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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		Identification Information					
For calend	ar plan year 2013 or t	fiscal plan year beginning 10/01/2013	3	and ending 0	09/30/	2014	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
B This ret	turn/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:	X Form 5558	automatic extension			DFVC progra	am
	· ·	special extension (enter description	n)				
Part II	Basic Plan Info	ormation—enter all requested informa	ation				
1a Name		•			1b	Three-digit	
DISPENSER	RS OPTICAL SERVIC	E CORPORATION RETIREMENT PLAN	FOR BARGAINING	UNIT EMPLOYEES		plan number	
					10	(PN)	002
					10	Effective date o	•
2a Plan s	ponsor's name and a	ddress; include room or suite number (er	mplover. if for a single-	emplover plan)	2b	Employer Identi	
	RS OPTICAL SERVICE		, , , , , , , , , , , , , , , , , , , ,	- 1 -7 - 1 - 7			78280
					2c	Sponsor's telep	hone number
P.O. BOX 35						502-49	1-3440
LOUISVILLE	E, KY 40232				2d		(see instructions)
0:					21-	33990	
3a Plan a	dministrator's name a	and address XSame as Plan Sponsor N	ame Same as Plar	n Sponsor Address	3D	Administrator's	EIN
					3c	Administrator's	telephone number
4 If the r	name and/or FIN of th	ne plan sponsor has changed since the la	est return/report filed fo	or this plan, enter the	4h	EIN	
		umber from the last return/report.	ast return report mean	or this plan, enter the	40	CIIN	
a Spons	or's name				4c	PN	
5a Total	number of participant	s at the beginning of the plan year			5a		48
b Total i	number of participant	s at the end of the plan year			5b		45
		account balances as of the end of the p	• '	-	F -		
	•				5c		□ v □ N-
		ts during the plan year invested in eligible of the annual examination and report of a					X Yes No
		6? (See instructions on waiver eligibility a					X Yes No
		either line 6a or line 6b, the plan canno					
C If the p	olan is a defined bene	efit plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?	X	Yes No	Not determined
Caution: A	nenalty for the late	or incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established	
	•	other penalties set forth in the instructions					able, a Schedule
		and signed by an enrolled actuary, as we	Il as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and
beller, it is	true, correct, and con	ipiete.					
SIGN	Filed with authorized	d/valid electronic signature.	07/14/2015	CHARLES ARENSBE	RG		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual si	gning as plan adr	ninistrator
SIGN							
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual sid	gning as employe	er or plan sponsor
Preparer's		name, if applicable) and address; include					number (optional)

Form 5500-SF 2013 Page **2**

Da	t III Financial Information						
Pa	rt III Financial Information				ı		
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>а</u>	Total plan assets	7a 	90603				944567
	Total plan liabilities	7b	00005	7			044567
	Net plan assets (subtract line 7b from line 7a)	7c	90865	1	-		944567
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)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	8828	1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					88281
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4331	7			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	905	4			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					52371
i	Net income (loss) (subtract line 8h from line 8c)	8i					35910
j	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension 1A 1I	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	the instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	7.8110.5111
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Χ		104000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X	104000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100			
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h			
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)						
11a	Enter the unpaid minimum required contribution for current year for					11a	0
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 00	- J. (OII)	30 <u>2</u> 01	
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juj	. 531
	Enter the minimum required contribution for this plan year	•				12b	

Page	3	- [1
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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?	. 🔲 Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
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):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

File as an attachment to Form 5500 or 5500-SF.

