Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 06/30/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report X the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit NORTHWEST EYE CARE NETWORK, PLLC 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number NORTHWEST EYE CARE NETWORK, PLLC 20-3491890 (EIN) Sponsor's telephone number 425-558-9082 15617 BEL RED RD SUITE A BELLEVUE, WA 98008-2347 Business code (see instructions) 621320 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 4 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 07/10/2015 MICHAEL CHOW **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and conditi	ndent qualified public accounta	nt (IQ	PA)				X Ye	_	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	N	ot dete	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of	Year		
<u>a</u>	Total plan assets	7a	1518	868						0	
<u>b</u>	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	1518	868	_					0	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	<u>ıl</u>		
	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		6							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								6	
	Benefits paid (including direct rollovers and insurance premiums	04	1496	559							
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e		0							
	Administrative service providers (salaries, fees, commissions)	8f	22	215							
	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							151	1874	
	Net income (loss) (subtract line 8h from line 8c)	8i							-151	1868	
j	Transfers to (from) the plan (see instructions)	8j									
Par	IV Plan Characteristics										
b		eature cod	es from the List of Plan Charad	cterist			he instru				
10	During the plan year:	C 20-5	. 0 6		Yes	No		Aı	nount	1	
а	Was there a failure to transmit to the plan any participant contribution 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	nclude transactions reported	10b		X					
	Was the plan covered by a fidelity bond?			10c	Χ					5	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	100							
е	or dishonesty?	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10d 10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х					
h	If this is an individual account plan, was there a blackout period? (•				X					
i	2520.101-3.)	ne required	notice or one of the	10h		^					
Part	vi Pension Funding Compliance	ı · J		10i							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		- 1			
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Υe	es 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 amortize	ed in this plan year, see instruc		, and e	enter th Day			letter ear	rulino	3

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (`		12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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 N	lo	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1	3c(2) E	IN(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 Internet Revenue Service

Department of Cabo: Employee Banafits Security Administration Pension Benefit Quarently 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 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public inspection

Pension Benefit Guerenty Corporation F Complete all entries in accordance with the instructions to the Form 5508-8F.									
Part R Annual Report Identification Information									
For catendar plan year 2014 or 6scal plan year beginning 01/01/2015 and ending 05/30/2015									
A This return/report is for: B This return/report is	a one-participant plan the first return/report an amended return/report	a multiple-employer pla of participating employe a foreign plan the final return/report a short plan year return/	r Information in accord	lance with the fo	this box must attach a list orm instructions)				
C Check box If filling under:	Form 5558	automatic extension		DEAC	program				
Part II Basic Plan Info	rmation—enter all requested in	formation	· · · · · · · · · · · · · · · · · · ·		-terripor - Allie Adorrada				
1a Name of plan Northwest Eye Care N	etwork, PLLC 401(k)	Plan	"	1b Three dig	ber 0.01				
			- 3	1c Effective 01/01/	2007				
2a Plan sponsor's name and add Northwest Eye Care N	dress; include room or suite numb letwork, PLLC	er (employer, if for a single-e	mployer plan)	2b Employer Identification Number (EIN) 20-3491890					
15617 Bel Red Rd Sui	te. A			425-55	s telephone number 58 - 90.82 code (see Instructions)				
Bellevue	WA. 98008-234	7		621320					
3a Plan administrator's name an	d address Same as Plan Spons	sor	1	3b Administrator's EIN					
name, EIÑ, and the plan our	plan spensor has changed since ober from the last return/report.	the last return/report filed for	this plan, enter the	4b EIN					
3 Sponsor's name 5a Total number of participants	at the beginning of the plan year			4c PN					
	at the and of the plan year			5b	0				
C Number of participants with a	account balances as of the end of	the plan year (defined benefi	f plans do not	5c	0				
	ticipants at the beginning of the pl			5d(1)	4				
d(2) Total number of active par	ticlpants at the end of the plan ye	ar.	razonał kielizo krokinick	5d(2)	0				
	rminated employment during the p			5e	0				
Caution: A penalty for the late of Under penalties of perjury and att SB or Schedule MB computed at	or incomplite tisog of this return her penalties set forth in the instruc- id signed by an enrolled actuary, a	n bessesses ad flive hooesto	niess reasonable cau	se is establish port, including, if , and to the bes	ed. applicable, a Schedule t of my knowledge and				
beflef, it is true confect, entireons	1-170	1x 07/06/15	MICHAEL CHOW	**************************************	er all annual equal annual equal equ				
Signature of planta	Enter name of individ	vidual signing as plan administrator							
Harris					mployer or plan sponser sphone humber (optional)				
				o Processia, Feb					

