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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	<u> </u>	Complete all entries in actions and actions are actions.	ccordance with the instru	ictions to the Form 550	10-5F.		
Part		Identification Information					
For ca	endar plan year 2012 or fi		<u>/2012</u>	<u> </u>	12/31/2		
A Thi	s return/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-participant plan	
B Thi	s return/report is:	the first return/report	the final return/report	i e			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_	
C Ch	eck box if filing under:	Form 5558	automatic extension			DFVC program	
		special extension (enter desc	ription)				
Part	II Basic Plan Info	rmation—enter all requested in	formation				
	me of plan				1b	Three-digit	
PENINS	ULA OPTICAL LAB, INC 4	01(K) PROFIT SHARING PLAN				plan number (PN) 001	
					1c	Effective date of plan	
					10	01/01/2002	
2a PI	an sponsor's name and ad	dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2b	Employer Identification Number	
PENINS	ULÁ OPTICAL LAB, INC					(EIN) 91-1386333	
					2c	Sponsor's telephone number	
	FRANKLIN AVE					360-478-8975	
DKEWE	RTON, WA 98311				2d	Business code (see instructions)	
32 DI	na administrator'a nama a	ad address VCame as Dian Cam	aar Nama - Cama aa Dia	an Changar Addraga	2h	621320 Administrator's EIN	
Ja Pi	an administrator's name ar	nd address XSame as Plan Spon	sor NameSame as Pia	an Sponsor Address	30	Administrator's EIN	
					3с	Administrator's telephone number	er
4 If	he name and/or FIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4h	- FINI	
		mber from the last return/report.	the last return/report med	ioi tilis piari, eriter tile	40	EIN	
	onsor's name				4c	PN	
5a ⊤	tal number of participants	at the beginning of the plan year.			5a		35
b To	tal number of participants	at the end of the plan year			5b		28
	• •	account balances as of the end of	' '	•	_		
	·				5c		23
	•	s during the plan year invested in	• •	•		X Yes [] I	No
		f the annual examination and repo ? (See instructions on waiver eligit				X Yes 🗆 1	No
		ither line 6a or line 6b, the plan					
		or incomplete filing of this retur					
Under	penalties of perjury and ot	her penalties set forth in the instru	ctions, I declare that I have	e examined this return/re	port, in	ncluding, if applicable, a Schedule	;
	Schedule MB completed and tis true, correct, and completed and complete and complet	nd signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/repor	t, and t	to the best of my knowledge and	
bellel,	t is true, correct, and com	Jiele.		T			
SIGN	Filed with authorized	valid electronic signature.	03/14/2013	MICHAEL RAPP			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan administrator	
SIGN	Filed with authorized	valid electronic signature.	03/14/2013	MICHAEL RAPP			
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sig	ning as employer or plan sponso	r
Prepar		ame, if applicable) and address; in				parer's telephone number (optiona	

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Por	t III Financial Information						
			(a) Deminute of Ver				(h) Fuel of Voca
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	90025	04			678062
	Total plan liabilities	7b	00005	. 4			07000
	Net plan assets (subtract line 7b from line 7a)	7c	90025	54			678062
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
а	(1) Employers	8a(1)	3217	1			
	(2) Participants						
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	. 8b	10093	33			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					178289
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	40048	1			
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					400481
i	Net income (loss) (subtract line 8h from line 8c)	8i					-222192
j	Transfers to (from) the plan (see instructions)	8i					
Par	t IV Plan Characteristics	, ,	l				
9a	If the plan provides pension benefits, enter the applicable pension 2F 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amarint
a				10a	103	X	Amount
b		? (Do not	include transactions reported	10b		X	
				100	Χ		5000000
d				10c			5000000
	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
	Did the plan have any participant loans? (If "Yes," enter amount a					X	
g h		(See instru	uctions and 29 CFR	10g 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	he require	d notice or one of the				
Dowl	1	1-3		10i			
11	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 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12							
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	
							-

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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
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)	12d		
<u>e</u>	Will the 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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a			rust's EIN 010730090	

Form 5500-SF

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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 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

