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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

For calend	ar plan year 2014 or fi	scal plan year beginning 01/01/2014		and ending 12	/31/2014			
A This ret	turn/report is for:			an (not multiemployer)		-		
							,	
B This retu	urn/report is	the first return/report	ne final return/report					
	u,.opee		a short plan year return/report (less than 12 months)					
C Check	box if filing under:	Form 5558	automatic extension		DI	FVC progran	n	
	_	special extension (enter description)						
Part II		ormation—enter all requested informat	ion		1			
1a Name BEST EYE		ROFIT SHARING PLAN			1b Threplan (PN)	number	001	
					1c Effective date of plan 01/01/1976			
2a Plan s BEST EYE C	ponsor's name and ad CORP., P.S.	ddress; include room or suite number (em	ployer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-0939877			
600 TRIANG	LE CENTER, SUITE 4	400			2c Sponsor's telephone number 360-423-0220			
LONGVIEW,					2d Business code (see instructions) 621111			
3a Plan a	dministrator's name ar	nd address Same as Plan Sponsor.			3b Administrator's EIN			
					3c Administrator's telephone number			
1 If the r	name and/or EIN of the	o plan changer has changed since the law	et return/report filed fo	or this plan, optor the	4b FIN			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN			
	or's name	·			4c PN			
5a Total	number of participants	at the beginning of the plan year			5a		2	
b Total	number of participants	at the end of the plan year			5b		2	
		account balances as of the end of the pla			5c		2	
		articipants at the beginning of the plan year			5d(1)		1	
d(2) Tot	al number of active pa	articipants at the end of the plan year			5d(2)		1	
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e		0			
		or incomplete filing of this return/repo						
SB or Sche		ther penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete						
SIGN		/valid electronic signature.	07/06/2015	TIMOTHY F. VRTISKA	RTISKA			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	as plan admi	inistrator	
SIGN								
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing a	as employer	or plan sponsor	
Preparer's	name (including firm n	name, if applicable) and address (include	room or suite numbe	r) (optional)	Preparer's	telephone r	number (optional)	
•								

A wore all of the plan's assess during the plan year invested in eligible assess? (See instructions.)		Form 5500-SF 2014		Page 2				
Part III Financial Information (a) Beginning of Year (b) End of Year 168892 168896 168892 168896 168892 168896 168896 168892 168896 16889	b .	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	Yes No
7 Plan Assets and Liabilities			surance p	orogram (see ERISA section 40	21)? .		Yes	No Not determined
a Total plan sasets	Par	t III Financial Information						
D Total plan liabilities. C Nat plan assets (subtract line 7b from line 7a). 7b 168922 168986 C Nat plan assets (subtract line 7b from line 7a). 7c 168922 168986 B Income, Expenses, and Transfer for this Plan Year (a) Amount (b) Total C Total line (subtract line 8b from line 7a). 8a(0) 3) Others (including rollovers). 8a(0) 5) Other innome (losts). 6b 14 C Total line (including from line 8a(1), 8a(2), 8a(3), and 8b). 8c 14 B Berlin (including from line 8a(1), 8a(2), 8a(3), and 8b). 8c 2 C Total line (including from line 8a(1), 8a(2), 8a(3), and 8b). 8c 3 Se 4 Se 5	7	Plan Assets and Liabilities				_		
C Net plan assets (subtract line 7b from line 7a)	_	· ·		1689)22	_		168886
8 income, Expanses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers		·		4000		_		400000
a Contributions received or receivable from: (1) Employers			7c	1689	122	-		168886
(1) Employers				(a) Amount				(b) Total
(2) Participants			8a(1)					
(3) Others (including rollovers). 88(3) b Other income (loss). 8b 14 C Total income (add lines 84(1), 84(2), 84(3), and 8b). 8c 14 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 8 e Certain deemed and/or corrective distributions (see instructions). 8e 8 f Administrative service providers (satines, fees, commissions). 8f 50 g Other spenses. 8g 50 h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 50 I Net income (loss) (subtract line 8h from line 8c). 8h 60 I Net line plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 8c 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
b Other income (loss)		,						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)	-				14			
Compliance Questions Compliance Questions		, ,	8c					14
e Certain deemed and/or corrective distributions (see instructions)		, , , , , , , , , , , , , , , , , , , ,						
F Administrative service providers (salaries, fees, commissions)	t	o provide benefits)	8d					
g Other expenses	_ e (Certain deemed and/or corrective distributions (see instructions)	8e					
Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		50			
i Net income (loss) (subtract line 8h from line 8c)	g (Other expenses	8g					
Transfers to (from) the plan (see instructions) 8	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristic Part IV Plan Characteristic Part IV Plan Characteristic Part IV Person Part I		, , ,	8i					-36
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2K 2R	<u>j</u> .	Fransfers to (from) the plan (see instructions)	8j					
Description								
Part V Compliance Questions	9a	If the plan provides pension benefits, enter the applicable pension to 2F 2J 2F 2G 3D 2K 2R	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:
Part V Compliance Questions 10	h		ature coo	les from the List of Plan Chara	ctorict	ic Coo	las in t	he instructions:
During the plan year: 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) 10a		in the plant provides wehate benefits, efficientle applicable wehate te	sature coc	ies nom the List of Flan Chara	Jensu	IC COC	163 111 (ne manachons.
During the plan year: 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) 10a	Part	V Compliance Questions						
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond?	10					Yes	No	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribut	tions with	n the time period described in				
c Was the plan covered by a fidelity bond?					10a		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	, , , , , , , , , , , , , , , , , , , ,	`	•	10b		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X		60000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d							
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?		-			10d		۸	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service, or other organization that provides some or all	of the ber	efits under the plan? (See	10e		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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	f	·			10f		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	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g	X		0
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	h		•		10h		X	
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part							
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11	Is this a defined benefit plan subject to minimum funding requirem						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling	11a							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling	12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
	а		-			and e	_	