				► File as	an attachme	nt to Form	5500 or	5500-SF.				
Fo	r calendar	plan year 2013	3 or fiscal plan y	ear beginning	10/01/2013			and end	ling 09/30	/2014		
•	Round of	f amounts to	nearest dollar.									
•	Caution:	A penalty of \$1	1,000 will be ass	sessed for late filing	of this report u	ınless reas	onable ca	use is establish	ned.		1	
DI:	Name of p SPENSER NIT EMPLO	S OPTICAL SE	ERVICE CORPO	DRATION RETIREM	ENT PLAN FO	OR BARGA	INING	B Three-d plan nur	git nber (PN)	•	002	
С	Plan spons	sor's name as	shown on line 2	a of Form 5500 or 5	500-SF			D Employe	Identification	n Numbei	· (EIN)	
DIS	SPENSER	S OPTICAL SE	ERVICE CORPO	PRATION					61-10782	280		
Е	Type of pla	n: X Single	Multiple-A	Multiple-B	F	Prior year pla	an size: 🔀	100 or fewer	101-500) More	than 500	
Р	art I	Basic Inforr	mation									
1		e valuation dat		Month 10	Day01	Year	2013					
2	Assets:				,							
	a Marke	t value							2a			908657
	b Actua	rial value							2b			822148
3	Funding	target/particip	ant count break	down:			(1) N	umber of partic	ipants	(2) Funding Targe	
	a For re	tired participar	nts and beneficia	aries receiving paym	ent	3a	. ,	'	16	`	,	320210
	b For te	erminated veste	ed participants			3b			32			473737
	C For a	ctive participan	ts:									
	(1)	Non-vested	benefits			3c(1)						C
	(2)	Vested bene	efits			3c(2)						C
	(3)	Total active.				3c(3)			0			C
	d Total					3d			48			793947
4	If the pla	an is in at-risk s	status, check the	e box and complete	lines (a) and (l	b)						
	a Fundi	ng target disre	garding prescrib	ed at-risk assumption	ons				4a			
				umptions, but disregations onsecutive years an					4b			
5					<u>_</u>	•			5			6.63 %
6	Target r	normal cost							6			9000
	To the best of accordance we combination,	vith applicable law a	e information supplied and regulations. In my	d in this schedule and acco or opinion, each other assun perience under the plan.								
	SIGN HERE									02/12	/2015	
•	ILKL		Signa	ture of actuary						Date		
\/ □	ECH DAD	MAR, EA, MAA	_	itule of actuary								
VIII	CLOTTI AIX	IVIAIX, LA, IVIAA		int name of actuary					Most ro	14-0	ment number	
СТ			• • • • •	•					MOSTIE			
<u>۱۱</u>	ANDAKU F	KETIKEWENT	SERVICES, INC						olophana =		321-0837 cluding area cod	۵)
MA	00 SW SIX AILDROP F ORTLAND,		r	irm name				'	elepnone n	umber (ind	duding area cod	e)
			Add	ress of the firm				_				
f th	e actuary h	nas not fully ref	lected any regul	ation or ruling promi	ulgated under	the statute	in comple	eting this echan	ule check t	he hov and	1 500	П
	e actuary r	ido fiot fully fel	iootou ariy regul	and or running profits	aigatou unuen	ino sialule	comple	Jung una sonet	aio, oileon l	IC DOX all	2 000	Ш

