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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calend	dar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012	
	eturn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	pant plan
B This re	eturn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	ription)				
Part II	Basic Plan Info	rmation—enter all requested inf	ormation				
1a Name		Titlation onto an requestion in	omation		1b	Three-digit	
		TER 401(K) PROFIT SHARING PL	AN			plan number	
						(PN) •	002
					1c	Effective date of	f plan
						01/01	/1997
	sponsor's name and ad C OF BREMERTON, IN	dress; include room or suite number NC. P.S.	er (employer, if for a singl	e-employer plan)	2b	Employer Identi (EIN) 91-10	fication Number
					20	Sponsor's telep	shone number
3260 NW M	OUNT VINTAGE WAY	•			20	360-69	
	LE, WA 98383				2d	Business code	(see instructions)
						6211	11
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	or Name Same as Pl	an Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
					30	Auministrator s	telepriorie riumbei
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN 91-10)13662
		mber from the last return/report.					
_		YE AND LASER CENTER			4c	PN	002
5a Total	number of participants	at the beginning of the plan year			5a		28
b Total	number of participants	at the end of the plan year			5b		28
		account balances as of the end of	. , ,	•	5c		25
_		s during the plan year invested in e				-	X Yes No
_	•	f the annual examination and repor	,				
		? (See instructions on waiver eligib					X Yes No
If you	u answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.	
Caution:	A penalty for the late	or incomplete filing of this returr	/report will be assesse	d unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruc					
	edule MB completed at true, correct, and comp	nd signed by an enrolled actuary, a	is well as the electronic vi	ersion of this return/report	, and t	to the best of my	knowledge and
DOILOT, IT IS	true, correct, and comp	olete.	•				
SIGN	Filed with authorized/	valid electronic signature.	07/18/2013	MARTHA LEEN			
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual sio	ining as employe	er or plan sponsor
Preparer's		name, if applicable) and address; in					number (optional)

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Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a	181267				2262020
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	181267	78			2262020
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) runount				(2) 10141
	(1) Employers	8a(1)	9224	10			
	(2) Participants	8a(2)	11148	31			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	26622	23			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					469944
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	549)6			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	1510)6			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					20602
	Net income (loss) (subtract line 8h from line 8c)	8i					449342
	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics	<u> </u>					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 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	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Par	V Compliance Questions						
10					Yes	No	A a
a	During the plan year: Was there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure).			10a	103	X	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a		X	
					Χ		
				10c			1000000
d	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					X	
				10f		^	
<u>g</u>			<u>, </u>	10g	X		10339
h	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						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a						11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and 6	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				т
b	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 of a negative amount)	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?		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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

