-	Form 5500-SF Department of the Treasury Short Form Annual Return/Report of Small Em Benefit Plan				oyee	OMB Nos. 1210-0110 1210-0089		
Inter	nal Revenue Service	This form is required to be filed	under sections 104 and 4					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	ERISA), and sections 605 Revenue Code (the Code		Intern	This I	Form is Open to blic Inspection	
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	ructions to the Form 55	500-SF			
For calenda	Annual Report Ic Ar plan year 2014 or fisc	dentification Information al plan year beginning 01/01/201	4	and ending 12/	/31/20 ⁻	14		
	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer) (yer information in accord	(Filers	checking this b		
A mister		a one-participant plan	a foreign plan		Jance		structions)	
B This retu	urn/report is	the first return/report	the final return/report					
	[an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progr	am	
	[special extension (enter descript	tion)					
Part II	Basic Plan Inform	mation—enter all requested infor	mation					
1a Name		RK, PLLC 401 (K) PLAN			1b	Three-digit plan number		
NORTHWE	STETE CARE NETWOR	XX, FLEC 401 (X) FLAN				(PN)	001	
					1c	Effective date o	of plan 1/2007	
	ponsor's name and addr T EYE CARE NETWOR	ress; include room or suite number	(employer, if for a single-	-employer plan)		Employer Ident	tification Number	
						(EIN) 20-3 Sponsor's telep		
	RED RD SUITE A WA 98008-2347				2d		58-9082 (see instructions)	
					Zu	Business code 6213	,	
3a Plan a	dministrator's name and	l address XSame as Plan Sponsor	r.		3b	Administrator's	EIN	
4 If the r	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	30 4b		telephone number	
name		ber from the last return/report.			4c			
- <u>-</u>		t the beginning of the plan year			5		16	
		t the end of the plan year			51		4	
		ccount balances as of the end of the			5	c	4	
		cipants at the beginning of the plan			5d(1)	4	
d(2) Tot	al number of active parti	cipants at the end of the plan year.			5d((2)	4	
		minated employment during the pla			50	. ,	0	
		r incomplete filing of this return/r			ise is (established.		
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction I signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, in	cluding, if applie		
SIGN		alid electronic signature.	07/10/2015	MICHAEL CHOW				
HERE	Signature of plan adı	ministrator	Date	Enter name of individe	ual sig	ning as plan ad	ministrator	
SIGN HERE								
	Signature of employe	er/plan sponsor me, if applicable) and address (incl	Date	Enter name of individ			er or plan sponsor e number (optional)	
Fieparers	name (including inm na	ne, il applicable) and address (inci		ει) (Ορτιοπαι)				

6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of a						X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno						
C	If the plan is a defined benefit plan, is it covered under the PBGC in				_	-	
			Sogram (See Errie/ Section 40	,21).		100	
7							
	Plan Assets and Liabilities	_	(a) Beginning of Yea		_		(b) End of Year 151868
· · · ·	Total plan assets	7a	2098	02			151000
	Total plan liabilities	7b	2599	62			151868
	Net plan assets (subtract line 7b from line 7a)	7c		102			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
a	(1) Employers	8a(1)		0			
	(2) Participants	Participants					
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	16	614			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1614
	Benefits paid (including direct rollovers and insurance premiums		1081	86			
	to provide benefits)	8d	1001	0			
	Certain deemed and/or corrective distributions (see instructions)	8e	15	522			
	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	8g		0	_		109708
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-108094
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i					-100094
<u> </u>		8j					
	t IV Plan Characteristics	fa a tu una a a	des from the List of Dise Char				the instructions.
9a	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2J$ $2K$ $3B$ $3D$	reature co	des from the List of Plan Chara	actern		des in	the instructions.
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	tic Coc	des in t	he instructions:
Par	V Compliance Questions				-		-
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 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	
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		x	
f	Has the plan failed to provide any benefit when due under the plan					х	
				10f			
g b				10g		Х	
h 	2520.101-3.)			10h		X	
	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)						
_11a	Enter the unpaid minimum required contribution for current year fr	om Scheo	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	as annlic	able)				

Page 3 - 1

lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (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?	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	3 c(2) El	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

