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 wit	h the instructions to the Form 550	0-SF.	1
		Identification Information				
For	calendar plan year 2010 or fis	ccal plan year beginning 01/01/201	10	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
	This return/report is for:	first return/report				
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)	
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program
	J	special extension (enter description	on)			
Da	art II Basic Plan Info	rmation—enter all requested inform				
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit
	•	TON 401(K) PROFIT SHARING PLAN	J		1.5	plan number
			•			(PN) ▶ 002
					1c	Effective date of plan
						01/01/1997
		dress (employer, if for single-employer	r plan)		2b	Employer Identification Number 91-1013662
EYE	CLINIC OF BREMERTON, IN	C. P.S.			20	(LIIV)
3260	NW MOUNT VINTAGE WAY				20	Plan sponsor's telephone number 360-698-9500
SILV	ERDALE, WA 98383-6000				2d	Business code (see instructions)
						621111
3a	Plan administrator's name an CLINIC OF BREMERTON, IN	d address (if same as Plan sponsor, e C. P.S. 3260 NW M	enter "Same	e")	3b	Administrator's EIN 91-1013662
LIL	CLINIC OF BREWERTON, IN	SILVERDAL		20		
					30	Administrator's telephone number 360-698-9500
4	f the name and/or EIN of the p	4b EIN				
1	name, EIN, and the plan numb	per from the last return/report. Sponso	or's name			
	_					PN
5a	5a Total number of participants at the beginning of the plan year				5a	25
b	b Total number of participants at the end of the plan year					29
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					25
	<u> </u>				5c	
	•	during the plan year invested in eligib		,		Yes No
D		the annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No
		ther 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Inforn	nation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	2528267	7	2943065
b	Total plan liabilities		7b	2090)	0
С	Net plan assets (subtract line	e 7b from line 7a)	. 7с	2526177	7	2943065
8	Income, Expenses, and Tran			(a) Amount		(b) Total
а	Contributions received or rec					(1)
	(1) Employers		. 8a(1)	132041	_	
	(2) Participants		8a(2)	79054	<u> </u>	
	(3) Others (including rollover	rs)	. 8a(3)			
b	Other income (loss)		8b	246138	3	
С	Total income (add lines 8a(1)), 8a(2), 8a(3), and 8b)	. 8c			457233
d		t rollovers and insurance premiums	8d	40345	5	
е		ctive distributions (see instructions)			_	
f		ers (salaries, fees, commissions)				
		,				
g	•	00 0f and 0a)				40345
h :		l, 8e, 8f, and 8g)				416888
! :		ne 8h from line 8c)				
J	rransiers to (iroin) the plan (see instructions)	8i	i		

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		•	
Part IV	l Plan	Charac	tarietice
I all IV	ı ıaıı	Ollarac	ici ialici

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3B 3D 9a

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes fr	om the I	List of Plan Chara	cterist	ic Co	des in t	the instru	ctions		
art	: V	Compliance Questions									
0	Du	uring the plan year:				Yes	No		Ame	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within the 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correctio			10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include I line 10a.)			10b X						
С	1100 110 pier 100 25, 2 1100 11, 2012										000000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
е	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.)										
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X					
g	Dio	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								19979	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)										
i		10h was answered "Yes," check the box if you either provided the required noti ceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
art		Pension Funding Compliance									
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," 00))								Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									X No	
а	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in anting the waiver.									
lf y	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	En	ter the minimum required contribution for this plan year					12b				
		ter the amount contributed by the employer to the plan for this plan year					12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (entegative amount)		-			12d	_			7
е	Wi	Il the minimum funding amount reported on line 12d be met by the funding dea	dline?					Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets									_
3а	Ha	is a resolution to terminate the plan been adopted during the plan year or any ${\mathfrak p}$	orior yea	r?						Yes	X No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this ye	ear				13a				
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
С		during this plan year, any assets or liabilities were transferred from this plan to nich assets or liabilities were transferred. (See instructions.)	another	plan(s), identify th	e plar	n(s) to	1				
1	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)			13c(3)	PN(s)		
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be ass	sessed u	unless reasonabl	e cau	se is	establ	ished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that the shedule MB completed and signed by an enrolled actuary, as well as the electrons true, correct, and complete.	l have	examined this retu	rn/rep	ort, ir	cluding	g, if applic			
0:0:		Filed with authorized/valid electronic signature. 08/19/2011		PAUL KREMER							
Sigi	N										