Page	2	-
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Pa	rt II	Begir	ning of Year	Carryov	er and I	Prefunding Ba	alances							
	Balance at beginning of prior year after applicable adjustments (line 13 from prior								(b)	Prefund	ng balar	ce		
7		-	nning of prior year		-	•	•			1143				0
8	prior year)0												0	
9										1143				0
10	Interest	on line 9	using prior year's	actual re	turn of	17.88 %				204				
11	1 Prior year's excess contributions to be added to prefunding balance:													
	a Present value of excess contributions (line 38a from prior year)											19010		
	b Interest on (a) using prior year's effective interest rate of 6.98 % except as otherwise provided (see instructions)											1327		
	C Total	available	at beginning of cur	rent plan y	ear to add t	to prefunding balar	ce							20337
d Portion of (c) to be added to prefunding balance											0			
12	Other re	eductions	s in balances due	to election	s or deem	ed elections				0				0
13	Balance	e at begir	nning of current ye	ar (line 9	+ line 10 +	line 11d – line 12)			1347				0
P	art III	Fun	ding Percenta	ages										
14	Funding	g target a	ttainment percent	age								14	103	3.38 %
15			g target attainmen									15		3.55 %
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement)	16	99	9.51 %			
17	If the cu	ırrent val	ue of the assets o	f the plan	is less thai	n 70 percent of the	e funding targ	get, enter	such percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	lity Shoi	rtfalls								
18	Contrib		ade to the plan for				oloyees:							
(N	(a) Dat IM-DD-Y		(b) Amount pa employer(nount paid by mployees	(a) Da (MM-DD-)		(b) Amount p employer		(ınt paid b oyees	y
							Totals ►	18(b)		0	18(c)			0
19	Discour	nted emp	loyer contributions	s – see ins	tructions for	or small plan with	a valuation d	ate after t	he beginning of th	e year:				
	a Cont	ributions	allocated toward u	ınpaid mir	nimum requ	uired contributions	from prior ye	ears		19a				0
	b Conti	ributions	made to avoid res	trictions a	djusted to	valuation date				19b				0
	C Contr	ributions a	allocated toward mi	nimum req	uired contri	bution for current y	ear adjusted t	to valuatio	n date	19c				0
20	Quarter	ly contrib	outions and liquidit	y shortfall:	s:									
	a Did t	he plan h	ave a "funding sh	ortfall" for	the prior ye	ear?							Yes	X No
	b If line	20a is "	Yes," were require	ed quarterl	y installme	ents for the curren	year made ii	n a timely	manner?	<u>.</u>			Yes	No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the	e following table a	s applicable:							
		(4) 1				ty shortfall as of e	nd of quarter					(4)		
		(1) 19	ST		(2)	2nd		(3)	3rd			(4) 4tl	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost									
21	Discou	nt rate:												
	a Seg	ment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment 7.16 %		N/A, fu	ıll yield	curv	e used				
	b Appl	licable month (enter code)			21b								
22	Weight	ted average ret	tirement age			. 22				62				
23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitute								
Pa	rt VI	Miscellane	ous Items											
24				tuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired	l					
		-							Yes	X No				
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No				
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No				
27	If the p	lan is subject t	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27				- 				
	attachment													
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years	1								
28	Unpaid	l minimum requ	uired contributions for all prior	years		. 28				0				
29				d unpaid minimum required contrib		29				0				
30	Remai	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29).		30				0				
Pa	rt VIII	Minimum	Required Contribution	For Current Year										
31	Target	normal cost a	nd excess assets (see instruct	tions):										
	a Targe	et normal cost	(line 6)			. 31a				9000				
				line 31a		31b				9000				
32		zation installme	<u> </u>		Outstanding Bala	ance	lı	nstallm	ent					
	a Net s	shortfall amortiz	zation installment			0				0				
	b Waiv	er amortizatio	n installment											
33				ter the date of the ruling letter grai		33								
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0				
				Carryover balance	Prefunding bala	ince	To	tal bal	ance					
35	Balanc	es elected for	use to offset funding	,										
00				C		0				0				
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0				
37				ontribution for current year adjuste		37				0				
38	Presen	nt value of exce	ess contributions for current ye	ar (see instructions)		L L								
						38a				0				
				prefunding and funding standard o		38b				0				
39				ear (excess, if any, of line 36 over		39				0				
40				.	·	40				0				
Pa	rt IX			Pension Relief Act of 2010)								
			de to use PRA 2010 funding re		(11111111111111111111111111111111111111	,								
						П	2 plus 7 yea	ırs [15	years				
				41a was made				2010	_	2011				
42			,	- Tu Was made		42	- 🔟 = 000 [
				d over to future plan years		-								
			coloration annount to be callle	a cook to rataro plan youro		,								

