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

Р	ension Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Pi	art I	Annual Report I	Identification Information								
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2	012		and ending	12/31/2	2012			
Α	This ret	urn/report is for:	X a single-employer plan □	吕		an (not multiemployer)		a one-particip	oant plan		
В	This ret	urn/report is:	the first return/report	the fin	al return/report						
			onths)	_							
C Check box if filing under:								DFVC progra	ım		
			special extension (enter descrip	otion)							
Pa	art II	Basic Plan Infor	rmation—enter all requested info	rmation							
1a	Name	of plan					1b	Three-digit			
NOR'	THWES	T EYE CARE NETWO	PRK, PLLC 401 (K) PLAN					plan number	004		
							4.	(PN) •	001		
							1c Effective date of plan 01/01/2007				
2a	Plan sr	nonsor's name and add	dress; include room or suite number	(employe	ar if for a single-e	amployer plan)	2h	Employer Identi			
		ST EYE CARE NETWO		(criploye	or, ir for a origio c	mployer plan,	25		91890		
							2c	Sponsor's telep	hone number		
1561	7 BEL F	RED RD SUITE A						8-9082			
BELL	EVUE,	WA 98008-2347					2d	see instructions)			
							621320				
3a	Plan ad	dministrator's name and	d address 🛛 Same as Plan Sponso	r Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN		
							30	Administrator's	talanhana numbar		
							30	Administrator 5	telephone number		
4			plan sponsor has changed since th	e last retu	urn/report filed fo	r this plan, enter the	4b	EIN			
_		•	nber from the last return/report.				40	DNI			
		or's name	ot the beginning of the plan year				4c	T	40		
			at the beginning of the plan year				5a		18		
b			at the end of the plan year				5b		18		
С		' '	account balances as of the end of th	. ,	`		5c		16		
62			during the plan year invested in elig						X Yes No		
b		· ·	the annual examination and report	-	,	*					
			(See instructions on waiver eligibili						X Yes No		
	If you	answered "No" to eit	ther line 6a or line 6b, the plan ca	nnot use	Form 5500-SF a	and must instead use	Form	5500.			
Cau	ıtion: A	penalty for the late o	or incomplete filing of this return/	report wi	ll be assessed u	ınless reasonable cau	use is	established.			
			ner penalties set forth in the instructi								
		edule MB completed an crue, correct, and comp	d signed by an enrolled actuary, as	well as th	ne electronic vers	ion of this return/repor	t, and	to the best of my	knowledge and		
5011	01, 10 0	indo, corroot, and comp									
SIG		Filed with authorized/v	with authorized/valid electronic signature. 10/14/2013 MICHAEL CHOW		MICHAEL CHOW	1					
HEI	RE	Signature of plan ac	dministrator	Da	ate	Enter name of individ	ividual signing as plan administrator				
SIG	N										
HEI		Signature of employ	Signature of employer/plan sponsor Date Enter name of in		Enter name of individ	lual ein	ıning as employe	r or nlan sponsor			
Pre	parer's i		ame, if applicable) and address; incl						number (optional)		
		, 3	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			,		,	· · · · · · /		

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Dor	t III Financial Information		<u> </u>						
<u> </u>			(a) Danimin mat Van				(h) Fud of Voor		
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of Year 227607		
	Total plan assets	7a 7b	22322	0		22100			
	Net plan assets (subtract line 7b from line 7a)	7c	22322				227607		
	Income, Expenses, and Transfers for this Plan Year	70		.0					
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	2446	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					24469		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1758	1					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	250	9					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					20090		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					4379		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3B 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	cteristi	ic Cod	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	· ·	10d		X	30000		
е	Were any fees or commissions paid to any brokers, agents, or oth			100					
J	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	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g		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	ne require	d notice or one of the	10i					
Part	1 1 5 11								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	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 e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	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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	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 Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension B	enerit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.				
Part I		Identification Information							
For calend	lar plan year 2012 or fi	scal plan year beginning	01/01/2012	and ending	12/31	/2012			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one	-participant plan			
B This re	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:		DFVC program						
		special extension (enter descri	ription)						
Part II	Basic Plan Info	ermation—enter all requested int	formation			<u>, </u>			
1a Name	of plan				1b Three-di	git			
Northw	est Eye Care	Network, PLLC 401 (K)) Plan		plan nun	nber 001			
					(PN) •				
			•		1c Effective 01/01/				
2a Plan s	ponsor's name and ad	Idress; include room or suite numb	er (employer, if for a single-	employer plan)	2b Employe	r Identification Number			
NORTHW	EST EYE CARE	NETWORK, PLLC			(EIN) 20-3491890				
15615	DDI DDD DD 611				2c Sponsor	's telephone number			
15617	BEL RED RD SU	ITE A				58-9082			
BELLEV	TTE	WA 98008-234	77			s code (see instructions)			
		nd address XSame as Plan Spons	-	Changer Address	62132 3b Administ				
Ja Flall a	iummistrator s name a	nd address Asame as Plan Spons	sor warne (ASame as Piar	1 Sponsor Address	JD Administ	TAILOT S EIN			
					3c Administ	rator's telephone number			
4 If the	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
name	e, EIN, and the plan nu	mber from the last return/report.	ure last returnireport med it	or this plan, enter the	40 EIN				
`	or's name				4c PN				
5a Total	number of participants	at the beginning of the plan year			5a	18			
b Total	number of participants	at the end of the plan year			5b	18			
		account balances as of the end of							
_					5c	16			
		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			
		ither line 6a or line 6b, the plan o							
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	uniess reasonable cau	se is establish	ıed.			
Under pen	alties of perjury and ot	her penalties set forth in the instruc	ctions, I declare that I have	examined this return/rep	oort, including, it	f applicable, a Schedule			
	edule MB completed a true, correct, ap∕d cop∕i	nd signed by an enrolled actuary, a	is well as the electronic ver	sion of this return/report	, and to the bes	t of my knowledge and			
	1 6			1					
SIGN	X// the	I Com	10/14/2013	MICHAEL CHOW					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as p	lan administrator			
SIGN									
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual signing as e	mployer or plan sponsor			
Preparer's		name, if applicable) and address; in				ephone number (optional)			