SIGN	Filed with authorized/valid electronic signature.	08/19/2011	PAUL KREMER
HERE	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

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

OMB Nos. 1210-0110 1210-0089

2010

En	Department of Labor oployee Senette Security Administrations		y Act of 1974 (i il Revenue Cod	ERISA), and section 6058(a) of ie (tha Code).	th e		s Open to Public pection
P	ension Senetit Gueranty Corporation	> Complete all entries in acc	ordance With 1	he instructions to the Form 5	500-8F.		Province:
P	ert i Annual Report k	dentification information					
For	calender plan year 2010 or fisc	al plan year beginning	01/01/20			12/31/201	.0
A 1	This return/report is for:	x single-employer plan	₩	ployer plen (not multiemployer)	ĺ	one-participa	nt plan
В	This return/report is for:	first return/report	final return/	•			•
		n amended return/report	short plan y	ear return/report (less than 12 t	nonths)		
C	Check box if filing under:	🕅 Form 5558	automatic e	xdension		DFVC progre	ım ·
		special extension (enter descrip	 etion)				
D	rt II Basic Plan Infor	mation enter all requested info	mation				
	Name of plan	the state of the same and a state of the state of the same and the sam			1b	Three-digit	1,
	Pacific Eyecare of	Bremerton 401(k)	-			plan number	002
	Profit Sharing Pla	n				(PN) >	
	,					Effective date of 01/01/199	
7-		rese (ampleyer if for single emple	(ac pisn)				· · · · · · · · · · · · · · · · · · ·
***	Eye Clinic of Brem	ress (employer, if for single-employ erton, Inc. P.S.	(wi pimil)	•		(EIN) 91-101	fication Number 3662
					2c	Plan sponsor's	elephone number
	3260 NW Mount Vint	age Way			0.4	(360) 698-	see Instructions)
	Silverdale			WA 98383-6000	Zq	621111	see (Retructions)
		l address (if same as Plan sponsor	, enter "Same")		3b	Administrator's	EIN
					3c	Administratorie	telephone number
	esi	an sponsor has changed aince the	land and over from	or filed for this piece anter the	4b	EIN	
4 n	rkne name and/or ally of the pr name. EIN, and the plan numb	an sponsor has changed aince the ar from the last return/report. Spor	រន់លេខ បុគ្គប្រទ. នេស នេយសសមាន	or were for this histi's direct tris	-413		
				معالي وروان المعالم ال	4c	PN .	
5a	Total number of participants a	it the beginning of the plan year			<u>5a</u>		2.
b	Total number of participants a	it the end of the plan year			<u>5</u> b		2:
C		vith account balances as of the end					2.
	Y , ',, '	during the plan year invested in six		•			X Yes No
02I	Are you claiming a waiver of	the annual examination and report	of an independ	lest qualified public accountant	(IOPA)		
-	under 29 CFR 2520.104-467	(See instructions on walver eligibili	ty and condition	1B.)		***************************************	X Yes ∐ No
		her 6a or 6b, the plan cannot use	Form 5500-8	and must instead use Form	550 0.		
Pa	<u>rt III Financial Inform</u>	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year	0.50	(b) End	of Year
а				2,528,			2,943,06
b	•			La Lauden	0.90		0 040 06
Ç	Net plan assets (subtract line	7b from line 7a)	7c	2,526,	177		2,943,06
8	Income, Expenses, and Trans			(a) Amount		(b) 1	(ota)
2	Contributions received or received or received.	sivable from:	8a(1)	132,	041		
		,,,,,		79,	054		
	• • • • •	5)	P	246,	138		
		6-10: 0-10: ±24.0h3					457,23
Ç di		, 8a(2), 8a(3), and 8b) rollovers and insurance premiums			-		, , , , , , ,
Ų		TOTO AND RELIGIOUS DISTRICTOR PROGRAMMENTO		40,	345		
•	•	tive distributions (see instructions)					
f		ers (sajaries, fees, commissions)					
g	·					-	
ĥ	•	8e, 8f, and 8g)				-	40,34
Ĭ	•	e 8h from line 8c)					416,88
j	, , ,	se Instructions)				, , , , , , , , , , , , , , , , , , , ,	
FOLI		d OMB Control Numbers, see the Instru		560- a r.		one of the same of	Form 8800-8F (2010)

