For	m 5500-SF	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089							
	tment of the Treasury nal Revenue Service	B This form is required to be filed	enefit Plan under sections 104 ar	nd 4065 of the Employed	е	2	013				
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1		tions 6057(b) and 6058		This Form is Open to Public					
Pension Be	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 5500)-SF.	Ins	pection				
Part I		entification Information									
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/2013		and ending 1	2/31/:	2013					
A This ret	urn/report is for:	🖞 a single-employer plan 🛛 🗌 a	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan				
B This ret	urn/report is:	the first return/report	he final return/report								
	Γ	an amended return/report	short plan year return	n/report (less than 12 mo	onths)					
C Check I	box if filing under:] Form 5558 a	automatic extension			DFVC program					
special extension (enter description)											
Part II	Basic Plan Inforn	nation—enter all requested informat	ion								
1a Name					1b	Three-digit					
NORTHWES	T EYE CARE NETWOR	K, PLLC 401 (K) PLAN				plan number					
					4.0	(PN)	001				
			10	Effective date of 01/01/	•						
2a Plan si	nonsor's name and addre	ess; include room or suite number (em	nover if for a single-	emplover plan)	2b	Employer Identif					
NORTHWES	ST EYE CARE NETWOR	K, PLLC	ipioyer, il lor a single-		20	(EIN) 20-34					
					2c	Sponsor's telep 425-558					
	RED RD SUITE A WA 98008-2347				2d	Business code (see instructions)					
20 Dian a				Cronser Address	2h	62132 Administrator's I					
Ja Plan a	aministrator's name and	address XSame as Plan Sponsor Na	ime Same as Plan	Sponsor Address	30	Administrators	EIIN				
		lan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN					
	or's name				4c	PN					
5a Total r	number of participants at	the beginning of the plan year			5a	a 10					
b Total r	number of participants at	the end of the plan year			5b		16				
	· ·	count balances as of the end of the pla			5c		16				
		uring the plan year invested in eligible					X Yes No				
	•	e annual examination and report of ar	· ·	,							
under	29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions.)				X Yes No				
lf you	answered "No" to eithe	er line 6a or line 6b, the plan canno	t use Form 5500-SF a	and must instead use	Form	5500.					
C If the p	olan is a defined benefit p	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined				
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is	established.					
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.									
SIGN	Filed with authorized/val	lid electronic signature.	03/28/2014	MICHAEL CHOW							
HERE	Signature of plan adn	Enter name of individu	ual sig	ning as plan adn	ninistrator						
SIGN	• P 8 8		Date								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial eir	ning as employe	r or plan sponsor				
Preparer's		ne, if applicable) and address; include			_		number (optional)				

Pa	rt III Financial Information		-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Enc	l of Y	ear		
а	Total plan assets	7a	22760	7				2	259962		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	22760	7				2	259962		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:										
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	35662								
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							35662		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	330	7							
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3307		
	Net income (loss) (subtract line 8h from line 8c)	8i							32355		
i	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	oj									
9a b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 3B 3D										
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
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)					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					500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х					
e	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 pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x					
i	· · · · · · · · · · · · · · · · · · ·	ne required	d notice or one of the	10i							
Part		-									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							ΙΓ	Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		· · · · ·				ERISA?	ΙΓ	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			0.00	2.011						
а	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 instruc		, and e	enter th Day	e date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule				<u> </u>						
b	Enter the minimum required contribution for this plan year					12b					

c	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?	XY	′es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

