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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in actions	cordance wit	h the instructions to the Form 5500	O-SF.	,			
P	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01,	/2011	and ending 1	2/31/2	2011			
Α	This return/report is for:	e-employer plan (not multiemployer)		a one-particip	ant plan			
		l.						
Ь								
	an amended return/report	an year return/report (less than 12 mo	onths)	_				
С	Check box if filing under: Form 5558	extension		DFVC progra	m			
	special extension (enter description)	ription)						
D:	art II Basic Plan Information—enter all requested inf	formation						
	<u> </u>	Offiation		1h	Three-digit			
	Name of plan EORETINAL ASSOCIATES RETIREMENT SAVING PLAN AND	TDUST		ID	plan number			
VIIIX	LOKETINAL AGGOCIATES RETIREMENT SAVING FEAR AND	7 11001			(PN) ▶	003		
				10	Effective date of			
					01/01/			
2a	Plan sponsor's name and address; include room or suite number	er (employer it	for a single-employer plan)	2h	Employer Identif		ar.	
	REORETINAL ASSOCIATES	ci (ciripioyer, ii	Tor a single employer plant		(EIN) 86-096		5 1	
					Sponsor's teleph			
				20	206-343			
	MADISON STREET, SUITE 1002 ITLE, WA 98104-1360			24	Business code (20)	
JLA	TTEE, WA 90104-1300			Zu	62111		15)	
20	Disconderinistratoria access and address (if some access and address)		.,,,	2 h				
	Plan administrator's name and address (if same as plan sponsor EORETINAL ASSOCIATES 1220 MA		ET, SUITE 1002	30	Administrator's E 86-09			
		E, WA 98104-1		3c	Administrator's t	elephone num	her	
					206-343			
4	If the name and/or EIN of the plan sponsor has changed since	the last return/	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.		, ,					
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a			46	
b	Total number of participants at the end of the plan year			5b				
				JD			51	
С	Number of participants with account balances as of the end of complete this item)		•	5c			51	
62	Were all of the plan's assets during the plan year invested in e				I	X Yes	No	
b		· ·	,			A 103	110	
D	under 29 CFR 2520.104-46? (See instructions on waiver eligib					× Yes	No	
	If you answered "No" to either 6a or 6b, the plan cannot us	•	,				J	
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor		
· .		_	3617689		(b) Eliu	4068188		
a	Total plan assets							
b	Total plan liabilities	7b	3803			492		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с	3613886			4067696)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		207427					
	(1) Employers	8a(1)	297437					
	(2) Participants	8a(2)	169664					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	25003					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					492104		
d	Benefits paid (including direct rollovers and insurance premium							
u	to provide benefits)		35029					
е	Certain deemed and/or corrective distributions (see instructions							
f	Administrative service providers (salaries, fees, commissions).							
	, , , , , , , , , , , , , , , , , , , ,		3265					
g	Other expenses		3203			0000		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				38294		
i	Net income (loss) (subtract line 8h from line 8c)	8i				453810		
j	Transfers to (from) the plan (see instructions)	····· 8j						

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⊢∩rm	5500-5	ト ンロココ	

Page 2	- 1
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Part IV	Plan	Characteristics
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- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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)	10a		X	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
Was the plan covered by a fidelity bond?	10c	Χ		5000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
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.)	10e		X	
Has the plan failed to provide any benefit when due under the plan?	10f		X	
J Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		82
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			
t VI Pension Funding Compliance				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of ER	ISA? Yes 🛚 Yes
(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 instru	ctions.	and c	mtartha .	
granting the waiver	nth			
granting the waiver	nth			
	nth	 [Day	
granting the waiver	of a	 [Day	
granting the waiver	of a	 [[12b 12c 12d	
granting the waiver	of a	 [[12b 12c 12d	Year
granting the waiver	of a	[Day	YearYes No N/
granting the waiver	of a		Day	YearYear
granting the waiver	of a		Day	YearYearYes No N/
granting the waiver	of a	3a	Day	YearYear
granting the waiver	of a	3a	Day	YearYearYes No N/
granting the waiver	of a	3a the co	Day	YearYear
granting the waiver	of a	3a the co	Day	YearYear
granting the waiver	of a	33a the cc	Day	Yes No N/ Yes No N/ Yes X No 13c(3) PN(s

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/27/2012	CRAIG WELLS
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

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		Identification Information					10/01/0011
For	alendar plan year 2011 or fis		01/01/2	011 and 6	ending		12/31/2011
A 1	his return/report is for:	X a single-employer plan	a multiple-	employer plan (not mul	tiemployer)	[a one-participant plan
В	s return/report is: the first return/report the final return/report						
	·	an amended return/report	a short pla	n year return/report (les	s than 12 mon	ths)	
C	Check box if filing under:	Form 5558	automatic	extension			DFVC program
		special extension (enter description	n)				
Pa	rt II Basic Plan Info	rmation—enter all requested information					A STATE OF THE STA
	Name of plan	The second of th				1b	Three-digit
		ates Retirement Saving	Plan a	nd Trust			plan number 003
				<u> </u>		(PN)	
							Effective date of plan 01/01/1999
2a	Plan sponsor's name and ad	dress; include room or suite number (e	mplover, if	for a single-employer pl	an)	2b	Employer Identification Number
	reoretinal Assoc		,		,		(EIN) 86-0964389
122	20 Madison Street	, Suite 1002				2c	Sponsor's telephone number
					<u> </u>		206-343-4850
Sea	attle	WA 98104-1360					Business code (see instructions)
_				2			621111 Administrator's EIN
Vi	treoretinal Assoc	nd address (if same as plan sponsor, er iates	nter "Same	7)	,		86-0964389
12	20 Madison Street	, Suite 1002					Administrator's telephone number
	attle	WA 98104-1360					206-343-4850
4	If the name and/or EIN of the	e plan sponsor has changed since the l	ast return/r	eport filed for this plan,	enter the	4b	EIN
name, EIN, and the plan number from the last return/report. a Sponsor's name					.	4c	PN
		at the beginning of the plan year				5a	46
	· · · · · · · · · · · · · · · · · · ·					5b	51
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not							F.4
	complete this item)					5c	51
		s during the plan year invested in eligib					X Yes No
b	Are you claiming a waiver of	f the annual examination and report of ? (See instructions on waiver eligibility	an indepen	dent qualified public ac	countant (IQP/	A)	X Yes ☐ No
		? (See instructions on waiver eligibility in the cannot use F					
Pa	rt III Financial Infor						
7	Plan Assets and Liabilities			(a) Beginning	of Year		(b) End of Year
а	Total plan assets		. 7a		3617689		4068188
			. 7b		3803	3	492
C	Net plan assets (subtract lin	e 7b from line 7a)	. 7с		3613886	5	4067696
8	Income, Expenses, and Tra	nsfers for this Plan Year		(a) Amou	nt		(b) Total
а	Contributions received or re		0.74		297437	,	
			1		169664	-	
	• •		. 8a(2)		109004	+	
	, ,	ers)			25003		
b	. ,	(1) 0-(0) 0-(0)d 0h)			25005	1	492104
c d	,	1), 8a(2), 8a(3), and 8b)ct rollovers and insurance premiums	. 8с				1,721.01
u			. 8d		35029	2	
е	Certain deemed and/or corr	ective distributions (see instructions)	. 8e				
f	Administrative service provi	ders (salaries, fees, commissions)	. 8f				
g	Other expenses		. 8g		3265	5	
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	. 8h				38294
i	·	line 8h from line 8c)					453810
	Transfers to (from) the plan		1			1	

