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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		t Identification Information	1						
For calend	dar plan year 2013 or	fiscal plan year beginning 09/01	/2013	and ending 0	6/30/2	014			
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
B This re	eturn/report is:	the first return/report	X the final return/report						
		an amended return/report	X a short plan year retur	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım		
	3	special extension (enter desc	cription)		L				
Part II	Basic Plan Inf	ormation—enter all requested in	• •						
1a Name		onto an requestion in			1b	Three-digit			
		RIDGE, INC. 401(K) PLAN				plan number			
						(PN) ▶	001		
					1C	Effective date of 01/01/	•		
2a Plan	sponsor's name and a	address; include room or suite numb	per (employer if for a single-	employer plan)	2h	Employer Identif			
	CAL CENTER OF BA		or (omployor, in for a omigio	omployor plany		(EIN) 11-30			
						2c Sponsor's telephone numb			
8310 5TH /	AVENUE					718-680			
BROOKLY	N, NY 11209				2d	Business code (see instructions)		
						62132			
		and address Same as Plan Spon	—	n Sponsor Address	3b	Administrator's E	EIN 00823		
HE OPTICA	AL CENTER OF BAY		AVENUE YN, NY 11209		3c		telephone number		
		2.133112	,			718-680			
A 15 H		ha alaa aa aa aa ah aa ah aa aa ah a	Alan Inna and and an and Elland E		41.				
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed to	or this plan, enter the	4b	EIN			
	sor's name				4c	PN			
5a Total	number of participan	ts at the beginning of the plan year.			5a		8		
b Total	number of participan	ts at the end of the plan year			5b		0		
C Num	ber of participants wit	n account balances as of the end of	the plan year (defined bene	efit plans do not					
com	olete this item)				5c		0		
		ets during the plan year invested in	-				X Yes No		
		of the annual examination and repo 6? (See instructions on waiver eligit					X Yes □ No		
		either line 6a or line 6b, the plan					M 100 110		
		efit plan, is it covered under the PB					Not determined		
	<u> </u>	•		<u> </u>			1		
	•	e or incomplete filing of this retur	•				abla a Cabadula		
		other penalties set forth in the instru and signed by an enrolled actuary,							
	true, correct, and cor			• ,		,	o o		
SICN	Filed with authorize	d/valid electronic signature.	12/08/2014	SHERYL GUSS					
SIGN HERE		•			- اما ما	olog oc alsa al	ainiatrat		
	Signature of plan	administrator	Date	Enter name of individu	uai sigi	ning as pian adn	ninistrator		
SIGN HERE									
		loyer/plan sponsor	Date	Enter name of individu					
rieparer s	s name (including film	name, if applicable) and address; i	noidue room of suite numbe	i (optiorial)	riepa	arer a rerebuone	number (optional)		

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Do	t III Financial Information								
7			() 5						
	Plan Assets and Liabilities	17.33			(b) End of Year				
	Total plan assets	. 7a	+	206206				0	
	Total plan liabilities	7b _	20620	0	+	0			
	Net plan assets (subtract line 7b from line 7a)	- 7c		0	+	-			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
а	(1) Employers	8a(1)	368	6					
	(2) Participants	8a(2)	1752	27					
	3) Others (including rollovers)								
b	Other income (loss)	. 8b	2776	4					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						48977	
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d	25395						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	122	4					
g	Other expenses	. 8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						255183	
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					-1	206206	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Am	ount	
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				10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X			
е									
_	insurance service, or other organization that provides some or all	of the ben	nefits under the plan? (See		X				
	instructions.)			10e		V			813
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	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			10i					
Part	VI Pension Funding Compliance						•		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					,	Yes 🗌	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding		,			302 of	ERISA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
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	ne date of the le	-]
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
	Enter the minimum required contribution for this plan year					12b			

Page	3 -	. 1	
raye	J		

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			
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	es 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 country of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	



Dr. Steven Ganz The Optical Center of Bay Ridge, Inc. 8310 5th Avenue Brooklyn, NY 11209

RE: THE OPTICAL CENTER OF BAY RIDGE, INC. 401(K) PLAN

Form 5500 E-filing Authorization

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Preferred Pension Planning Corporation (PPPC) to electronically file the plan sponsor's Form 5500 annually, but only upon PPPC's receipt of a copy of the manually signed page one of Form 5500-SF.