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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	➤ Complete all entries in ac	cordance with the instr	uctions to the Form 550)0-SF.		spection
U. U.A. T. ES	Part I Annual Report	Identification Information	<u> </u>				
Fo	r calendar plan year 2013 or fis		10/01/2013	and ending		09/30/201	14
Α	This return/report is for:	χ a single-employer plan	a multiple-employer	plan (not multiemployer)	7	a one-particip	pant plan
В	This return/report is:	the first return/report	the final return/report	t			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)	§	
С	Check box if filing under:	X Form 5558	automatic extension		1	DFVC progra	am
	4978	special extension (enter descri	iption)		20		
P	art II Basic Plan Info	ormation—enter all requested info	ormation				
1a	Name of plan				1b	Three-digit	
	DISPENSERS OPTICAL	L SERVICE CORPORATION	j			plan number	
	RETIREMENT PLAN FO	OR BARGAINING UNIT				(PN) ▶	002
	EMPLOYEES					Effective date of	
2a	Plan sponsor's name and add	dress; include room or suite numbe	er (employer if for a single	omployer plan)	102-23	10/01/1987	
(ACC-11)	DISPENSERS OPTICAL	L SERVICE	I (employer, it for a single	-employer plant		Employer Identif	
	CORPORATION					(EIN) 61-107 Sponsor's telepl	
						(502) 491-	
	P.O. BOX 35000					Business code (
	LOUISVILLE		KY	40232		339900	
3a	Plan administrator's name an	nd address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b	Administrator's E	EIN
				1	20		60.7780 B
				/	30	Administrator's to	elephone number
	Medical					(502) 491-	-3440
4	If the name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b		3110
а	Sponsor's name	mber from the last return/report.					
		at the beginning of the plan year			4c	PN T	
					5a		4.8
c		at the end of the plan year			5b		45
	complete this item)	account balances as of the end of th	ie plan year (defined bene	∍fit plans do not	5c		
6a	Were all of the plan's assets	during the plan year invested in elig	igible assets? (See instruc	ctions.)			X Yes No
b	Are you claiming a waiver of t	the annual examination and report	of an independent qualifie	ed nublic accountant (IOE	DAY		
	If you answered "No" to eit	(See instructions on waiver eligibili	ty and conditions.)				X Yes No
c	If the plan is a defined henefit	ther line 6a or line 6b, the plan ca	nnot use rorm 2000-27	and must instead use	Form 5	<i>i</i> 500.	
	100.7	t plan, is it covered under the PBGC			200		Not determined
Cau	tion: A penalty for the late o	r incomplete filing of this return/	report will be assessed	unless reasonable cau	se is e	stablished.	
SB	er penaities of perjury and other or Schedule MB completed and	er penalties set forth in the instruction disigned by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, inc	luding, if applica	ble, a Schedule
belie	ef, it is true, correct, and comple	ete.	well as the electronic ver	sion of this return/report,	and to	the best of my F	knowledge and
010	The last last	010/010	L .i. (./	Т			
SIG	DE 19/00 11/4	Monde	7-19-2019	Charles Arensb	erg		1
	Signature of plan ad	10/10/1	Date	Enter name of individu	ıal sign	ing as plan admi	inistrator
SIGI	E TAINS JAN	LONSVILQ/	7-13-2015	Charles Arensb	erg		
	Signature of employ	er/plan sponsor	Date	Enter name of individu	ıal sign	ing as employer	or plan sponsor
Prep	arer's name (including firm nai	ime, if applicable) and address; incli	ude room or suite number	r (optional)	Prepar	rer's telephone r	number (optional)
							55 M 88
				-			
				-		HONE THE RESERVE AND ARE	

Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ar	
-	Total plan assets	7a		3,65	7		(b) Liid	01 10		1,567
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	908	3,65	7				944	1,567
_	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) -	Γotal		
	Contributions received or receivable from:		(a) Amount				(6)	Otai		
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	8.8	3,28	1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							88	3,281
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	43	3,31	.7					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	٥	9,05	4					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								2,371
i	Net income (loss) (subtract line 8h from line 8c)	8i							35	,910
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $1\mbox{A}$ $1\mbox{I}$	feature code	s from the List of Plan Chara	acteris	stic Co	odes in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cterist	ic Co	des in t	he instruc	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
	3 - 1 - 1 - 1									
а	' ''			10a		Х				
a b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct (Do not inc	tion Program)	10a 10b		X				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Correct? (Do not inc	tion Program)lude transactions reported	10b	X				10	4,000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	tion Program)	10b 10c	X				104	4,000
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct (Do not incomment)	tion Program)	10b	X	Х			104	4,000
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliary Were there any nonexempt transactions with any party-in-interest on line 10a.)	riciary Correct (Do not incomplete fidelity bond incomplete persons but the benefit fidelity fidelity fidelity benefit fidelity	tion Program)	10b 10c 10d	X	Х			10-	4,000
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliary Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond	tion Program)	10b 10c	Х	X			104	4,000
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliary Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond	tion Program)	10b 10c 10d	Х	X X X			104	4,000
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliary Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond ner persons bof the benefit	tion Program)	10b 10c 10d	Х	X			104	4,000
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond ner persons both the benefit n? (See instructions)	tion Program)	10b 10c 10d 10e 10f	X	X X X			10	4,000
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond firer persons be of the benefit finer (See instructions required in	tion Program)	10b 10c 10d 10e 10f 10g	X	X X X			10.	4,000
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond firer persons be of the benefit finer (See instructions required in	tion Program)	10b 10c 10d 10e 10f 10g 10h	X	X X X			104	4,000
b c d e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond firer persons be of the benefit finer persons benefit	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X Adule SE			10·	4,000
b c d e f g h i	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond ner persons both the benefit s of year end (See instruction ne required n 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scher	X X X X Adule SE				
b c d e f g h i	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond fire persons both the benefit fine construction of the benefit fine con	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scher	X X X X Authorized SE	0		Yes	
b c d e f g h i Part 11	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond firer persons be of the benefit fits of year end (See instruction 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scher	X X X X Authorized SE	0		Yes	No
b c d e f g h i Part 11 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond firer persons both the benefit fite benefi	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	X X X X Adule SE	0 ERISA?		Yes Yes	No No
b c d e f g h i Part 11 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond fidelity bond finer persons bother persons bother benefit finer persons bother file benefit finer persons bother file benefit finer persons bother file benefit finer required in file file file file file file file file	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	X X X X X August SE	0 ERISA?	the let	Yes Yes	No No