SIGN HERE

Signature of employer/plan sponsor

Enter name of Individual signing as employer or plan sponsor

		Form 5500-SF 2010	Pag	ge 2-						
Par	t IV	Plan Characteristics								
9a		plan provides pension banefits, enter the applicable pension feat	ure codes from the L	list of Plan Char	acteris	itic Co	das in i	the instruct	ions:	
b	X if the	2E 3B 3D plan provides welfare benefits, enter the applicable welfare feature.	ire codes from the L	ist of Plan Chare	cterie	tic Co	dea in ti	he instructi	one:	
Parl	įν	Compliance Questions		1 1000				,		
10	Dur	ing the plan year.				Yes	No		Amount	
	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction Prograi	m)	10a		х	- N		
b	on I	re there any nonexempt transactions with any party-in-interest? (Cline 10s.)			10Ь		х			
C		s the plan covered by a fidelity bond?			10¢	X			1,00	0,00
d	of d	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10d		х			
8	inst	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		x			
1	Has	the plan failed to provide any benefit when due under the plan? .		***************************************	10f		х			
а	Dłd	the plan have any participant loans? (if "Yes," enter amount as of	year end.)	*******	10g	х			1	9,97
h	If th	is is an Individual account plan, was there a blackout period? (Sec 0.101-3.)	instructions and 29	CFR	10h	and Sec	ж			
1	If 10 exc	Oh was answered "Yes," check the box if you either provided the re- eptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or one	e of the	101					
Parl	t VI	Pension Funding Compliance lis a defined benefit plan subject to minimum funding requirements								
	ls ti (if ''' ti a '	C)) his a defined contribution plan subject to the minimum funding req Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a nting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule M	uirements of section e.) mortized in this plan	1 412 of the Code 1 year, see instru	e or se ctions ith	ection :	302 of E	ERISA? e date of th	Yes	ng
iī In	you t	or the minimum required contribution for this plan year	o (rotin boob), and	grip to mie to.	1	Γ	12b			
		or the amount contributed by the employer to the plan for this plan					12c			,
đ	Sub	tract the amount contibuted by the employer to the plan for the part tract the amount in line 12c from the amount in tine 12b. Enter the ative amount)	reşult (enter a minu	es sign to the left	of a		1 2 d			
9	_	the minimum funding amount reported on line 12d be met by the						YB48	No [N/A
Peri	ı VII	Plan Terminations and Transfers of Assets						4.45		
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior year		.=				Yes	X No
	If "Y	'es." enter the amount of any plan assets that reverted to the emp	loyer this year		*** *** ****		139			
þ	Wei of ti	re all the plan assets distributed to participants or beneficiaries, tra	inaferred to another	plan, or brought	unde	the o			Yes	X No
Ç	lf di Whi	uring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred, (See Instructions.)	this plan to another i	plan(s), identify t	he pla			h 12S	45.75	DEI(-)
وجيدارانين	13c(1) Name of plan(s):	······································		+	12	c(2) E	N(B)	13c(3)	PIN(B)
		A Market								
					Ī					
					<u> </u>			V	<u>,</u>	
Çau	tion:	A penalty for the late or incomplete filling of this return/report	will be assessed u	miese reaecnat	ole ca	uşe is	eetabl	lehed.	hia a Bah	adi ila
Und SB c	er per or Sch	naities of perjury and other pensities set forth in the instructions, i redule MB completed and signed by an enrolled actuary, as well a	declare that I have o	examined this ret	urn/re	cort. I	ndludini	u, if applica	ible, a Scho	edule and
Und SB c	er per or Sch ef, it la	alling of actual and other magnifice ant forth in the instructions. I	declare that I have o	examined this ret	urn/re /repor	cort. I	ndludini	u, if applica	ble, a Scho cnowledge	edule and

Date