Pension Be	nefit Guaranty Corporation	Complete all entries in acco	rdance with the instru	ctions to the Form 5500	O-SF.	insp	ection			
Part I		lentification Information								
For calenda	ar plan year 2012 or fisc	al plan year beginning	01/01/2012	and ending		12/31/201	2			
	питерогиз юг.	X a single-employer plan	a multiple-employer p the final return/report	lan (not multiemployer)		a one-particip	ant plan			
B This ret	urn/report is:	the first return/report	-		antha	1				
	Į.	an amended return/report		m/report (less than 12 m	Юппв		_			
C Check b	oox if filing under: [Form 5558 special extension (enter descript	automatic extension			DFVC progra	m			
Part II	Rasic Plan Infor	mation—enter all requested inform								
1a Name		mation—enter all requested fillon	Hallon		1b	Three-digit				
	eve Eye and La:	ser Center				plan number	102000			
	_					(PN) ▶	00	2		
401(k) Profit Shar	ing Plan			1c	Effective date of 01/01/1997				
		ress; include room or suite number (erton, Inc. P.S.	(employer, if for a single-	-employer plan)	2b Employer Identification Number (EIN) 91–1013662					
					2c	c Sponsor's telephone number (360) 698-9500				
	NW Mount Vint	age Way	T.J.D.	00202	2d	Business code (s	ee instruc	tions)		
3a Plan a	erdale dministrator's name and	address XSame as Plan Sponsor		98383 Sponsor Address	3b	Administrator's E	IN			
ou man a	diffinistrator 5 flatile and	Zadano do Fian oponico.				Administrator's to				
4 If the r	and and (or EIN of the	plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4h	EIN 91-1013	662			
		ber from the last return/report.	s last return/report filed in	or that plan, order the			002			
		ve and Laser Center				PN 002				
		t the beginning of the plan year			5a			28		
b Total i	number of participants a	t the end of the plan year			5b			28		
		ccount balances as of the end of the			5c			25		
6a Were	all of the plan's assets	during the plan year invested in elig	ible assets? (See instruc	ctions.)			X Yes	No		
b Are yo	ou claiming a waiver of t	he annual examination and report of	of an independent qualific	ed public accountant (IQ	PA)		X Yes	□No		
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility ner line 6a or line 6b, the plan car	y and conditions.)	and must instead use	Form	5500	21 . 00	□		
		r incomplete filing of this return/re						Manager and American		
Under pen	alties of perium and other	er penalties set forth in the instruction	ons I declare that I have	examined this return/red	oort, ir	cluding, if applica	ble, a Sch	edule		
SB or Sche	edule MB completed and true, correct, and comple	d signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge	and		
SIGN	Clas	the Geenn	JUL 1 2 2013	Paul Kremer M	lart	ha Leen.				
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual siç	ning as plan adm	inistrator			
SIGN										
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ						
Preparer's	name (including firm na	me, if applicable) and address; inclu		er (optional)	Prep	arer's telephone	number (o	ptional)		

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	1,812		8		2,262,020
	Total plan liabilities	7b				A CONTRACTOR	
Ç	Net plan assets (subtract line 7b from line 7a)	7c	1,812	2,67	8		2,262,020
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:			0.4			
	(1) Employers	8a(1)		2,24	and the same of		
	(2) Participants	8a(2)	112	L,48	1		
	(3) Others (including rollovers)	8a(3)	2.64	- 22	2		
-	Other income (loss)	8b	200	5,22	3		469,944
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	-	469,944
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	Į.	5,49	6		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	15	5,10	6		
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					20,602
	Net income (loss) (subtract line 8h from line 8c)	8i				-	449,342
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature code	es from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
						was a second	
Par					Van	No	
10	During the plan year:	r idaia	the time and described in		Yes	No	Amount
8	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		Χ	
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
(Was the plan covered by a fidelity bond?			10c	Х		1,000,000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		75	10d		Х	
	Were any fees or commissions paid to any brokers, agents, or other						
	insurance service or other organization that provides some or all	of the benef	its under the plan? (See	10e		Х	
	instructions.)						
f				10f		X	10.000
		-		10g	Х		10,339
ł	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 2520.10	he required 1-3	notice or one of the	10i			
Par		- Parketter					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SB	3 (Form Yes X No
11:	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding				ection	302 of	ERISA? Yes X No
Notice Spilling	(If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applical	ble.)				
- 8	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	d in this plan year, see instru	ctions th_	, and	enter th Day	ne date of the letter ruling Year
1	f you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Forn	n 5500), and skip to line 13.				
THE RESERVE OF THE PERSON	Enter the minimum required contribution for this plan year					12b	
Į.	Elifer the unfilliming reduited contribution for this bight year					appropriate the second	

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	Enter the amount contributed by the employer to the plan for this plan y	vear	120				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus sign to the left of a	120	d			
е	Will the minimum funding amount reported on line 12d be met by the fu			Ye	s N	No	N/A
Part	VII Plan Terminations and Transfers of Assets			Department (No. 1) and the control of the control o			
_	Has a resolution to terminate the plan been adopted in any plan year?			Yes 2	No		
	If "Yes," enter the amount of any plan assets that reverted to the emplo		138	1			
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?			ol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another plan(s), identify the plan(s) to				
	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)						
				14b Trust's EIN			