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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	t identification informatio	<u>n</u>						
For calend	lar plan year 2014 or	fiscal plan year beginning 10/01/	2014	and ending 09	/17/2015				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attack of participating employer information in accordance with the form instructions)									
		a one-participant plan	a foreign plan						
B This ret	urn/report is	the first return/report	x the final return/report	t					
		an amended return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested i	nformation						
1a Name	•	CE CORPORATION RETIREMEN	T PLAN FOR BARGAINING	G UNIT EMPLOYEES	1b Three-digit plan numbe	r 002			
					(PN) ▶ 1c Effective da				
	sponsor's name and a	address; include room or suite num	ber (employer, if for a singl	e-employer plan)	2b Employer Id	entification Number 1-1078280			
D.O. DOV 20	-000				2c Sponsor's to	elephone number 2-491-3440			
P.O. BOX 35 LOUISVILLE					2d Business co	ide (see instructions)			
3a Plan a	administrator's name	and address XSame as Plan Spo	nsor.		3b Administrator's EIN				
		L '							
					3c Administrate	or's telephone number			
4 If the	name and/or EIN of t	he plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN				
name	e, EIN, and the plan n	umber from the last return/report.			4				
	sor's name				4c PN				
_		ts at the beginning of the plan year			5a	45			
		ts at the end of the plan year			5b	0			
compl	lete this item)				5c				
d(1) Tot	tal number of active p	participants at the beginning of the	plan year		5d(1)	0			
d(2) To	tal number of active p	participants at the end of the plan y	ear		5d(2)	С			
		terminated employment during the			5e				
		e or incomplete filing of this retu			use is established	-			
Under pen SB or Sch	nalties of perjury and edule MB completed	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I hav	e examined this return/re	port, including, if ap	plicable, a Schedule			
	true, correct, and cor		11/16/2015	CHARLES ARENSBE	RG.				
SIGN HERE		Filed with authorized/valid electronic signature. 11/16/2015 CHARLES ARENSBE Signature of plan administrator Date Enter name of individent							
	Signature of plan			lual signing as plan	administrator				
SIGN									
HERE		loyer/plan sponsor	Date			loyer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address	(include room or suite numb	per) (optional)	Preparer's teleph	one number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligibl 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 lf you answered "No" to either line 6a or line 6b, the plan canno	an indepen and conditi	dent qualified public accounta	int (IQ	PA)		X Yes []	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?	X	Yes	No Not determined	t
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
<u>a</u>	Total plan assets	7a	9445				0	
	Total plan liabilities	7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	7c	9445	67			0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	1200)27				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	222	261				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					142288	
	Benefits paid (including direct rollovers and insurance premiums	0.1	10742	249				
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	10142	0				
	Administrative service providers (salaries, fees, commissions)	8e 8f		0				
	Other expenses	8g	126	606				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1086855	
	Net income (loss) (subtract line 8h from line 8c)	8i					-944567	
	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics	, oj						_
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	tic Cod	les in t	the instructions:	
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	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		1040	100
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 bene	efits under the plan? (See	10e		X		
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	nd.)	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 2520.101	ne required	I notice or one of the	10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							No
11a	Enter the unpaid minimum required contribution for current year fro					11a		
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 being anting the waiver.	-			, and e	enter tl Day		_

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
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	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)							
е	e 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 N	lo	
	If "Ye	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?		under the o	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.)		ne plan(s)	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 Internal Revenue Service