The sponsor has been notified that the image of the plan administrator's/ plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

The plan sponsor and Trustee understand and agree that the complete electronically filed Form 5500 will have Sheryl Guss indicated as Plan Administrator. This listing is solely for purposes of filing the Form 5500. The plan sponsor and Trustee agree that Sheryl Guss is not the Plan Administrator; that Preferred Pension Planning Corporation and its employees are not fiduciaries of the plan, and they are not responsible for any penalties, fines, charges, corrections, or other charges or actions that may be required or imposed upon the plan or its representatives.

The employer may revoke or change this authorization for future plan years at any time by notification in writing to PPPC.

Trustee

Date

rm 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor nployee 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

2013

This Form is Open to Public Inspection

Part Annual Report Identification		e manuchone to		
For calendar plan year 2013 or fiscal plan year be	n information ginning 09⊀01/2013	an	d ending	06/30/2014
o single-em		ployer plan (not n	, , , , , , , , , , , , , , , , , , , ,	a one-participant plan
A This technicie for .				Д.,
B This return/report is:	=		ess than 12 months	5)
吕	d return/report X a short plan y autometic ex			DFVC program
C Check box if filling under: Form 5558	. \square	Elision		<u> Петегоро</u>
	ension (enter description)			•
Part II Basic Plan Information—ent	er all requested information		1b	Three-digit
1a Name of plan THE OPTICAL CENTER OF BAY RID	GE, INC. 401(K) PLAN			plan number 001
	5000 Street, 50 (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10)		de	(PN) Fifective date of plan
	•		10	01/01/2011
2a Plan sponsor's name and address; include ro	or or sulte number (employer, if for	a single-employe	r plan) 2t	Employer Identification Number
THE OPTICAL CENTER OF BAY RID	GE, INC.			(EIN) 11-3000823
			20	Sponsor's telephone number
8310 5TH AVENUE			20	718-680-2020′ d Business code (see instructions)
	11209		20	621320
BROOKLYN NY 3a Plan administrator's name and address Sa		e as Plan Sponso	r Address 3k	Administrator's EIN
THE OPTICAL CENTER OF BAY RID	,, <u></u>			11-3000823
THE OFFICAL CENTER OF DAT MAD	1110-		30	Administrator's telephone number 718-680-2020
8310 5TH AVENUE				/18-000-2020
BROOKLYN NY	11209			
4 If the name and/or EiN of the plan sponsor h	as changed since the last return/rep	ort filed for this pla	n, enter the	b EIN
name, EIN, and the plan number from the la	st retum/report.		40	C PN
Sponsor's name Total number of participants at the beginning	of the plan year		58	8
				b 0
 Total number of participants at the end of the 	s pian year			
b Total number of participants at the end of the	es as of the end of the plan year (def	ined benefit plans	do not	
Number of participants with account balance complete this item)	s as of the end of the plan year (def	ined benefit plans	do not	c 0
Number of participants with account balance complete this item)	es as of the end of the plan year (def	ined benefit plans ee instructions.)	do not 50	c 0
C Number of participants with account balance complete this item)	es as of the end of the plan year (def	ined benefit plans be instructions.) nt qualified public	do not 50	C
C Number of participants with account balance complete this item)	es as of the end of the plan year (def n year invested in eligible assets? (S mination and report of an independe ns on waiver eligibility and condition line 6b, the plan cannot use Form	ined benefit plans be instructions.) nt qualified public s.)	do not 50 accountant (IQPA)	c 0 X Yes No X Yes No X Yes No
C Number of participants with account balance complete this item)	es as of the end of the plan year (def n year invested in eligible assets? (S mination and report of an independe ns on waiver eligibility and condition line 6b, the plan cannot use Form	ined benefit plans be instructions.) nt qualified public s.)	do not 50 accountant (IQPA)	c 0 X Yes No X Yes No X Yes No
C Number of participants with account balance complete this item)	es as of the end of the plan year (def n year invested in eligible assets? (S mination and report of an independe ns on waiver eligibility and condition line 6b, the plan cannot use Form ared under the PBGC insurance prog	ned benefit plans ee instructions.) nt qualified public s.)	accountant (IQPA) at Instead use Forection 4021)?	C
C Number of participants with account balance complete this item)	es as of the end of the plan year (def n year invested in eligible assets? (S mination and report of an independe ons on waiver eligibility and condition line 6b, the plan cannot use Form ared under the PBGC insurance prog	ned benefit plans ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s	accountant (IQPA) st Instead use Forection 4021)?	c O X Yes No X Yes No The S500. Yes No Not determined Is established. Including if explicable, a Schedule
C Number of participants with account balance complete this item)	es as of the end of the plan year (def n year invested in eligible assets? (S mination and report of an independe ons on waiver eligibility and condition line 6b, the plan cannot use Form ared under the PBGC insurance prog	ned benefit plans ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s	accountant (IQPA) st Instead use Forection 4021)?	c O X Yes No X Yes No The S500. Yes No Not determined Is established. Including if explicable, a Schedule