2012

This Form is Open to Public Inspection

P	Part I Annual Report Identification Info	mation							
For	r calendar plan year 2012 or fiscal plan year beginning		01/01/2012	and ending	12/31/201	.2			
Α	This return/report is for:	an [a multiple-employer p	an (not multiemployer)	a one-pa	articipant plan			
В	This return/report is:	i 🗌	the final return/report						
	an amended return/	report	a short plan year retur	n/report (less than 12 me	onths)				
С	Check box if filing under: Form 5558		automatic extension		DFVC program				
	special extension (e	nter description	on)						
D	Part II Basic Plan Information enter all r	······································							
	Name of plan	equested into	mauon	· · · · · · · · · · · · · · · · · · ·	1b Three-digit				
	·				plan numb	er			
	PENINSULA OPTICAL LAB, INC 401(K) I	ROFIT SHA	ARING PLAN		(PN) ► 1c Effective d	001			
					01/01/2				
2a	Plan sponsor's name and address; include room or s	uite number (employer, if for a single-	employer plan)		dentification Number			
	PENINSULA OPTICAL LAB, INC					-1386333			
					2c Sponsor's telephone number				
	1631 NE FRANKLIN AVE				(360) 4	78-8975			
					2d Business of 621320	ode (see instructions)			
	BREMERTON WA 98311	- DI C	Na [] Caa (Non Consum Address		And FIN			
эa	Plan administrator's name and address X Same a	s Plan Sponso	or Name Same as r	Plan Sponsor Address	3b Administra	(OI S EIIN			
					2- 11::::				
					3C Administra	tor's telephone number			
4	If the name and/or EIN of the plan sponsor has chan	ged since the	last return/report filed for	or this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return	report.							
<u>a</u>	Sponsor's name				4c PN				
5a	Total number of participants at the beginning of the p	-			5a	35			
b	, ,				5b	28			
С	Number of participants with account balances as of ti complete this item)				5c	23			
6a	Were all of the plan's assets during the plan year invo	ested in eligibl	le assets? (See instruct	ions.)	***************************************	X Yes ☐ No			
b	, ,					——. ——			
	under 29 CFR 2520.104-46? (See instructions on wa			***************************************		X Yes No			
	If you answered "No" to either line 6a or line 6b, t								
	aution: A penalty for the late or incomplete filing of								
	nder penalties of perjury and other penalties set forth in B or Schedule MB completed and signed by an enrolled								
	elief, it is true, correct, and complete.	•		·					
9	SIGN WAS		4.5.12	Patricia Kolima	# illich	KI RALP			
	HERE Signature of plan administrator		Date	Enter name of individua	al signing as plan	administrator			
	The state of the s		9,5,12	Michael	Rann				
10000	HERE Signature of employer/plan sponsor		Date	Enter name of individua		over or plan sponsor			
Pr	reparer's name (including firm name, if applicable) and	address; inclu				none number (optional)			
	-				·	,			
						(A)			

P	aq	е	2

Par	t III Financial Information	·						
_	lan Assets and Liabilities		(a) Beginning of Year				(b) End of	/ear
***************************************	otal plan assets							678,062
	otal plan liabilities	7b						
	et plan assets (subtract line 7b from line 7a)	7c	900,25	54	6			678,062
	ncome, Expenses, and Transfers for this Plan Year					,	(b) Tota	al .
	ontributions received or receivable from:	2 (4)	22 15	7 1				
	l) Employers	8a(1)	32,17					
	2) Participants	8a(2)	45,18	• • • • • • • • • • • • • • • • • • • •				
	3) Others (including rollovers)	8a(3)	100,93					
	Other income (loss)	8b		3	100000			170.000
d B	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)enefits paid (including direct rollovers and insurance premiums provide benefits)	8c 8d	400,48	31				178,289
	ertain deemed and/or corrective distributions (see instructions)	8e			1			元 医唇头部径
	dministrative service providers (salaries, fees, commissions)	8f			150			
	Other expenses	8g						
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						400,481
	let income (loss) (subtract line 8h from line 8c)	8i		8 18				(222,192)
	ransfers to (from) the plan (see instructions)	8j			Wal			
-	t IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·						
Name and Address of the Owner, where the Owner, which is the Own	the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Characte	pristic	Code	s in t	he instructions	
Ja II	2F 2E 2J 2K 3D	ature code.	5 Hom are fist of Flam Characte	511000	0000	J t	no mod dodone	•
_			(
b II	the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic (Jodes	ın th	e instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Ar	nount
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			5,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's t	fidelity bond	d, that was caused by fraud					
	or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	f the benef	its under the plan? (See	10e		х		
E	Has the plan failed to provide any benefit when due under the plan			10f		х		
								
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g	ļ	X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		***************************************	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				
Par	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						1	Yes X No
11a	Enter the amount from Schedule SB line 39		***************************************			11a		
12	Is this a defined contribution plan subject to the minimum funding r					2 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	ig amortize	d in this plan year, see instruct	ions,	and er	nter ti		letter ruling Year
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
	Enter the minimum required contribution for this plan year					12b		

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	Enter the amount contributed by the employer to the plan for this plan year	*******	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o		12d				
е	Will the 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?	***********	☐ Y€	s X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?				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.)	e plan(s) to					
1	3c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)		
Part VIII Trust Information (optional)							
14a Name of trust					14b Trust's EIN		
Peninsula Optical Lab, Inc. 401(k)				01-0730090			