Department of Labor

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part Annual Repor				001-07				
For calendar plan year 2014 or		10/01/2014	and ending	09/17/	2015			
A This return/report is for:	⊠ a single-employer plan		an (not multiemployer) ver information in accord					
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	X 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 pi	rogram			
	special extension (enter des	cription)		ia .				
Part II Basic Plan Inf	formation—enter all requested in	nformation						
1a Name of plan	omer an requested in	nio manon	Ĭ	1b Three-digit				
DISDENSEDS ODTICAL	SERVICE CORPORATION			plan numbe				
RETIREMENT PLAN FO				(PN) >	002			
EMPLOYEES				1c Effective date of plan 10/01/1987				
DISPENSERS OPTICAL	address; include room or suite num SERVICE	ber (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 61–1078280				
CORPORATION				2c Sponsor's telephone number (502) 491–3440				
P.O. BOX 35000				A CONTRACTOR OF THE PARTY OF TH	ode (see instructions)			
LOUISVILLE		KY	40232	339900	ode (see instructions)			
	and address XSame as Plan Spor		40232	3b Administrat	or's EIN			
3c Administrator's telephone number								
	the plan sponsor has changed since tumber from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN				
a Sponsor's name	#####################################			4c PN				
5a Total number of participan	ts at the beginning of the plan year			5a	45			
b Total number of participan	ts at the end of the plan year			5b	0			
	h account balances as of the end o			5c				
		complete this item)						
d(2) Total number of active p	d(2) Total number of active participants at the end of the plan year			5d(1)	0			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				5d(1) 5d(2)	0			
e Number of participants that	terminated employment during the	plan year with accrued bene	fits that were		V-20			
e Number of participants that less than 100% vested	terminated employment during the	plan year with accrued bene	fits that were	5d(2) 5e	0			
e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed.	e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	plan year with accrued bene rn/report will be assessed actions, I declare that I have	fits that were unless reasonable cau	5d(2) 5e se is established	0 I. opplicable, a Schedule			
e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed belief, it is true, correct, and corr	e or incomplete filing of this return other penalties set forth in the instrument signed by an enrolled actuary, mplete.	plan year with accrued bene rn/report will be assessed uctions, I declare that I have as well as the electronic vers	fits that were unless reasonable cau examined this return/report	5d(2) 5e se is established ort, including, if all, and to the best o	0 I. opplicable, a Schedule			
e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true correct and correct	e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.	rn/report will be assessed actions, I declare that I have as well as the electronic version.	unless reasonable cau examined this return/report charles Arens	5d(2) 5e see is established out, including, if all, and to the best of the best of the seed of the see	0 I. pplicable, a Schedule f my knowledge and			
e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true correct and cor	e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.	rn/report will be assessed uctions, I declare that I have as well as the electronic version.	fits that were unless reasonable cau examined this return/report	5d(2) 5e Ise is established port, including, if all, and to the best of the	0 I. pplicable, a Schedule f my knowledge and			
e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true correct and cor SIGN HERE signature of plan	terminated employment during the e or incomplete filing of this returnation of the instruction of the instru	plan year with accrued benefin/report will be assessed actions, I declare that I have as well as the electronic version in Nov. 2015 Date	unless reasonable cauexamined this return/report Charles Arens Enter name of individing Charles Arens	5d(2) 5e see is established out, including, if all, and to the best of the bes	0 I. opplicable, a Schedule f my knowledge and administrator			
e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed belief, it is true correct and cor SIGN HERE Signature of plan Signature of empleted	e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete.	plan year with accrued bene rn/report will be assessed actions, I declare that I have as well as the electronic vers 10 Nov. 2015 Date	unless reasonable cauexamined this return/report Charles Arens Enter name of individual Charles Arens Enter name of individual Enter name of indiv	5d(2) 5e see is established ont, including, if all and to the best of the be	0 I. opplicable, a Schedule f my knowledge and administrator			
e Number of participants that less than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed belief, it is true correct and cor SIGN HERE Signature of plan Signature of empleted	terminated employment during the e or incomplete filing of this returnation of the instruction of the instru	plan year with accrued bene rn/report will be assessed actions, I declare that I have as well as the electronic vers 10 Nov. 2015 Date	unless reasonable cauexamined this return/report Charles Arens Enter name of individual Charles Arens Enter name of individual Enter name of indiv	5d(2) 5e see is established ont, including, if all and to the best of the be	0 I. opplicable, a Schedule f my knowledge and administrator			

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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 If you answered "No" to either line 6a or line 6b, the plan cann of the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accounta tions.)rm 5500-SF and must instead	int (IC	PA) Form	5500.	X Yes [] N	Ю
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
<u>a</u>	Total plan assets	. 7a	944	1,56	57			C
b	Total plan liabilities	. 7b			0			C
С	Net plan assets (subtract line 7b from line 7a)	. 7c	944	1,56	57			C
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	90/1)	(a) Amount	0,02	7		(b) Total	
	(1) Employers	. 8a(1) . 8a(2)	120	, 02	0			
_	(2) Participants(3) Others (including rollovers)	8a(3)			0			
	Other income (loss)	8b	2.2	2,26	Ů			_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-, -	, _		142,28	8.8
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1,074	1,24	19			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0			
f	Administrative service providers (salaries, fees, commissions)	. 8f			0			
g	Other expenses	. 8g	12	2,60	6			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1,086,85	
	Net income (loss) (subtract line 8h from line 8c)	. 8i					-944,56	67
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			0			
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charad	cteris	tic Cod	des in t	the instructions:	
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	uciary Corr	ection Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ		
C	Was the plan covered by a fidelity bond?			10c	Х		104,00	00
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	······································		10d		Х		
e	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 pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
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				
	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)							10
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39		,,,,,,	11a	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	orse	ection	302 of	ERISA? Yes X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter tl Day	_	

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and ski	p 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)	`	•	12d			
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?			Х	res No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	•	, or brought under the	control		X Yes	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 the plan(s) to			
	13c(1) Name of plan(s):			13c(2) E	IN(s)	13c(3)	PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust