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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

	Complete all entries in accord	iance witi	n the mstructions to the Form 550	U-3F.		
Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending	12/31/2	2011	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant p	lan
		the final r	eturn/report			
_			an year return/report (less than 12 m	onths)		
_	H_	•	, ,	0111110)	DFVC program	
C			extension		DFVC program	
	special extension (enter description	,				
	art II Basic Plan Information—enter all requested informa	ation		1		
	Name of plan			1b	Three-digit	
PENI	NSULA OPTICAL LAB, INC 401(K) PROFIT SHARING PLAN				plan number (PN) ▶	001
				10	Effective date of plan	
					01/01/2002	
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)	2b	Employer Identification	n Number
PEN	INSULÁ OPTICAL LAB, INC				(EIN) 91-1386333	3
				2c	Sponsor's telephone	number
	NE FRANKLIN AVE				360-478-897	
BREI	MERTON, WA 98311			2d	Business code (see in	structions)
				01	621320	
	Plan administrator's name and address (if same as plan sponsor, en NSULA OPTICAL LAB, INC 1631 NE FRAI		•	30	Administrator's EIN 91-1386333	3
	BREMERTON			3c	Administrator's teleph	
					360-478-8975	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4.0	DNI	
_	Sponsor's name			4c	PN T	-
	Total number of participants at the beginning of the plan year			5a		3
	Total number of participants at the end of the plan year			5b		3
С	Number of participants with account balances as of the end of the placement this item.			5c		2
60	complete this item)			30		Yes No
6a h	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		· ·	 D		ies 🗌 ivo
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			,	X	Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 55	00.		
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Ye	ar
а	Total plan assets	7a	847038			900254
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	847038			900254
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:		20244			
	(1) Employers	8a(1)	39314			
	(2) Participants	8a(2)	53250			
	(3) Others (including rollovers)	8a(3)	4983			
b	Other income (loss)	8b	-14489			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				83058
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	29842			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				29842
i	Net income (loss) (subtract line 8h from line 8c)	8i				53216
i	Transfers to (from) the plan (see instructions)	8i				
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- **9a** 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
- **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	1					
10	During the plan year:		Yes	No	A	mount	
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			
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.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
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 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 com 5500))				•	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc						
lf v	granting the waiverMont you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	tn		Day .	`	ear	
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of			12d			
	negative amount)					1 -	1
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art							
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 this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	under	the co	ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to				_
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	ıse is	establ	ished.		
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cluding	g, if applicab	le, a Sche	edule

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.	04/30/2012	PATRICIA ROLLMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/30/2012	PATRICIA ROLLMAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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2011

This Form is Open to Public

Inspection

OMB Nos. 1210-0110 1210-0089

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

	art Annual Report Identification	Information						
For	r the calendar plan year 2011 or fiscal plan year be		01/0	1/2011	and ending	12	/31/2011	
Α	This return/report is for:	yer plan	a multiple	-employer plan (not multiemployer)	Г	a one-particip	ont alon
В	This return/report is:	report		etum/report	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L] a one-particip	атт ріат
	an amended re			•	port (less than 12 mo	m#b.e.\		
С	Check box if filing under: Form 5558				out (less than 12 mo	nins) F	1	
•		∐ ion (enter description		extension		L	DFVC prograr	n
-								
_	Part II Basic Plan Information — ent Name of plan	ter all requested info	mation.			1		
							hree-digit olan number	
	PENINSULA OPTICAL LAB, INC 401(K) PROFIT SHARI	NG PLAN				PN) ►	001
							ffective date of	plan
2a	Plan sponsor's name and address; include room	or suite number (em	ployer if fo	r single-employe	r nlan)		1/01/2002	
	PENINSULA OPTICAL LAB, INC	or care named (on	pioyot, ii ic	n single-employe	i piari)		mployer Identifi EIN) 91-138	
								elephone number
	1631 NE FRANKLIN AVE					20 (360) 478-8:	975
								ee instructions)
	BREMERTON WA 9831:						21320	,
3 a	Plan administrator's name and address (If same	as plan sponsor, ent	er "Same")			3b △	dministrator's E	IN
						3c A	dministrator's te	lephone number
_								
4	If the name and/or EIN of the plan sponsor has c name, EIN, and the plan number from the last ret	hanged since the las	t retum/rep	ort filed for this p	lan, enter the	4b ∈	IN	
а	Sponsor's Name					4c P	N	
5a	parable at the boginning of the	ne plan year				5a		35
b	Total number of participants at the end of the pla	n year	• • •		• • • • • •	5b		35
	Number of participants with account balances as complete this item)	of the end of the pla	n year (defi	ned benefit plans	s do not	5c		20
6a	Were all of the plan's assets during the plan year	invested in eligible a	ssets? (Se	e instructions.)				X Yes No
b	Are you claiming a waiver of the annual examinat	ion and report of an	independe					EE . 00
	under 29 CFR 2520.104-46? (See instructions on If you answered "No" to either 6a or 6b, the pla					• •	• • • •	X Yes No
Pa	art III Financial Information	an cannot use Form	1 3300-37 8	and must instea	a use Form 5500.			
7	Plan Assets and Liabilities			(a) Beg	inning of Year	<u> </u>	(b) End o	f Van-
а	Total plan assets		7a	(,) = 13	847,038		(D) Liid U	
b	Total plan liabilities		7b		01//030			900,254
C	Net plan assets (subtract line 7b from line 7a)		7c	00	847,038			900,254
3	Income, Expenses, and Transfers for this Plan Ye	ar		(a)	Amount		(b) To	
а	Contributions received or receivable from: (1) Employers		8a(1)		39,314		10 7 15 V 19 19 19	
	(2) Participants		8a(2)		53,250			
	(3) Others (including rollovers)	• • • • • • •	8a(3)		4,983			
b	Other income (loss)		8b		(14,489)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8l	o)	8c					83,058
d	Benefits paid (including direct rollovers and insura to provide benefits)	nce premiums	84	37.5	20 042			
е	Certain deemed and/or corrective distributions (se		8d 8e		29,842			
f	Administrative service providers (salaries, fees, co		8f					
g	Other expenses	·	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g) .		8h					20 042
_	Net income (loss) (subtract line 8h from line 8c).		81	SELECT SELECTION				29,8 4 2 53,216
-	Transfers to (from) the plan (see instructions) .		81					J3, 410
	Paperwork Reduction Act Notice and OMB Con			tions for France		LIDE STREET	2000年1月1日日日 1000年1月1日日日日	400

Form	5500-SF	2011
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Enter name of individual signing as employer or plan sponsor

	Form 5500-SF 2011		Page 2-					
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the L	ist of Plan Charac	teristic	Codes	in the	instructions	•
	2F 2E 2J 2K 3D							
~	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the Li	st of Plan Characte	eristic C	odes i	in the i	instructions:	
Pai	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribution	ons within the time pe	riod described in			Ţ		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest?	ary Correction Program	n)	. 10a		X		
	on line 10a.)		ctions reported	. 10b		x		
С	Was the plan covered by a fidelity bond?			10c	х			30,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fic	delity bond, that was o	aused by fraud	` -				30,00
	or dishonesty?			· 10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all or	persons by an insural	nce carrier,					
	instructions.)	the benefits under th	e plan? (See	. 10e		x	ĺ	
f	Has the plan failed to provide any benefit when due under the plan?					х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		· 10g		х		
h	If this is an individual account plan, was there a blackout period? (S	ee instructions and 29	OFR CFR					
i	2520.101-3.)	required notice as as		. 10h		х		
-	exceptions to providing the notice applied under 29 CFR 2520.101-3	3	e or the	. 10i				
	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see ins	tructions and comp	lete Sc	hedule	e SB (Form	Yes X No
12	Is this a defined contribution plan subject to the minimum funding re	quirements of section	412 of the Code of	r sectio	n 302	of FB	NSA2	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)						
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	n year, see instruct	ions, ar	nd ente	er the	date of the l	etter ruling
lf :	granting the waiver		· · · · · Mo	nth		Day	/	Year
b	Enter the minimum required contribution for this plan year				Г	12b		
С	Enter the amount contributed by the employer to the plan for this pla					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	ne result (enter a minu	is sian to the left o	fa		104		
	negative amount)				٠ L	12d		
Part	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	e funding deadline?		• • •	• •	•	Yes	□No □N/A
13a	Has a resolution to terminate the plan been adopted in any prior yea	-0			····			
·ou	If "Yes," enter the amount of any plan assets that reverted to the em		• • • • • •	• •			• • • •	Yes X No
b	Were all the plan assets distributed to participants or beneficiaries, tr		plan ar braucht			13a		
	or the PBGC?					OI		Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the	plan(s)	to			
1	3c(1) Name of plan(s):			1	40.	(0) 51	.	1
					130	(2) EI	N(S)	13c(3) PN(s)
Courtle	A namely for the late of the l			<u> </u>				
	n: A penalty for the late or incomplete filing of this return/report							
SB or	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as	declare that I have exa the electronic version	amined this return/	report, i	ncludi	ng, if a	applicable, a	Schedule
belief,	it is true, correct, and complete.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. or and retaininep	ori, and	iiie		or my knowle	euge and
SIG								
HEF	The state of the s	Date	Enter name of inc	dividual	signin	g as p	olan adminis	trator
SIG		3-30-2013		4	1 11	ma		
HEF	Signature of employer/plan sponsor	Date	Enter name of inc	tividual	signin	g as e	mployer or p	olan sponsor