C Number of participants with account balance complete this item)	es as of the end of the plan year (definition year invested in eligible assets? (Simination and report of an independents on waiver eligibility and condition line 6b, the plan cannot use Formated under the PBGC insurance programming of this return/report will be a torth in the instructions, I declare the enrolled actuary, as well as the electric in the instructions.	ined benefit plans ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s ssessed unless t at I have examine tronic version of th	accountant (IQPA) at Instead use Forection 4021)? easonable cause d this return/report, an	c O X Yes No X Yes No The S500. Yes No Not determined Is established. Including if explicable, a Schedule
C Number of participants with account balance complete this item)	es as of the end of the plan year (def n year invested in eligible assets? (S mination and report of an independe ons on waiver eligibility and condition line 6b, the plan cannot use Form ared under the PBGC insurance prog	ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s seessed unless t at I haye examine tronic version of the	accountant (IQPA) st Instead use For section 4021)? easonable cause of this return/report, an Ganz	C
C Number of participants with account balance complete this item)	es as of the end of the plan year (definition year invested in eligible assets? (Simination and report of an independents on waiver eligibility and condition line 6b, the plan cannot use Formered under the PBGC insurance programmed of this return/report will be a torth in the instructions, I declare the enrolled actuary, as well as the electric pate.	ined benefit plans be instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA seesed unless to at I haye examine tronic version of the seesed unless to a large examine tronic version of the seesed unless the seesed unles	accountant (IQPA) st Instead use For section 4021)? easonable cause d this return/report, an easonable cause and a return/report, and and a return/	C O No X Yes
C Number of participants with account balance complete this item)	es as of the end of the plan year (definition year invested in eligible assets? (Simination and report of an independent on walver eligibility and condition line 6b, the plan cannot use Formated under the PBGC insurance programmed of this return/report will be a torth in the instructions, I declare the enrolled actuary, as well as the elections.	ined benefit plans be instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s BESESSE UNIESS 1 At I have examine tronic version of the	accountant (IQPA) at Instead use Forestion 4021)? easonable cause d this return/report, an an Ganz name of individual	C
C Number of participants with account balance complete this item)	as as of the end of the plan year (definition of the end of the plan year (definition) and report of an independence on waiver eligibility and condition line 6b, the plan cannot use Formared under the PBGC Insurance programmer of the return/report will be a torth in the instructions, I declare the enrolled actuary, as well as the elections of the election of the enrolled actuary.	ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s at I have examine tronic version of the	accountant (IQPA) at Instead use Forection 4021)? easonable cause d this return/report, an an Ganz name of individual seriors have of individual seriors.	C
C Number of participants with account balance complete this item)	as as of the end of the plan year (definition of the end of the plan year (definition) and report of an independence on waiver eligibility and condition line 6b, the plan cannot use Formared under the PBGC Insurance programmer of the return/report will be a torth in the instructions, I declare the enrolled actuary, as well as the elections of the election of the enrolled actuary.	ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s at I have examine tronic version of the	accountant (IQPA) at Instead use Forection 4021)? easonable cause d this return/report, an an Ganz name of individual seriors have of individual seriors.	C
C Number of participants with account balance complete this item)	as as of the end of the plan year (definition of the end of the plan year (definition) and report of an independence on waiver eligibility and condition line 6b, the plan cannot use Formared under the PBGC Insurance programmer of the return/report will be a torth in the instructions, I declare the enrolled actuary, as well as the elections of the election of the enrolled actuary.	ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s at I have examine tronic version of the	accountant (IQPA) at Instead use Forection 4021)? easonable cause d this return/report, an an Ganz name of individual seriors have of individual seriors.	C
C Number of participants with account balance complete this item)	as as of the end of the plan year (definition of the end of the plan year (definition) and report of an independence on waiver eligibility and condition line 6b, the plan cannot use Formared under the PBGC Insurance programmer of the return/report will be a torth in the instructions, I declare the enrolled actuary, as well as the elections of the election of the enrolled actuary.	ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s at I have examine tronic version of the	accountant (IQPA) at Instead use Forection 4021)? easonable cause d this return/report, an an Ganz name of individual seriors have of individual seriors.	C
C Number of participants with account balance complete this item)	as as of the end of the plan year (definition of the end of the plan year (definition) and report of an independence on waiver eligibility and condition line 6b, the plan cannot use Formared under the PBGC Insurance programmer of the return/report will be a torth in the instructions, I declare the enrolled actuary, as well as the elections of the election of the enrolled actuary.	ee instructions.) nt qualified public s.) 5500-SF and mu ram (see ERISA s at I have examine tronic version of the	accountant (IQPA) at Instead use Forection 4021)? easonable cause d this return/report, an an Ganz name of individual seriors have of individual seriors.	C