	Form 5500-SF 2013 130118 Page 3 -				
	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?	Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
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.)	to			
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			<u> </u>	
14a	Name of trust	14b ⊤r	ust's EIN		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

	▶ File as an attachr	ment to Forn	n 5500 oi	r 5500-SF.			
Fo	r calendar plan year 2013 or fiscal plan year beginning 10/0	01/2013		and end	ling	0.9	9/30/2014
	Round off amounts to nearest dollar.			*-		•	
>	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reaso	onable ca	use is establisl	ned.		
	Name of plan			B Three-d			
	'				nber (PN)	•	002
					V/ = \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
D.	ISPENSERS OPTICAL SERVICE CORPORATION RETIRE	EMENT PL	AN FOI	R BARGAIN	ING		
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employe	dentificat	ion Numbe	er (EIN)
D.	ISPENSERS OPTICAL SERVICE CORPORATION			61-107	8280		
F	Type of plan: X Single Multiple-A Multiple-B	Prior year pla	n size. X	100 or fewer	101-50	о П Мо	re than 500
		1 nor year pie	11 3120. ps	100 01 100001	101-00	70 1410	
	art Basic Information		0010	·		***************************************	
1	Enter the valuation date: Month 10 Day 1	Year_	2013				
2	Assets:						
	a Market value,	,			2a		908,657
	b Actuarial value		•••••		2b		822,148
3	Funding target/participant count breakdown:		(1) N	lumber of partic	ipants	((2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a			16	······································	320,210
	b For terminated vested participants				32		473,737
	C For active participants:		5				
	(1) Non-vested benefits	. 3c(1)					0
		— `				 	0
	• •				0		0
	(3) Total active						
	d Total				48		793,947
4	If the plan is in at-risk status, check the box and complete lines (a) and	(b)		· 🛄			
	a Funding target disregarding prescribed at-risk assumptions				4a		1 18 (8)
	b Funding target reflecting at-risk assumptions, but disregarding transit				4b		
	at-risk status for fewer than five consecutive years and disregarding						
5	Effective interest rate				5		6.63 %
6	Target normal cost				6		9,000
Sta	tement by Enrolled Actuary						
	To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonal						
	combination, offer my best estimate of anticipated experience under the plan.						
•	SIGN Ruly						
	IERE :					02/12/	/2015
	Signature of actuary					Dat	
Vi:	resh Parmar, EA, MAAA, ACA					14-07	7873
	Type or print name of actuary			-	Most re		llment number
Sta	andard Retirement Services, Inc.						21-0837
200	Firm name			- 			ncluding area code)
11	00 SW Sixth Avenue	•		,	CIOPHOHE I	amou (ii	loldship area obde/
	ildrop P9A						
	rtland OR 97	204		_			
	Address of the firm	<u> </u>				-	
lf the	e actuary has not fully reflected any regulation or ruling promulgated unde	r the statute i	n comple	eting this sched	ule, check	the box ar	nd see
instr	ructions		-				
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the	instruction	s for For	m 5500 or 550	0-SF.	Sche	dule SB (Form 5500) 2013

Page 2	! -
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Schedule SB	(Form 5500)	2013 130118
	V. 0 00007	