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l Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year	•	
a	Total plan assets	7a		2322	28		(0) =110 0			7607
	Total plan liabilities	7b			0					
	Net plan assets (subtract line 7b from line 7a)	7c	2.	2322	8				227	7607
8	· · · · · · · · · · · · · · · · · · ·						(b) To	ıtal		
	Contributions received or receivable from:		(a) Amount				(6) 10	, tui		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		2446	9					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24	1469
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1758	31					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		250	19					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							20	090
i	Net income (loss) (subtract line 8h from line 8c)	8i							4	1379
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
		feature coo	des from the List of Plan Chara	acteris	stic Co	odes in	the instructi	ions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Co	des in t	the instruction	ns:		
D	(V O C - C C C C C C C C - C - C -									
Par	•			1		Τ				
10	During the plan year:	C 20-1-	the Care and described to	ı	Yes	No	/	Amoui	nt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corre	ection Program)	10a		Х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	X				50	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	ner persons	by an insurance carrier, fits under the plan? (See	10d 10e		X				
	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner persons of the bene	s by an insurance carrier, fits under the plan? (See	10e		Х				
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the pla	ner persons of the bene n?	s by an insurance carrier, fits under the plan? (See	10e		Х				
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period?	ner persons of the bene n? s of year er	s by an insurance carrier, fits under the plan? (See and)	10e 10f 10g		Х				
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)	ner persons of the bene on? s of year el (See instru one required	s by an insurance carrier, fits under the plan? (See and)	10e 10f 10g 10h		X X X				
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plath Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ner persons of the bene on? s of year el (See instru one required	s by an insurance carrier, fits under the plan? (See and)	10e 10f 10g		X X X				
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ner persons of the bene on? s of year el (See instru ne required 1-3	s by an insurance carrier, fits under the plan? (See and)	10e 10f 10g 10h 10i	Sche	X X X X dule SI			res [No
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lit VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ner persons of the bene n?	s by an insurance carrier, fits under the plan? (See and.)	10e 10f 10g 10h 10i	Sche	X X X X dule SI			∕es ∏	No
f 9 h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 light VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ner persons of the bene n? s of year el (See instru ne required 1-3	s by an insurance carrier, fits under the plan? (See	10e 10f 10g 10h 10i	Sche	X X X X Adule Signature 11a				
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lift VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ner persons of the bene n? s of year er (See instru ne required 1-3 ents? (If "Y	s by an insurance carrier, fits under the plan? (See and content of the see instructions and content of section 412 of the Code and see instructions and contents of section 412 of the Code and content of section 412 of the Code and	10e 10f 10g 10h 10i	Sche	X X X X Adule Signature 11a			∕es ∏	
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lift VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	ner persons of the bene n? s of year el (See instru ne required 1-3 ents? (If "Y	s by an insurance carrier, fits under the plan? (See mind.)	10e 10f 10g 10h 10i	Sche	X X X A dule SI	ERISA?		∕es X	No
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lift VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ner persons of the bene n?	s by an insurance carrier, fits under the plan? (See mind.)	10e 10f 10g 10h 10i nplete	Sche	X X X A dule SI	ERISA?		∕es X	No
f g h i Part 11 11a 12 a	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lift VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ner persons of the bene n? s of year el (See instru ne required 1-3 ents? (If "Y requireme as applica	s by an insurance carrier, fits under the plan? (See mind.)	10e 10f 10g 10h 10i nplete	Sche	X X X X Adule SI 11a 302 of	ERISA?	e lette	∕es X	No

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						40-			
<u> </u>	Enter the amount contributed by the employer to the plan for this plan	ı year				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the 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 N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?							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	plan((s), idei	ntify the plan(s)	to			
	3c(1) Name of plan(s):				1	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)								
						14b Trust's EIN			