	Form 5500-SF Short Form Annual Return/Report of Small Emplo								
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan	1065 of the Employee		2	013			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Intern	of 1974 (ERISA), and sectio nal Revenue Code (the Code	ns 6057(b) and 6058(e).	a) of		s Open to Public pection			
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the instruction	ns to the Form 5500	-SF.					
Part I Annual Report Ic For calendar plan year 2013 or fisc	dentification Information)1/01/2013	and ending	1	2/31/2013				
	x a single-employer plan	a multiple-employer plan		Γ	a one-partici				
A This return/report is for: B This return/report is:	the first return/report	the final return/report			_				
an amended return/report a short plan year return/report (less than 12 months)									
Check box if filing under:	☐ Form 5558	automatic extension		[DFVC program				
	special extension (enter descript	tion)							
Part II Basic Plan Inform	mation—enter all requested inform	mation							
a Name of plan					Three-digit plan number				
JORTHWEST EYE CARE N	ETWORK, PLLC 401 (K)	PLAN			(PN)	001			
			Effective date o						
a Plan sponsor's name and addr NORTHWEST EYE CARE N	ress; include room or suite number ETWORK, PLLC	(employer, if for a single-em	iployer plan)		Employer Identi (EIN) 20-349	fication Number			
L5617 BEL RED RD SUI	TE A				Sponsor's teler 425-558-9				
				2d	Business code	(see instructions)			
BELLEVUE	WA 98008-2347				621320				
a Plan administrator's name and	address Same as Plan Sponsor	r Name XSame as Plan S	ponsor Address	3b Administrator's EIN					
4 If the name and/or EIN of the	plan sponsor has changed since th	e last return/report filed for t	his plan, enter the	4b	EIN				
name, EIN, and the plan num	ber from the last return/report.			4c PN					
a Sponsor's name				10	1				
a Total number of participants a	at the beginning of the plan year			5a		16			
				5a 5b		16			
b Total number of participants ac Number of participants with a	at the end of the plan year	ne plan year (defined benefit	plans do not	5a 5b 5c		/			
 b Total number of participants a c Number of participants with a complete this item)	at the end of the plan year	e plan year (defined benefit gible assets? (See instruction of an independent qualified ity and conditions.)	plans do not ns.) public accountant (IQ	5b 5c PA)		16			
 b Total number of participants a c Number of participants with a complete this item). b Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eith 	at the end of the plan year account balances as of the end of th during the plan year invested in elig the annual examination and report (See instructions on waiver eligibili	gible assets? (See instruction of an independent qualified ity and conditions.)	plans do not ins.) public accountant (IQ ind must instead use	5b 5c PA) Form	5500.	16 16 X Yes No			
 b Total number of participants a c Number of participants with a complete this item). b Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to either the plan is a defined benefitied. 	at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report (See instructions on waiver eligibili ther line 6a or line 6b, the plan ca t plan, is it covered under the PBGC	gible assets? (See instruction of an independent qualified ity and conditions.)	plans do not ns.) public accountant (IQ nd must instead use RISA section 4021)? .	5b 5c PA) Form	5500. Yes	16 16 X Yes No X Yes No			
 b Total number of participants a c Number of participants with a complete this item). b Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit c If the plan is a defined benefit C aution: A penalty for the late of Junder penalties of perjury and oth SB or Schedule MB completed an 	at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report (See instructions on waiver eligibili ther line 6a or line 6b, the plan ca t plan, is it covered under the PBGC or incomplete filing of this return/ her penalties set forth in the instruction d signed by an enrolled actuary, as	gible assets? (See instruction of an independent qualified ity and conditions.) annot use Form 5500-SF and C insurance program (see E freport will be assessed un ions. I declare that I have ex	plans do not ns.) public accountant (IQ nd must instead use RISA section 4021)? . nless reasonable cau camined this return/rep	5b 5c PA) Form 	5500. Yes No (established. cluding, if appli	16 16 X Yes No X Yes No Not determined cable, a Schedule			
 b Total number of participants a c Number of participants with a complete this item). b Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eith c If the plan is a defined benefit C aution: A penalty for the late of Under penalties of perury and oth SB or Schedule MB completed an belief, it is true, correct, and comp 	at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report (See instructions on waiver eligibili ther line 6a or line 6b, the plan ca t plan, is it covered under the PBGC or incomplete filing of this return/ her penalties set forth in the instruction d signed by an enrolled actuary, as	gible assets? (See instruction of an independent qualified ity and conditions.) annot use Form 5500-SF and C insurance program (see E report will be assessed un ions, I declare that I have ex- s well as the electronic version 03 8 (2014)	plans do not ns.) public accountant (IQ nd must instead use RISA section 4021)? . nless reasonable cau camined this return/report on of this return/report	5b 5c PA) Form ise is port, in t, and t	5500. Yes No Sector No No Sector No	16 16 X Yes No X Yes No Not determined cable, a Schedule y knowledge and			
 b Total number of participants a c Number of participants with a complete this item). b Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eith c If the plan is a defined benefit C aution: A penalty for the late of Under penalties of perury and oth SB or Schedule MB completed an belief, it is true, correct, and comp 	at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report (See instructions on waiver eligibili ther line 6a or line 6b, the plan ca t plan, is it covered under the PBGC or incomplete filing of this return/ her penalties set forth in the instruction of signed by an enrolled actuary, as plate	gible assets? (See instruction of an independent qualified ity and conditions.) annot use Form 5500-SF and C insurance program (see E report will be assessed un ions, I declare that I have ex- s well as the electronic version 03 8 (2014)	plans do not nns.) public accountant (IQ nd must instead use RISA section 4021)? . nless reasonable cau camined this return/report	5b 5c PA) Form ise is port, in t, and t	5500. Yes No Sector No No Sector No	16 16 X Yes No X Yes No Not determined cable, a Schedule y knowledge and			
 b Total number of participants a c Number of participants with a complete this item). 3a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eith c If the plan is a defined benefith C If the plan is a defined benefith C aution: A penalty for the late of Under penalties of periory and oth BB or Schedule MB complete an opelief, it is true, correct, and composition SIGN HERE Signature of plan action 	at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report (See instructions on waiver eligibili ther line 6a or line 6b, the plan ca t plan, is it covered under the PBGC or incomplete filing of this return/ the penalties set forth in the instruction d signed by an enrolled actuary, as plete	gible assets? (See instruction of an independent qualified ity and conditions.) annot use Form 5500-SF and C insurance program (see E report will be assessed un ions, I declare that I have ex- s well as the electronic version Date	plans do not ns.) public accountant (IQ nd must instead use RISA section 4021)? . nless reasonable cau camined this return/report on of this return/report 1ICHAEL CHOW Enter name of individ	5b 5c PA) Form use is port, in t, and t	5500. Yes No Setablished. Including, if appli to the best of m	16 16 X Yes No X Yes No Not determined cable, a Schedule y knowledge and			
 b Total number of participants a c Number of participants with a complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit c If the plan is a defined benefit C If the plan is a defined benefit Caution: A penalty for the late o Under penalties of periory and oth SB or Schedule MB complete 1 an belief, it is true, correct, and comp SIGN HERE Signature of plan ad 	at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report (See instructions on waiver eligibili ther line 6a or line 6b, the plan ca t plan, is it covered under the PBGC or incomplete filing of this return/ the penalties set forth in the instruction d signed by an enrolled actuary, as plete	gible assets? (See instruction of an independent qualified ity and conditions.) annot use Form 5500-SF and C insurance program (see E Preport will be assessed un ions, I declare that I have ex- s well as the electronic version Date	plans do not ns.) public accountant (IQ nd must instead use RISA section 4021)? . nless reasonable cau tamined this return/report and this return/report AICHAEL CHOW Enter name of individ Enter name of individ	5b 5c PA) real signal ual signal	5500. Yes No Solution No Solut	16 16 X Yes No X Yes No Not determined cable, a Schedule y knowledge and			