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lf :	ou 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		12b		
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 negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

2014

This Form is Open to Public Inspection

and the second s	l identification information	01/01/2014	and ending	12/31/2	014		
For calendar plan year 2014 or t							
A =	a single-employer plan		an (not multiemployer)				
A This return/report is for:		of participating employer information in accordance with the form inst			instructions)		
	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year returr	n/report (less than 12 m	onths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	ogram		
	special extension (enter desc	cription)					
	ormation—enter all requested in	formation		14b = 0 0 0			
1a Name of plan				1b Three-digit			
Best Eye Corp., P.S. 401(k) Profit Sharing Plan			plan numbe	r 001			
				1c Effective date of plan			
				01/01/1976			
2a Plan sponsor's name and a	ddress; include room or suite numb	per (employer, if for a single-	emplover plan)	2b Employer Identification Number			
Best Eye Corp., P.S		(,,,	,	(EIN) 91-0			
				2c Sponsor's telephone number			
600 Triangle Center	c, Suite 400			360-423-0220			
				2d Business code (see instructions)			
Longview	WA 98632			621111			
3a Plan administrator's name a	and address XSame as Plan Spor	isor,		3b Administrator's EIN			
				3c Administrator's telephone number			
4				40			
	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			
a Sponsor's name	uniber from the last return/report.			4c PN			
	s at the beginning of the plan year			. 5a			
					2		
	s at the end of the plan year			30	2		
	n account balances as of the end o			5c	2		
THE TOTAL THE	articipants at the beginning of the p						
				5d(1)	1		
d(2) Total number of active p	participants at the end of the plan ye	ear		5d(2)	1		
	terminated employment during the			5e	0		

	or incomplete filing of this return other penalties set forth in the instru						
	and signed by an enrolled actuary,						
belief, it is true, correct, and cor			-	<u> </u>			
SIGN Just In	1 FUMM	07/01/15	TIMOTHY F. VE	RTISKA			
HERE Signature of plan		Date	Enter name of individ	dual signing as plan	administrator		
SIGN HERE							
Signature of emp	loyer/plan sponsor	Date			loyer or plan sponsor		
Preparer's name (including firm	name, if applicable) and address (include room or suite numbe	er) (optional)	rieparers telepr	one number (optional)		