my knowledge and			
c Number complete (1) To d(2) To e Number less the Caution: A Under pens SB or Schelief, it is SIGN HERE	ber of participants wit lete this item)	ts at the end of the plan year h account balances as of the end of the plan yearticipants at the beginning of the participants at the end of the plan yearticipants at the end of the plan year	plan year (defined by the plan year with accrued by the plan year with accrued by the plan year will be assess that I has a well as the electronic	benefit plans do not benefits that were sed unless reasonable cau ave examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if ap and to the best of	oplicable, a Schedule my knowledge and			
C Number composition of the comp	ber of participants wit lete this item)	ts at the end of the plan year	plan year (defined language) plan year pe plan year with accrued language provided by the plan year with accrued language provided by the plant in the plan	benefit plans do not benefits that were benefits that were sed unless reasonable cau ave examined this return/report c version of this return/report Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if ap and to the best of a signing as plan	opplicable, a Schedule my knowledge and administrator			
C Number composition of the comp	ber of participants wit lete this item)	ts at the end of the plan year	plan year (defined language) plan year pe plan year with accrued language provided by the plan year with accrued language provided by the plant in the plan	benefit plans do not benefits that were benefits that were sed unless reasonable cau ave examined this return/report c version of this return/report Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e see is established ont, including, if ap and to the best of ual signing as plan ual signing as emp	opplicable, a Schedule my knowledge and administrator			

	Form 5500-SF 2014		Page 2						
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes X Yes	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA section 40)21)?		Yes	∐ No ∐ ſ	Not deteri	mined
Par –									
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of	Year	0
	Total plan assets	7a 7b	15849	900					0
	Total plan liabilities	15849	166					0	
	Net plan assets (subtract line 7b from line 7a)	7c		,00			(b) T-	I	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	tai	
	(1) Employers	8a(1)	11	36					
	(2) Participants	8a(2)	144	194					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	204	167					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						360	97
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16057	27					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	153	336					
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						16210	63
	Net income (loss) (subtract line 8h from line 8c)	8i						-15849	66
	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics	<u> </u>	l						
b	2E 3D 2H 2J 2K 2A 2F 2R If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instruction	ns:	
10	During the plan year:				Yes	No	Α	mount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ			
c	Was the plan covered by a fidelity bond?			10c	X				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
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?n		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	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)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	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	ection (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 beir granting the waiver.	-			, and e	enter th Day		e letter ru 'ear	ling

	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	Will t	he 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?			. 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

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 Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2014 or f	scal plan year beginning	07/01/2014	and ending	06/30/	2015				
A This ret	curn/report is for:	x a single-employer plan	of participating employ	e-employer plan (not multiemployer) (Filers checking this box must attach a list pating employer information in accordance with the form instructions)						
D Total		a one-participant plan	a foreign plan X the final return/report							
B This retu	ırn/report is	the first return/report	a short plan year return/report (less than 12 months)							
		an amended return/report	a short plan year return	meport (less than 12 m	ionins)					
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri	nption)							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name of plan CLINICAL LABORATORIES, P.S. 401K PROFIT SHARING I					1b Three-digi plan numb (PN) ▶					
						ate of plan 1999				
	ponsor's name and ac AL LABORATORI	Idress; include room or suite numbers, $P.S.$	er (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-0861589					
750 SW1	IFT BLVD, SUI	TE 5			2c Sponsor's 509-943	telephone number				
,50 5/13	III BEVD, BOI					ode (see instructions)				
RICHLAN	ND	WA 99352			621510					
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.		3b Administrator's EIN					
					3c Administra	tor's telephone number				
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
	, EIN, and the plan nu or's name	mber from the last return/report.			4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	6				
b Total r	number of participants	at the end of the plan year	***************************************		5b	0				
comple	ete this item)	account balances as of the end of			5c	0				
d(1) ⊤ota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	4				
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	0				
		erminated employment during the p			5e	0				
		or incomplete filing of this return			use is establishe	d.				
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, a plete.								
SIGN	Su 3	ny	1/5/2015	SUE LONG						
HERE	Signature of plan a	administrator	Date	Enter name of individ	dual signing as pla	n administrator				
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor				
Preparer's	name (including firm i	name, if applicable) and address (ii	nclude room or suite numbe	r) (optional)	Preparer's telep	hone number (optional)				

Form 5500-SF 2014	Form 5500-SF 2014 Page 2						
 Were all of the plan's assets during the plan year invest Are you claiming a waiver of the annual examination an under 29 CFR 2520.104-46? (See instructions on waive If you answered "No" to either line 6a or line 6b, the If the plan is a defined benefit plan, is it covered under the 	d report of an independe r eligibility and condition plan cannot use Form	nt qualified public accounta s.)5500-SF and must instead	nt (IQI	PA) Form	5500.	X Yes No	
Part III Financial Information							
7 Plan Assets and Liabilities	CLESS.	(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets	7a		3496	6			
b Total plan liabilities							
C Net plan assets (subtract line 7b from line 7a)	7с	158	3496	6		(
8 Income, Expenses, and Transfers for this Plan Year	25.13	(a) Amount		\top		(b) Total	
Contributions received or receivable from: (1) Employers	8a(1)	, in the second	113	6			
(2) Participants	8a(2)		1449	4			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	2	2046	7	5- I		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8с					36097	
d Benefits paid (including direct rollovers and insurance pr to provide benefits)		160	0572	7	6 57E		
e Certain deemed and/or corrective distributions (see instr	uctions) 8e						
f Administrative service providers (salaries, fees, commiss	sions) 8f]	1533	6	15		
g Other expenses	8g			14			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		100			1621063	
i Net income (loss) (subtract line 8h from line 8c)	8i	. Little City			-158496		
j Transfers to (from) the plan (see instructions)	8j				TO ME		
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicab 2E 3D 2H 2J 2K 2A 2F 2R b If the plan provides welfare benefits, enter the applicable							
b If the plan provides welfare benefits, enter the applicable	e welfare feature codes f	from the List of Plan Charac	teristic	Cod	es in th	e instructions;	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
Was there a failure to transmit to the plan any participa 29 CFR 2510.3-102? (See instructions and DOL's Vol			10a		х		
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				х		
C Was the plan covered by a fidelity bond?			10c	Х		150000	
d Did the plan have a loss, whether or not reimbursed by or dishonesty?			10d		х		
Were any fees or commissions paid to any brokers, ag insurance service, or other organization that provides s instructions.)	ents, or other persons by	y an insurance carrier, s under the plan? (See	10e		х		
f Has the plan failed to provide any benefit when due un			10f		Х		
g Did the plan have any participant loans? (If "Yes," ente			10g		х		

Χ

10h

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

	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			
С	Enter the amount contributed by the employer to the plan for this pl	lan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the	he 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?		X Y	es No		-
	If "Yes," enter the amount of any plan assets that reverted to the er	mployer this year	. 13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					X Yes	No
С	If during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)		to			
	3c(1) Name of plan(s):	2	13c(2) Elf	V(s)	13c(3) F	PN(s)
Do-t	VIII. Target Information (antional)					
	VIII Trust Information (optional)		14h ~			
148	Name of trust		140 Tr	ust's EIN		