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Form 5500-SF 2013

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Par	t III Financial Information								
7	Plan Assets and Liabilities	Mages W	(a) Beginning of Yea	r			(b) End	of Year	
а	Total plan assets	7a	22	760	7				259962
b	Total plan liabilities	7b		_				_	
С	Net plan assets (subtract line 7b from line 7a)	7c	22	2760	7				259962
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		100.00		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)			0	乱日川 第二次			
	(2) Participants	8a(2)			0		Sel Carlo		
	(3) Others (including rollovers)	8a(3)			0		12 2 12		
b	Other income (loss)	8b		3566	2	22/4	- ender	B HOLE	PA NATE A
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1101	1201 550	0.0200.020	TO ALL	35662
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
	Certain deemed and/or corrective distributions (see instructions)	8e		220		2			10100 10100 10100
f	Administrative service providers (salaries, fees, commissions)	8f		330	-7	A CLEAN THE	1		
g	Other expenses	8g	1	1000	1000	12/20	12 S. 12		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>		1				_	3307
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>		28	LE.	DODA	1,211,61,64	Acat le	32355
j	Transfers to (from) the plan (see instructions)	8j			if it			Sentil -	ter Tole e
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare f			_		_			
Par					Yes	No		Amoun	t
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	utions withi	n the time period described in rection Program)	10a		x			
b	 Were there any nonexempt transactions with any party-in-interes on line 10a.) 	t? (Do not	include transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	х				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her person I of the ber	s by an insurance carrier, befits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
ç	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Х			
ľ	I If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i					
Par									
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If '	'Yes," see instructions and con	nplete	Sche	dule SE	3 (Form	ΠY	'es 🗌 No
11:	a Enter the unpaid minimum required contribution for current year					11a			
12	Is this a defined contribution plan subject to the minimum fundin					302 of	ERISA?	Y	'es 🛛 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 be granting the waiver.	ing amortiz	zed in this plan year, see instru	nctions	, and	enter th Day	ne date of	the lette Year	r ruling
<u> </u>	f you completed line 12a, complete lines 3, 9, and 10 of Schedu					_			
k	Enter the minimum required contribution for this plan year					12b			

Form 5500-SF 2013

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Page 3 -

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c	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?	X	Yes 🗌] No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				0	
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				
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.)						
()	3c(1) Name of plan(s):	13c(2) E	EIN(s)	_	13c(3)	PN(s)	
				_			
Part	VIII Trust Information (optional)						
14a Name of trust				N			

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