Pa	ırtli B	eginning of Year	Carryover	and Prefunding Ba	lances							
7	. .						(b) I	(b) Prefunding balance				
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)									0		
8	Portion elected for use to offset prior year's funding requirement (line 35 from									0		
9	prior year)									0		
10	Amount remaining (line 7 minus line 8)											
11												
11	•			preforming balance. a from prior year)					146.1 4 (4)337.		1:	9010
				est rate of%				-				
				est rate or/0						1327		
	C Total avai	ilable at beginning of cur	rent plan year t	o add to prefunding balan	ce					20337		
	d Portion o	of (c) to be added to pre	efunding balan	ce								0
12	Other redu	ctions in balances due	to elections or	deemed elections		-		0				0
13	Balance at	beginning of current ye	ear (line 9 + line	e 10 + line 11d – line 12))		1,	347				.0
P	art III	Funding Percenta	ages									
14	Funding tar	get attainment percent	age							14	103.3	70
15		nding target attainmen		***************************************						15	103.5	5 %
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.								16	99.5	1. %	
17				ss than 70 percent of the						17		%
1,25	3.4.1.11 3 (A					3-4	- Perosimagettii					
		Contributions and		by employer(s) and emp	dovoos:							
10	(a) Date	(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount pai	d bv	(0	:) Amoı	ınt paid by	.
(M	IM-ÓD-YYYY			employees	(MMÌ-ÓD		employer(s)		<u> </u>	employees		
									<u> </u>			
											 	
				The second secon	Totals ▶	18(b)		0	18(c)			0
19												
	a Contributions allocated toward unpaid minimum required contributions from prior years											
	b Contributions made to avoid restrictions adjusted to valuation date											
			•	d contribution for current ye	ear adjusted	to valuation	date	19c	220-02-0			7
20	•	ontributions and liquidit	•					Ŀ			1 . R	<u> </u>
				orior year?						_	Yes X	No
				tallments for the current			manner?				」Yes ∐	No
	C If line 20a is "Yes," see instructions and complete the following table as applicable:											
	Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th											

Pa	Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21										
	a Segment rates:	1st segment: 5,23 %	2nd segment: 6.51 %	3rd segmer 7.16	nt: %	N/A, full yield curve used				
	b Applicable month ((enter code)	21b	4						
		tirement age	. 22	62						
23	Mortality table(s) (see	e instructions) Pr	escribed - combined	Prescribed - separate	Substitu	te				
Pa	rt VI Miscellane	ous Items								
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment									
25	Has a method change	e been made for the current pl	an year? If "Yes," see instructi	ons regarding required atta	achment	Yes X No				
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	tructions regarding require	d attachment	Yes 🖺 No				
27			er applicable code and see ins		27					
Pa	rt VII Reconcilia	ation of Unpaid Minimi	ım Required Contributi	ons For Prior Years						
28	Unpaid minimum requ	uired contributions for all prior	years	***************************************	28	0				
29 ——			l unpaid minimum required cor		29	0				
30	Remaining amount of	f unpaid minimum required cor	ntributions (line 28 minus line 2	9)	30	0				
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Target normal cost a	nd excess assets (see instruct	ions):							
	a Target normal cost	(line 6)			31a	9,000				
	b Excess assets, if ap	pplicable, but not greater than	line 31a			9,000				
32	Amortization installme	ents:		Outstanding Ba	lance	Installment				
	a Net shortfall amorti	zation installment				U				
					,					
33			ter the date of the ruling letter (33					
34	Total funding requirer	ment before reflecting carryove	er/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	34	. 0				
			Carryover balance	Prefunding bal	ance	Total balance				
35	Balances elected for requirement	use to offset funding		0	o	. 0				
36	Additional cash requir	rement (line 34 minus line 35).			36	0				
37		ed toward minimum required o	. 37	0						
38	Present value of exce	ess contributions for current ye	ar (see instructions)							
	a Total (excess, if any	y, of line 37 over line 36)			. 38a	0				
	b Portion included in l	line 38a attributable to use of	prefunding and funding standar	d carryover balances	. 38b	0				
39	Unpaid minimum requ	uired contribution for current ye	. 39	0						
40	U. C.				. 40	0				
Pa	rt IX Pension I	Funding Relief Under F	ension Relief Act of 20	10 (See Instructions	5)					
41	41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected .		••••••			2 plus 7 years 15 years				
	b Eligible plan year(s)) for which the election in line	11a was made		2008	2008 2009 2010 2011				
42	Amount of acceleration	n adjustment			. 42	111 21 21 21 21 21 21				
43	Excess installment ac	celeration amount to be carrie	d over to future plan years		. 43					

Dispensers Optical Service Corporation Retirement Plan for Bargaining Unit Employees

Schedule SB, Part V EIN:61-1078280 PN:002

Summary of Actuarial Assumptions and Methods

Actuarial Value of Assets: Three-year adjusted average using a rate of return of 6.00%,

but in no case greater than the third segment rate, as

prescribed by WRERA.