	ı	Form 5500-SF 2011	Page 2 -								
Par	t IV	Plan Characteristics									
9a	If the	e plan provides pension benefits, enter the applicable pension feature co Δ	odes from the L	ist of Plan Chara	acteris	tic Co	des in	the instruc	tions:		
b		e plan provides welfare benefits, enter the applicable welfare feature cod	des from the Lis	t of Plan Charac	teristi	c Cod	les in th	ne instructi	ons:		
Part	V	Compliance Questions		<u> </u>	r						
10		ing the plan year:		r		Yes	No		Amo	unt	
а	Wa 29	s there a failure to transmit to the plan any participant contributions withi CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Con	in the time perion rection Program	od described in n)	10a		Х				
b	We	re there any nonexempt transactions with any party-in-interest? (Do not ine 10a.)	include transac	tions reported	10b		Х				
С	Wa	as the plan covered by a fidelity bond?	***************************************		10c	Χ				50	0000
d	or c	the plan have a loss, whether or not reimbursed by the plan's fidelity bo			10d		Х				
е	insı inst	re any fees or commissions paid to any brokers, agents, or other person urance service or other organization that provides some or all of the bene ructions.)	efits under the	plan? (See	10e		Х				
f	Has	s the plan failed to provide any benefit when due under the plan?	•••••		10f		Х				
g		the plan have any participant loans? (If "Yes," enter amount as of year			10g	Х					8258
h	If th	nis is an individual account plan, was there a blackout period? (See instru 20.101-3.)	ructions and 29	CFR	10h		Х				
i	If 1	Oh was answered "Yes," check the box if you either provided the require eptions to providing the notice applied under 29 CFR 2520.101-3	ed notice or one	of the	10i						
Part		Pension Funding Compliance									
11	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "	"Yes," see instr	uctions and com	plete	Sche	dule SE	(Form		Yes	No
12		his a defined contribution plan subject to the minimum funding requirem								Yes	X No
	(If "	Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	lf a	waiver of the minimum funding standard for a prior year is being amortiz	zed in this plan	year, see instruc Mon	ctions, th	and (enter th Day	e date of t	he leti Year	er rulir	ng
If	you ∘	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and	skip to line 13.		Г		T-			
		er the minimum required contribution for this plan year					12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year.					12c				
	neg	otract the amount in line 12c from the amount in line 12b. Enter the resul gative amount)			•••••		12d	Yes	Пи	<u>, П</u>	N/A
		the minimum funding amount reported on line 12d be met by the funding	ng deadline?		• • • • • • • • • • • • • • • • • • • •			168	<u>'`</u>	<u> </u>	19/74
Part		Plan Terminations and Transfers of Assets					П,	res X N	do		
13a		s a resolution to terminate the plan been adopted in any plan year?						ies [A]			
		Yes," enter the amount of any plan assets that reverted to the employer				3a	ontrol	HARALES .			
b	of t	re all the plan assets distributed to participants or beneficiaries, transfer he PBGC?								Yes	X No
		uring this plan year, any assets or liabilities were transferred from this plich assets or liabilities were transferred. (See instructions.)	man to another p	man(s), identity t	T Pia					10 (0)	DN1(-)
	13c(*) Name of plan(s):	- 4104			1	3c(2) E	IN(s)	-	13c(3)	PN(s)
Cau	tion:	A penalty for the late or incomplete filing of this return/report will l	be assessed u	nless reasonab	ole ca	use is	estab	lished.			
Und SB o	er pe or Scl	nalties of perjury and other penalties set forth in the instructions, I decla hedule MB completed and signed by an enrolled actuary, as well as the strue, correct, and complete.	re that I have e	xamined this ret	urn/re	port, i	includir	g, if applic	able, know	a Sche ledge	dule and
SIG	.N	Com grane 8-10	1AA -2012	Craig Well	S						
HEF		Signature of plan administrator Date		Enter name of i		ual si	gning a	s plan adr	ninistr	ator	
SIG	N								***		· · · · · · · · · · · · · · · · · · ·
HEF		Signature of employer/plan sponsor Date	9	Enter name of i	ndivid	ual si	gning a	s employe	r or pl	an spo	nsor