	the second secon						
Form 5500-SF	Short Form Annu	oyee	OME Nos; 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file		2014				
Ozpertment of Labor Employee Benefite Security Administration	Income Security Act of 1974	Internal	This Form is Open to Public Inspection				
Pension Benefit Gueranty Corporation	> Complete all entries in :	accordance with the Instru	ctions to the Form 66	00-SF.			
For calendar plan year 2014 of the	Identification Information	01/01/2014	and ending	1.2/	31/201	.4	
,	a single-employer plan	a multiple employer pla	n (not multiemployer) (
A This return/report is for:	D	of participating employe	er information in accord	lance with I	he form inc	structions)	
	a one-participant plan the first return/report	the final raturn/report					
B This return/report Is	an amended return/report	a short plan year returni	report (less than 12 m	nths)			
			report fields that its in	_	FVC progr		
C Check box if filing under:						am	
	j special extension (enter descr	ipt(on)				5 . 14 . 14 . F F.	
the provide of the second s	rmation-enter all requested inf	ormation		CHINA SHE NO	um et anno Sure		
1a Name of plan NORTHWEST EYE CARE N	TWORK, PLLC 401 (K)	PLAN		1b Thre plan	number	001	
NORTHWEST BIE CARDE D	121WOM, FDDC 404 (M)	E LIGHT		(PN)			
			1000 A 1463		ctive date o 01/200		
2a Plan sponsor's name and ad NORTHWEST BYE CARE M	dress; include ream of suite numbe NETWORK / PLLC	er (employer, if for a single-e	mployer plan)	2b Employer Identification Number (EIN):20-3491890			
				and the state of t	the should be a second	phone number	
15617 BEL RED RD SUI	ITE A			425-558-9082			
BELLEVUE	WA	7			usiness code (see instructions) 21320		
3a Plan administrator's name ar	nd address XSame as Plan Spons	eor _{s:}		3b Adm	inistrator's	EIN	
4 If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b EIN			
a Sponsor's name	mber from the last return/report.	1.140 MD N 12 8 32		4C PN			
and and a second s	at the beginning of the plan year	ייז אראי איז אראי אראיין אראיאנעראיין אראיאנעראין אראיאנעראין אראיאנעראין אראיאנעראין אראיגעראיין אראיגעראיין א איז איז אראי איז איז איז איז איז איז איז איז איז א	، موزم برده به دارات بار ماه و با ما استشد با با به داره د بر بار به بار	5a	1	16	
b Total number of participants	et the end of the plan year	احاشه والعادة شروعهم فالمنافع والمقاور فالتقو	ม้าละเว้านี้ค่างกำรังรู้ก่างการไว้ก่างการสารเรื่องไป	5b		.4	
	account balances as of the end of			5c	ľ	4	
	inticipants at the beginning of the p			5d(1)		W.	
	articipants at the end of the plan ye			5d(2)	for a state of the second s	4 4	
e Number of participants that the	erminated employment during the	plan year with accrued bone	its that were	5e	Í		
	or incomplete filing of this retur			L	hlished		
The day hone bless of parling and at	ther penalties self)forth in the instru	ctione 1 doctore that I hour a	vernined this roturning	nort includ	ing it anoli	cable, a Schedule y knowledge and	
SIGN X -TV-1/	(the)	07/02/15	MICHAEL CHOW	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-122-25-515-55 5		
NERM Signature of plan	administrator	Date	Enter name of Indivio	lual signing	as plan ad	iministrator	
BIGN							
Preparer's name (including firm r	oyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite number	Enter name of Individ			<u>rer or plan sponsor</u> e number (optional)	
		a and the second se					
For Paperwork Reduction Act Noti-	ch and OMD Control Numbers, see th	at Instructions for Form 5500-1	SF.			Form \$500-3F (2014) v, 140124	

 Are you clair under 29.CF If you answer 	he plan's assels during the plan year invested in e ning a walver of the annual examination and repol R 2520, 104-46? (See instructions on walver eligib ared "No" to either line 6a or line 6b, the plan o a defined benefit plan, is it covered under the PBG	t of an indepen illty and condit annot use Fo	ident qualified public accountations.) (m 5500-SF and must instead	nt (IQ d u se	PA) Form	5500.		Not	Yes (Yes (No No
Part III Fin	ancial Information						1968 Alfannis anna		21-1-1	
7 Plan Assets	and Liablilles	avo a resource	(a) Beginning of Yea	r			(b) End	of Ye	ar	
a Total plan as	sels	-sani 7a	25	5996	2				15	1868
	bilities				_					
C Net plan ass	ets (suppract line 76 from line 7a)		25	5,996	2		جەلىچىنىڭ ئېرىچىنى		1	1868
	enses, and Transfers for this Plan Year		(a) Amount				(b) :	Total		a an
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d Benefits paid	(Including direct rollovers and insurance premium	16		0818	6					
	ned and/or corrective distributions (see instruction				0	594 (11) 534 (11)			11770	
f Administrativ	e service providers (salarles, fees, commissions),			152	2 3			$1, d \in I$	》的 3	en sin sin sin sin sin sin sin sin sin si
g Other experie	508	28g			0					記録の
	es (add lines 8d, 8e, 8f, and 6g)							t monten		1970
Net Income ((loss) (Subtract line 6h from line 66)	8		e por	7.9° 7.1				and the state of the second	160.94
J Transfers to	(from) the plan (see instructions), minimum interview.	seren Bj			1048				in a fire Massary	
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b En	 A state of the sta			A REAL PROPERTY AND A REAL PROPERTY A REAL PRO
-	ter the minimum required contribution for this plan year	126]	a Vistovina
»		·		
G En	ter the amount contributed by the employer to the plan for this plan year and the terretain and the second s	120	1	
	bract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a gative amount)	12d		
	I the minimum funding amount reported on line 12d be met by the funding deadline?	anan	1 Y	es No NA
Part VII	Plan Terminations and Transfers of Assets		1.67 .000	· · · · · · · · · · · · · · · · · · ·
13a Ha	s a resolution to terminate the plan been adopted in any plan year?	X	Yes [No
ff."	Yes," enter the amount of any plan assets that reverted to the employer this year	: 13a		23 33 5
	ere all the plan assets distributed to participants or beneficieries, transferred to another plan, or brought under the the PBGC?			Ves X No
C If c	turing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ich assets or liabilities were transferred. (See instructions.)			- 1 - 2 - 45
13¢(1) Name of plan(s);	30(2) 1	iN(s)	10.c(3) 'PN(s)

Harr VIII Trust Information (optional) 14a Name of trust	14b Trust's E	EIN
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