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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

| P | ension Benefit Guaranty Corporation | ▶ Complete all entries in accor | dance witl | h the instructions to the Form 550 | 0-SF. | 1 | | | |
|------|--|---|--------------|--|---|---|--|--|--|
| | | dentification Information | | | | | | | |
| For | calendar plan year 2010 or fisc | al plan year beginning 01/01/201 | 0 | and ending 1 | 2/31/2 | 2010 | | | |
| Α. | This return/report is for: | single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participant plan | | | |
| В | This return/report is for: | first return/report | n/report | | _ | | | | |
| | | an amended return/report | short plan | year return/report (less than 12 mor | nths) | | | | |
| C | Check box if filing under: | Form 5558 | automatic | extension | | DFVC program | | | |
| | | special extension (enter description | on) | | | _ | | | |
| Pa | rt II Basic Plan Inforr | mation—enter all requested inform | ation | | | | | | |
| | Name of plan | Tidelett onto an requested inform | ation | | 1b | Three-digit | | | |
| | NSULA OPTICAL LAB, INC 40 | 1(K) PROFIT SHARING PLAN | | | | plan number 001 | | | |
| | | | | | | (PN) • | | | |
| | | | | | 1c | Effective date of plan | | | |
| | <u> </u> | | | | 26 | 01/01/2002 | | | |
| | Plan sponsor's name and addr NSULA OPTICAL LAB, INC | ess (employer, if for single-employer | plan) | | 2b Employer Identification Number (EIN) 91-1386333 | | | | |
| | | | | | 2c | Plan sponsor's telephone number | | | |
| | NE FRANKLIN AVE MERTON, WA 98311 | | | | | 360-478-8975 | | | |
| DIVL | WEITTON, WA 30311 | | | | 2d | Business code (see instructions) 621320 | | | |
| 32 | Plan administrator's name and | address (if same as Plan sponsor, e | ntor "Same | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 3h | Administrator's EIN | | | |
| PENI | NSULA OPTICAL LAB, INC | 1631 NE FR | ANKLIN A\ | /É | 35 | 91-1386333 | | | |
| | | BREMERTO | N, WA 983 | 311 | 3с | Administrator's telephone number | | | |
| | | | | | 360-478-8975 | | | | |
| | • | an sponsor has changed since the la er from the last return/report. Sponso | | port filed for this plan, enter the | 4b EIN | | | | |
| | iame, Env, and the plan numbe | or morn the last retain propert. Opened | or o marrie | | 4c PN | | | | |
| 5a | Total number of participants at | t the beginning of the plan year | | | 5a | 36 | | | |
| b | Total number of participants at | t the end of the plan year | | | 5b | 34 | | | |
| С | Total number of participants w | ith account balances as of the end o | f the plan y | rear (defined benefit plans do not | | | | | |
| | complete this item) | | | | 5c | 29 | | | |
| 6a | Were all of the plan's assets of | during the plan year invested in eligib | le assets? | (See instructions.) | | Yes No | | | |
| b | | ne annual examination and report of | | | | X Yes ☐ No | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | |
| Pa | rt III Financial Informa | · | 01111 0000 | or and muct motoda acc r crim co | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year | | | |
| - | Total plan assets | | . 7a | 758509 |) | 847038 | | | |
| b | . o.a. p.a accord | | | | | | | | |
| C | · | 7b from line 7a) | | 758509 | 9 8470 | | | | |
| 8 | Income, Expenses, and Trans | | | (a) Amount | (b) Total | | | | |
| a | Contributions received or received | | | | | (2) 10121 | | | |
| | (1) Employers | | . 8a(1) | 33953 | 53 | | | | |
| | (2) Participants | | . 8a(2) | 46716 | 5 | | | | |
| | (3) Others (including rollovers | ·) | . 8a(3) | | | | | | |
| b | Other income (loss) | | . 8b | 66551 | | | | | |
| С | Total income (add lines 8a(1), | 8a(2), 8a(3), and 8b) | . 8c | | | 147220 | | | |
| d | | rollovers and insurance premiums | . 8d | 58691 | I | | | | |
| е | | tive distributions (see instructions) | . 8e | | | | | | |
| f | | rs (salaries, fees, commissions) | | | | | | | |
| g | Other expenses | | . 8g | | | | | | |
| h | · | 8e, 8f, and 8g) | | | | 58691 | | | |
| i | | e 8h from line 8c) | | | | 88529 | | | |
| i | | ee instructions) | | | | | | | |

| | Form 5500-SF 2010 Page 2- | | | | | | | | |
|-----|--|-----|---|---|--------|--|--|--|--|
| ar | t IV Plan Characteristics | | | | | | | | |
| 3 | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2E 2J 2K 3D | | | | | | | | |
|) | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | | |
| ırt | rrt V Compliance Questions | | | | | | | | |
|) | During the plan year: | | | | 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 | | | | | |
| 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 | X | | 30000 | | | | |
| 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 | | | | | |

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.) Has the plan failed to provide any benefit when due under the plan? 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 10h 2520.101-3.) 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 complete Schedule SB (Form Yes 5500))......______ 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 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver......Month _ Dav If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... 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? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... 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): 13c(2) EIN(s) 13c(3) PN(s)

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 true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 03/30/2011 | BLAYNE ROLLMAN | | | | |
|------|---|------------|--|--|--|--|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator | | | | |
| SIGN | Filed with authorized/valid electronic signature. | 03/30/2011 | BLAYNE ROLLMAN | | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 6058(a) of the Internal Revenue Code (the Code).