Turnover: Not applicable

Disability Incidence: Not Applicable

Retirement: Age 62

Salary Scale (compounded

annually):

4.50%

Future Increase in Wage Base: 4.00%

Future Increase in CPI: 4.00%

Marital Status: 100% of participants are assumed to be married. Spouses

are assumed to be the same age as employees.

Assumed Form of Payment: Participants are assumed to elect the normal form under the

Plan.

Expenses: An expense load of \$9,000 was included in the normal cost

Plan Benefits Not Considered: None.

Funding Assumptions

For Minimum Funding and AFTAP (HATFA Rates)

Funding Target Discount Rates:

 Years 0 to 5:
 5.23%

 Years 6 to 20:
 6.51%

 Years 21 on:
 7.16%

For Maximum Deductible Contribution and PBGC Premiums (PPA Rates)

Funding Target Discount Rates:

 Years 0 to 5:
 1.43%

 Years 6 to 20:
 4.10%

 Years 21 on:
 5.15%

Mortality Table: IRS 2013 Small Plan Combined Static Mortality

Changes Since Prior Year: The mortality table and segment rates were updated per IRS

regulations.

Dispensers Optical Service Corporation Retirement Plan for Bargaining Unit Employees

Schedule SB, Part V EIN:61-1078280 PN:002

Summary of Principal Plan Provisions

Original Effective Date: July 1, 1964.

Last Restatement: February 27, 2002.

Subsequent Amendments: December 31, 2005.

Employee: All hourly paid factory production and non-production

employees of the company whose employment is governed by the terms of a collective bargaining agreement between employee representatives and the employer employed on or

before December 1, 2005.

Credited Service: For years after December 31, 1973, hours of service divided

by 2,000 if the participant has at least 1,000 hours. Different

rules apply to service before 1974.

Vesting Service: One year credit for years of 1,000 hours of service after 1973.

Service prior to January 1, 1974 based on prior plan credited

service.

Normal Retirement Date: The first day of the calendar month coincident with or next

following the later of age 65 and the effective date of

participation.

Early Retirement Date: Any participant who has attained age 60 and completed 10

years of vesting service may elect early retirement on the first

day of any calendar month following the termination of

service.

Disability Retirement Date: Any participant with 15 years of vesting service who

experiences Total and Permanent Disability lasting at least 6

months.

Compensation: Total salary and wages excluding commissions, overtime and

bonuses.

Final Average Monthly

Compensation:

The average of the highest 5 consecutive years'

compensation in the last 10 calendar years of employment.

Accrued Benefit Amount: The sum of (a) and (b) below

 \$4.00 multiplied by the participant's credited service on the date of termination for non-Hazleton participants.
 \$11.50 multiplied by the participant's credited service on the date of determination for Hazleton participants.

(b) One percent of the participant's final average monthly compensation in excess of \$550, multiplied by the participant's benefit service as of the date of

determination, subject to a maximum of 25 years.

retirement

Dispensers Optical Service Corporation Retirement Plan for Bargaining Unit Employees

Schedule SB, Part V EIN:61-1078280 PN:002

Summary of Plan Provisions (cont.)

Early Retirement Benefit The accrued benefit, reduced by 0.6% times the number of

months that commencement precedes normal retirement

date.

Disability Retirement Benefit The accrued benefit, commencing immediately (unreduced).

Termination Benefit: The accrued benefit, deferred to age 65.

Actuarial Equivalence For benefits payable in a form other than a lump sum,

actuarial equivalence is determined based on 7% interest and

the UP-84 mortality table.

Normal Form of Benefit: The Normal Form of Benefit is a monthly annuity payable for

life. If the participant has a spouse as of his retirement date and does not elect otherwise, the benefit will be paid in an actuarially equivalent 50% joint and survivor annuity.

Optional Forms of Benefit: Actuarially equivalent benefits may be paid in the following

forms:

Life annuity

Life annuity with 60 months certain Life annuity with 120 months certain Life annuity with 180 months certain 50% joint and survivor annuity

67% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity

Lump sum

Changes Since Last Year: None.

Attachment to 2013 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name DISPENSER	KS OPTICAL	SERVICE	CORPORATION	N RETIREMENT	PLAN	FORINGAR®	<u>51A-11NOT7N85280</u>		
Plan Sponsor's Name	DISPENSE	RS OPTICA	AL SERVICE (CORPORATION		PN:	002		
The weighted average re	etirement age	is equal to	the normal ret	irement age of _	62	<u>.</u> ·			
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.									