****	Form 5500-\$F 2014	- 127	Page 2	-			
b	Were all of the plan's assets during the plan year invested in eligit. Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-45? (See Instructions on walver eligibility if you answered "No" to either line 60 or line 6b, the plan cannot be a second or line 6b.	an indepai and condit of use Fo	ndent qualified public accountations.)	nt (IQ d use	PA) Form	5600.	X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	tsurence p	rogram (see ERISA saction 40	21)7.		Yes	☐ No ☐ Not determined
Pa	#III Financial Information		·			1000	
7.	Plan Assets and Liabilities		(a) Beginning of Yea	r.		171	(b) End of Year
a	Total plan assets	7a	1:	5186	8	,	0
	Total plan liabilities	_ 7b	Productive and the second seco			-	
C	Net plan assets (subtract line 7b from line 7a)		1,5	5185	₿	-	Q
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-01,11	-		(b) Total
	Contributions received of receivable from: (1) Employers	Ba(1)	· · · · · · · · · · · · · · · · · · ·		0		
Ş	(2) Participants (1) (2)	Ba(2)			0	0.000	
	[3] Others (including rollove)s) (and adversary or construction of the control of	8a(3)			0		
	Other Income (loss)	8p		N. 45.0	6	17.47	
	Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b)	Bc Bc	Bell Deciment that the Miller College Be	2.	79170		6
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	6d	14	1965	9		
	Certain deemed and/or corrective distributions (see instructions)	80			0	Maria Eres (ER)	
f	Administrative service providers (salaries, fees, commissions)	81		221	5 🏙		
g	Other expenses	8g			0		
h	Total expenses (add lines 84, 8e; 8f, and 8g)	8h		城市			151874
i	Net income (loss) (subtract line 8h from line 8t)				70	enego de la	-151868
j	Transfers to (from) the plan (see instructions)	81		2011-000-0404	(1) (1)		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Charac	terist	ic Cod	es in t	the instructions:
Par	V Compliance Questions				.1000000.11		A A A
10	During the plan year:		was a series board likely and a series and a series of the		Yes	No	Amount
a 	29 CFR 2510,3-1027 (See Instructions and DOL's Voluntary Fld	uclary Con	rection Program)	10a.		Х	المتعادية
þ	on line 10ai)	s chrosini	onsidikum, sakanbeng	10b		Х	
C		- Charles and the Common of th		10¢	Х		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or distremental?		e-Paranian disependento del	40d		Х	
е	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		х	
f	Has the plan falled to provide any benefit when due under the pla	m? ,	Minusia minusia marana	10f		Х	
9	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end,)	10g		Х	
h		this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 20.101-3.)			in the	Х	Parties and American State of the Communication of
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						12.50 12.50
Part	VI Pension Funding Compliance			encell e	Carried Sec.		A 6 47.4
11	le this a defined benefit plan subject to minimum funding required 5900) and line 11a below?						
11a	Enter the unpaid minimum required contribution for current year t	rom Sched	tule SB (Form 5500) line 39			17a	1
12	Is this a defined contribution plan subject to the minimum funding	Construction of the last of th	ACTION AND ADDRESS OF THE OWNER,	or se	ection	302 af	ERISA? Yes No
a	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amoniz	ed in this plan year, see instru		, and	enter f	511

EDW/90	Form 5500-SF 2014	Consider William on Department of Control	Page 3 -					
lf.	you completed line 12e, complete lines 3, 9, as	id 10 of Schedule MB (Form	n 6500), and skip to line 13	W. W	· · · · · · · · · · · · · · · · · · ·	with the same	***************************************	1000-100
111111111111111111111111111111111111111	Enter the minimum required contribution for this		The second secon	The second secon	12h			
G	Enter the amount contributed by the employer to	the plan for this "Ninn visis".	The second second		120			
***********	Subtract the amount in line 12c from the amount negative amount)	in line 12b. Enter the result (enter a minus sign to the lef	l of a	12d		esticione de la constitución de la	
6	Will the minimum funding amount reported on lin					Yes	No [N/A
Part	VII Plan Terminations and Transfe	rs of Assets		MONTH OF THE PARTY		V		territary
13a	Has a resolution to terminate the plan been adopted	I in any pian year?	ingration and the contribution		X Ye	s No	1.70	
	if "Yes," enter the amount of any plan assets the				13a		- Ch	C
ъ	Were all the plan assets distributed to participan of the PEGC7.					***************************************	X Yes	∏. No
c	If during this plan year, any assets or liabilities within assets or liabilities were transferred. (See	ere transferred from this plan	to another plan(s), identify	the plan(a)	lo			
1	3c(1) Name of plan(s):			1	3e(2) EIN	(9)	13c(3)	PN(s)
			*					
Part	VIII Trust Information (optional)	· · · · · · · · · · · · · · · · · · ·	THE THE PARTY OF T				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.44
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