2010

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public

| | Pension Benefit Guaranty Corporation | ► Complete all entries in acc | ordance wit | th the instruct | ions to the Form 550 | M-SE | Ins | pection | | | |
|-----|---|--|---|---------------------------------------|-------------------------|--|------------------------------------|-------------------|--|--|--|
| P | art I Annual Report Id | dentification Information | or dance with | ar the matruct | ions to the rorm 550 | U-31 | | | | | |
| For | the calendar plan year 2010 or | 12/31/2010 | | | | | | | | | |
| Α | This return/report is for: | x single-employer plan | multiple-e | əmployer plan (r | not multiemployer) | Γ | one-participar | nt plan | | | |
| В | This return/report is for: | | | | | | | ii paii | | | |
| | · | an amended return/report | ద | • | port (less than 12 mont | he) | | | | | |
| _ | Check box if filing under: | Form 5558 | Ħ | c extension | on hess than 12 mont | .115 <i>)</i> | 1 55/0 | | | | |
| • | Check box it ming under. | special extension (enter descripti | I | C extension | | L | DFVC program | n | | | |
| _ | | <u> </u> | | | | | | | | | |
| | art II Basic Plan Infor Name of plan | mation enter all requested in | formation. | | | 41 | | | | | |
| ıa | Name of plan | | | | | | Three-digit Dian number | | | | |
| | PENINSULA OPTICAL LAB | , INC 401(K) PROFIT SHA | RING PLAN | 1 | | . (| PN) ► | 001 | | | |
| | | | | | | 1c Effective date of plan | | | | | |
| 2a | Plan sponsor's name and addre | ess (employer, if for single-employer | r nlan) | | | 01/01/2002 | | | | | |
| | PENINSULA OPTICAL LAB | | i piani | | | 2b Employer Identification Number (EIN) 91-1386333 | | | | | |
| | 1624 1 | | | | | 2c Plan sponsor's telephone number | | | | | |
| | 1631 NE FRANKLIN AVE | | | | | | 360) 478-8 | | | | |
| σs | BREMERTON | WA 98311 | | | | | Business code (s 5 21320 | see instructions) | | | |
| 3a | · · · · · · · · · · · · · · · · · · · | address (If same as plan employer, | enter "Same | o") | | | dministrator's E | in | | | |
| | Same | | | | | | | | | | |
| | | | | | | 3c Administrator's telephone number | | | | | |
| | | | | | | | | | | | |
| 4 | If the name and/or EIN of the pl | an sponsor has changed since the | last retum/re | port filed for this | plan, enter the | 4b EIN | | | | | |
| | name, EIN and the plan numbe | r from the last return/report. Sponso | or's Name | • | | 4c PN | | | | | |
| 5a | Total number of participants at t | the beginning of the plan year | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| b | | the end of the plan year | | | | 5b | | 36 34 | | | |
| C | Total number of participants wit | h account balances as of the end of | f the plan yea | ar (defined bene | fit plans do not | | _ | | | | |
| | | | | | | 5c | | 29 | | | |
| b | | ring the plan year invested in eligible annual examination and report of a | | | | | | X Yes No | | | |
| _ | under 29 CFR 2520.104-46? (S | ee instructions on waiver eligibility a | an independe and condition | ent qualified pub s.) | , , | | | X Yes No | | | |
| | | r 6a or 6b, the plan cannot use Fo | | | ead use Form 5500. | | | EE | | | |
| Pa | rt III Financial Inform | ation | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Be | eginning of Year | | (b) End o | of Year | | | |
| а | Total plan assets | | . 7a | | 758,509 | | | 847,038 | | | |
| b | Total plan liabilities | | . 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b | from line 7a) | . 7c | | 758,509 | | | 847,038 | | | |
| 3 | Income, Expenses, and Transfe | rs for this Plan Year | | (| a) Amount | , la | (b) To | otal | | | |
| а | Contributions received or received | able from: | | | | | 皇子 生成分 | | | | |
| | (1) Employers | • | . 8a(1) | | 33,953 | - | | | | | |
| | (2) Participants | • | . 8a(2) | | 46,716 | | | | | | |
| b | (3) Others (including rollovers). Other income (loss) | | . 8a(3) | | <i>ee</i> | | | | | | |
| c | Total income(add lines 8a(1), 8a | | . 8b | | 66,551 | | | | | | |
| ď | Benefits paid (including direct ro | illovers and insurance premiums | · 8c | | | THE COLUMN | | 147,220 | | | |
| | to provide homefite) | | . 8d | | 58,691 | The second | | | | | |
| е | Certain deemed and/or corrective | ve distributions (see instructions) . | *************************************** | | | | | | | | |
| f | Administrative service providers | (salaries, fees, commissions) | . 8f | | | | | | | | |
| g | Other expenses | · · · · · · · · · · · · · · · · · · · | · 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e | e, 8f, and 8g) | . 8h | | | | | 58,691 | | | |
| i | | th from line 8c) | | | | | | 88,529 | | | |

