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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part			dance with the instruc				
	I Annual Report	Identification Information					
For cal	endar plan year 2013 or fis	scal plan year beginning 01/01/2013	3	and ending	12/31/2	2013	
A This	s return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This	s return/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 Che	eck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)			_	
Part	II Basic Plan Info	rmation—enter all requested information	ation				
1a Na	me of plan	·			1b	Three-digit	
PENINS	ULA OPTICAL LAB, INC 4	01(K) PROFIT SHARING PLAN				plan number	004
					10	(PN)	001
					10	Effective date of	
	an sponsor's name and ad	dress; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identif	fication Number
1624 NE	E EDANIZI INI AVE				2c	Sponsor's telep	
	FRANKLIN AVE RTON, WA 98311				2d	Business code (see instructions)
						62132	
3a Pla	an administrator's name ar	nd address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If t	the name and/or EIN of the	e plan sponsor has changed since the l	ast return/report filed fo	or this plan, enter the	4b	EIN	
		mber from the last return/report.		р,		LIIV	
a Sp	onsor's name				4c	PN	
5a To	otal number of participants	at the beginning of the plan year			5a		25
b To	otal number of participants	at the end of the plan year			5b		25
	· · ·	account balances as of the end of the p	•	•	5c		23
		s during the plan year invested in eligib		tions)			
Ι Α Λ	re you claiming a waiver of	the annual examination and report of					X Yes No
	Mar 20 CED 2520 104 461	•		ed public accountant (IC	(PA		X Yes No
un		? (See instructions on waiver eligibility a	and conditions.)	ed public accountant (IC	PA)		
ur If	you answered "No" to ei	? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan cann	and conditions.) ot use Form 5500-SF	and must instead use	PA) Form	5500.	X Yes No X Yes No
ur If C If t	you answered "No" to ei the plan is a defined benef	? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan cann it plan, is it covered under the PBGC in	and conditions.) not use Form 5500-SF nsurance program (see	and must instead use ERISA section 4021)?	PA) Form	5500. Yes No	X Yes No
ur If C If t	you answered "No" to ei the plan is a defined benef n: A penalty for the late o	? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan cann it plan, is it covered under the PBGC in or incomplete filing of this return/rep	and conditions.)ot use Form 5500-SF asurance program (see	and must instead use ERISA section 4021)? unless reasonable ca	PA) Form	5500. Yes No established.	Yes No Yes No Not determined
un If C If t Cautio Under p SB or S	you answered "No" to ei the plan is a defined benef n: A penalty for the late of penalties of perjury and oth	? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan cann it plan, is it covered under the PBGC in or incomplete filing of this return/rep her penalties set forth in the instruction and signed by an enrolled actuary, as we	and conditions.)ot use Form 5500-SF asurance program (see bort will be assessed as, I declare that I have	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form use is	Yes No sestablished.	Yes No Yes No Not determined able, a Schedule
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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
	Total plan assets	7a	67806				(2) =::		82975	1
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	67806	2					82975°	1
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
	Contributions received or receivable from:		(4) / 11104111				()			
	(1) Employers	8a(1)	2688	1						
	(2) Participants	8a(2)	3725	8						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	12368	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						•	187821	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3613	2						
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							3613	2
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							15168	9
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	S:	
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 instru	ctions		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
					Χ					000000
				10c						000000
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	•	•							
	instructions.)			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 year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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	ne required	d notice or one of the	10i						
Part		-								
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr							·· L	. 03	/ 140
						11a		Тг	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	3U2 Of	EKISA?	<u>· </u>	res	^ INO
a	(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 being standard for a prior year.	ng amortiz	ed in this plan year, see instru		, and e	_	ne date o			ling
It.	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			ırı		Day		Yea	al'	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
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Ente	r the amount contributed by the employer to the plan for this plan year	12c		
		12d		
Will	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
VII	Plan Terminations and Transfers of Assets			
Has	a resolution to terminate the plan been adopted in any plan year?	🔲 🗅	res X No	
If "Y	es," 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?				Yes X No
		to		
13c(1)	Name of plan(s):	13c(2) El	IN(s)	13c(3) PN(s)
VIII	Trust Information (optional)			
	** ****			
	Subt nega Will t VII Has a If "Ye Were of the Has a whice 13c(1) Name	Will the minimum funding amount reported on line 12d be met by the funding deadline?	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) Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year	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). Will the minimum funding amount reported on line 12d be met by the funding deadline?