Pa	Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	er			(b) End of Year	
а	Total plan assets	7a	2	0620	26		0	
b	Total plan liabilities	76			0		0	
C	Net plan assets (subtract line 7b from line 7a)	7c	. 2	206206			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	3686					
State Land	(2) Participants	8a(2)	(2) 17527			33.0		
	(3) Others (including rollovers)	8a(3)	•	•	0			
b	Other income (loss)	8b		2776	54 Vin			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢			(54) (54)	4897		
d	Benefits paid (Including direct rollovers and insurance premiums		3	5395	- a			
	to provide benefits)	8d		333	7.3			
-	Certain deemed and/or corrective distributions (see instructions)	, 8e	· · · · · · · · · · · · · · · · · · ·		リ機能			
f	Administrative service providers (salaries, fees, commissions)	Bf .	*****	122	34 00			
<u>g</u>	Other expenses	8g.		en erenn	O (%)			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8ħ		31.16 16 At	83	2551		
	Net income (loss) (subtract line 8h from line 8c)	81				-2062		
1	Transfers to (from) the plan (see instructions)	- 8j		,	0 🕸	2,00		
Pai	t Va Plan Characteristics		***					
9а	If the plan provides pension benefits, enter the applicable pension 2E 2F 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	tic Coc	ies in t	the instructions:	

Par	V Compliance Questions		······································					
10	During the plan year:			,	Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu	iclary Con	ection Program)	10a	,	Х		
b 	Were there any nonexempt transactions with any party-in-Interest on line 10a.)			10b		х		
C			*	10c		Х		
d	Did the plan have a lose, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х		
0	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er person of the ben	s by an insurance carrier, efits under the plan? (See	10e	х	•	813	
ŕ	Has the plan falled to provide any benefit when due under the plan		**************************************	10f		Х		
<u>.</u> я	A 15 (10 to 10 to			10g		х	,	
— h						х		
A	2520.101-3.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************	10h		<u> </u>		
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			101				
Part	Vi Pension Funding Compliance			·				
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	es," see instructions and com	plete	Schec	lule SE	3 (Form Yes No	
11a	Enter the unpaid minimum required contribution for current year from	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	or se	ction :	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see instruc	tlons.	and e	nter ti Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year				<u> l</u>	12b		
,								

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c Enter the amount contributed by the employer to the plan for this plan year	to the left of a	X Yes 13a	· [] No
	13	(2) EIN(8)	130
Part VIII Trust Information (optional) 14a Name of trust			

14b Trust's EIN