| | | Form 5500-SF 2010 | | Page 2- | | | | | | |
|----------|--|--|--|--------------------------------------|-------------|------------|---------------------|---------------------------|--------------------------|--|
| Pa | rt IV | Plan Characteristics | | | | | | | | |
| 9a | If the | plan provides pension benefits, enter the applicable pension of the control of th | | | | | | | | |
| Pa | rt V | Compliance Questions | | | | | | | | |
| 10 | Dur | ng the plan year: | | | | Yes | No | | Amount | |
| а | Wa: | s there a failure to transmit to the plan any participant contri | bution within the time per | iod described | | 10a | x | | | |
| b |) We | CFR 2510.3-102? (See instructions and DOL's Voluntary Fice there any nonexempt transactions with any party-in-interent 10a.) | est? (Do not include trans | actions reporte | ed | 10b | х | | | |
| c | : Wa | the plan covered by a fidelity bond? | | | | 0c x | 1 | | | 30,00 |
| d | Did | the plan have a loss, whether or not reimbursed by the plan shonesty? | s fidelity bond, that was | caused by frau | ıq | 0d | x | | | 30,00 |
| е | insu | e any fees or commisions paid to any brokers, agents, or or rance services or other organization that provides some or uctions.) | ther persons by an insura all of the benefits under t | he plan? (See | 1 | 0e | x | | | <u> </u> |
| f | Has | the plan failed to provide any benefit when due under the p | olan? | | | Of | х | | | |
| g | Did | the plan have any participant loans? (If "Yes," enter amount | t as of year end.) | | | 0a | х | | | |
| h | l If th | s is an individual account plan, was there a blackout period | ? (See instructions and 2 | 9 CFR | Γ | 0h | х | | | |
| i | exc | h was answered "Yes," check the box if you either provided options to providing the notice applied under 29 CFR 2520.1 | the required notice or or 101-3 | ne of the | 1 | 01 | | | | |
| | | Pension Funding Compliance | | | | ww | | | | |
| 11 | 1s th 550 | is a defined benefit plan subject to minimum funding require | ements? (If "Yes," see in: | structions and | complete | Schedu | ile SB (| (Form | □Yes | s X No |
| 12 | ls th | is a defined contribution plan subject to the minimum fundir | | | | | | | | x No |
| а | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | |
| lf | you c | empleted line 12a, complete lines 3, 9, and 10 of Schedu | ile MB (Form 5500), and | skip to line 1 | 3. | - | | , | | |
| b | | r the minimum required contribution for this plan year | | | | | 12b | | | |
| c d | | r the amount contributed by the employer to the plan for this | | | | ٠ . | 12c | <u> </u> | | ······································ |
| | neg | ract the amount in line 12c from the amount in line 12b. Entitive amount) | | • • • • | | [| 12d | | | |
| e Par | t VII | the minimum funding amount reported on line 12d be met be Plan Terminations and Transfers of Asse | | <u> </u> | • • | | • • | Yes | ∐No_ | □ N/A |
| | Name and Address of the Owner, where the Owner, which is the Owner | a resolution to terminate the plan been adopted during the | | | | | | | | X No |
| ··· | If "Y | es," enter the amount of any plan assets that reverted to the | pian year or any prior yea e emplover this year | ir/• • • • | | | 13a | · · · · | . Lites | [X]NO |
| b | | e all the plan assets distributed to participants or beneficiarie | | | | | | | | |
| С | of th | e PBGC? | · · · · · · · · | | | | • • • | | . TYes | ХNо |
| | | Name of plan(s): | | | | 1: | 3c(2) E | iN(s) | 13c(3 |) PN(s) |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Caut | ion: A | penalty for the late or incomplete filing of this return/rep | ort will be assessed ur | less reasonal | ble caus | e is esta | blishe | d. | | |
| 3B 0 | r Sche | ties of perjury and other penalties set forth in the instruction lule MB completed and signed by an enrolled actuary, as we ue, correct, and complete. | s, I declare that I have ex elf as the electronic version | camined this re on of this return | tum/report, | ort, inclu | ding, if ne best | applicable, of my knov | a Schedule vledge and | 3 |
| SIC | aN | | | | | | **** | | | |
| | Cheffel | gnature of plan administrator | Date / | Enter name | of individ | dual sign | ing as | plan admini | istrator | |
| SIC | IN / | Slame W. Mman | 3/24/2011 | | | | | , aaiiiiii | 2 | |
| HE | CONTRACT OF | gnature of employer/plan sponsor | Date | Enter name | of individ | dual sign | ing as | employer o | r plan spon | sor |
| | | | | , | 3GIVIC | Jigii | 9 43 | omployer O | pian spon | 501 |