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2013 This Form is Open to Public

Inspection

Pension Benefit Guaranty Corporation Complete all entries in	accordance with the instru	ctions to the Form 550	0-SF.	Inspection
Part I Annual Report Identification Information				
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/	31/2013
A This return/report is for: a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-participant plan
B This return/report is: the first return/report	the final return/report			
an amended return/report	a short plan year retu	m/report (less than 12 m	onths)	
C Check box if filing under: Form 5558	automatic extension			DFVC program
special extension (enter de	scription)			
Part II Basic Plan Information enter all requeste	ed information			
1a Name of plan	a monnation		1b T	nree-digit
PENINSULA OPTICAL LAB, INC 401(K) PROFIT	CUADING DIAM		4 '	an number 001
PENINGOLA OFFICAL LAB, INC 401(K) FROFT	. DIMILING P.BM			(N) ► 001 fective date of plan
			1	1/01/2002
2a Plan sponsor's name and address; include room or suite nur	nber (employer, if for a single	-employer plan)	2b E	mployer Identification Number
PENINSULA OPTICAL LAB, INC			(E	IN) 91-1386333
				ponsor's telephone number
1631 NE FRANKLIN AVE				360) 478-8975
				usiness code (see instructions) 21320
US BREMERTON WA 98311 3a Plan administrator's name and address X Same as Plan S	Cananas Nama 🏻 Cama ao	Dian Change Address		dministrator's EIN
Ja Plan administrator's name and address [A] Same as Flan S	sponsor Name Same as	rian oponsoi Address	30 4	and istrator's EII4
			30 4	
			JC A	dministrator's telephone number
			1	
			I	
4 If the name and/or EIN of the plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b E	N
4 If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	e the last return/report filed f	or this plan, enter the		, 1994 -
name, EIN, and the plan number from the last return/report. a Sponsor's name			4c PI	N
name, EIN, and the plan number from the last return/report. a Sponsor's name Total number of participants at the beginning of the plan year	· ·······		4с Р! 5а	N 25
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name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of complete this item) 6a Were all of the plan's assets during the plan year invested in b Are you claiming a waiver of the annual examination and repunder 29 CFR 2520.104-46? (See instructions on waiver elight your answered "No" to either line 6a or line 6b, the plant c If the plan is a defined benefit plan, is it covered under the Plant Caution: A penalty for the late or incomplete filling of this ret Under penalties of perjury and other penalties set forth in the inst SB or Schedule MB completed and signed by an enrolled actuar belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator SIGN HERE	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ed public accountant (IQF and must instead use f ERISA section 4021)? I unless reasonable cau e examined this return/report Enter name of individual Enter name of individual	4c Pl 5a 5b 5c 7A) Form 550 use is escort, include, and to the signing of the sig	25 25 23 XYes No XYes No Not determined tablished. Iding, if applicable, a Schedule he best of my knowledge and as plan administrator
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Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
a	Total plan assets	7a	678,00	52				829,751
b	Fotal plan liabilities	7b						
C 1	Net plan assets (subtract line 7b from line 7a)	7c	678,00	52				829,751
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al
	Contributions received or receivable from: 1) Employers	8a(1)	26,8	31		1 13 (17)		
	2) Participants	8a(2)	37,2!					y and a second
	3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	123,6	32				4.00
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		(-)				187,821
d	Benefits paid (including direct rollovers and insurance premiums o provide benefits)		36,1	32				
e	Certain deemed and/or corrective distributions (see instructions)	8e			marks.			arawakin ik
f	Administrative service providers (salaries, fees, commissions)	8f			A. J. Care	y in . Yutare s	ja – Chang Lina er et große – C.	
g	Other expenses	. 8g						
_	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h						36,132
i	Net income (loss) (subtract line 8h from line 8c)	. 8i	a postan substitution in the	-1 / A				151,689
i	Fransfers to (from) the plan (see instructions)	. 8]						
T-	rt IV Plan Characteristics		· · · · · · · · · · · · · · · · · · ·					
\perp	2E 2F 2J 2K 3D f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Character	ristic (Codes	in the	instructions	
	rt V Compliance Questions				T.,			
10	During the plan year:	tianaithi.	the time period described in	I	Yes	No	A	mount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
C	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 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 instructions.)	of the ben	efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	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 2520.101	ne required	d notice or one of the	10i				
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes 🎛 No
118	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code o	r sec	tion 30	2 of E	RISA?	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 beir granting the waiver	ng amortiz	ed in this plan year, see instruct	ions, nth _	and er		e date of the	letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			••••••	<u></u>	12b		

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С	Enter the amount contributed by the employer to the plan for this	s plan year		. 12c	T	***************************************
d	Subtract the amount in line 12c from the amount in line 12b. Entinegative amount)	er the result (enter a minu	•	. 12d		
е	Will the minimum funding amount reported on line 12d be met by				Yes [] No □ N/A
Part	VII Plan Terminations and Transfers of Asset	'S				
13a	Has a resolution to terminate the plan been adopted in any plan	year?	************************************	. 🗆 Y	es 🗷 N	0
	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 beneficiarie of the PBGC?	•		control		Yes X No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another p	lan(s), identify the plan(s)	to		
	3c(1) Name of plan(s):		1	3c(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					1
14a	Name of trust			14b 1	rust's EIN	
1	PENINSULA OPTICAL LAB, INC 401(K) P			ı	01-0730	0090