Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information				
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	018	and ending 1	0/31/2018	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	X the final return/repo	rt		
		an amended return/report	X a short plan year ret	turn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension	n	DFVC progra	am
		special extension (enter descr	iption)			
Part II	Basic Plan Info	ormation—enter all requested inf	ormation			
1a Name OLYMPIA E	•	. DEFINED BENEFIT PLAN			1b Three-dig plan numl (PN) ▶	
					1c Effective	date of plan 01/01/2013
		oyer, if for a single-employer plan)			2b Employer	Identification Number
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		estructions)	(EIN)	94-1715932
•	YE CLINIC, INC. P.S.		ar oodo (ii foroigri, ooo ii			s telephone number 60-456-4800
					2d Business	code (see instructions)
215 LILLY RO OLYMPIA, W						621320
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
					, tarrimietro	ator o toropriorio riambor
4 16 (6			and the second also as the de-	t and the second second second second	Ab En	
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
•	or's name				4d PN	
C Plan N	lame					
5a Total r	number of participants	s at the beginning of the plan year			. 5a	27
b Total r	number of participants	s at the end of the plan year			. 5b	0
		account balances as of the end of the		·	5c	
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	21
		articipants at the end of the plan yea			5d(2)	0
		o terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca		
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, and the controlled actuary, and the controlled actuary.				
SIGN	Filed with authorized	d/valid electronic signature.	02/19/2019	RODGER D BODOIA		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN	Filed with authorized	d/valid electronic signature.	02/19/2019	RODGER D BODOIA	ı	
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	lual signing as er	nployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an indeper	ndent qualified public a	ccount	ant (IC	PA)			Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th	ot use Fo	rm 5500-SF and must program (see ERISA se	t instea ection 4	ad use 021)?	Form	5500. Yes X	No Not	determined
Par	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning (of Year			(b) E	nd of Year	
	Total plan assets	7a		88197			(2)		0
	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7с	158	88197					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	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	2	24001					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						240	001
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	159	99929					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0	_				
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g	1	12269					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						16121	198
	Net income (loss) (subtract line 8h from line 8c)	8i						-15881	197
	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in the	instructions	:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the in	nstructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			4	400000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Χ			
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					

age 3 -	1
	ige 3-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)			В	X Y	es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	e or section	n 302 of		. Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.		d enter t Day		of the letter Year _	ruling
lf :	you 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 negative amount)	of a	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			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				X Yes	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	the plan(s)) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

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 2018

Inspection

OMB No. 1210-0110

This Form is Open to Public Internal Revenue Code (the Code).

	i chision be	nent Guaranty Corporation	File as	an attac	hment to Form	5500 or	5500-SF.			
Fo	r calendar p	olan year 2018 or fisca	al plan year beginning 0°	1/01/2018	8		and ending	g 10/3	31/2018	
		amounts to nearest								
_			I be assessed for late filing of	f this repo	ort unless reasor	nable caus	se is established	<u>d.</u>		
	Name of pla		. DEFINED BENEFIT PLAN				B Three-dig	•		
	OLTWPIA	TE CLINIC, INC. P.S.	. DEFINED BENEFIT PLAN				plan num	ber (PN) •	003
С	Plan spons	or's name as shown or	n line 2a of Form 5500 or 550	00-SF			D Employer	Identific	ation Number (E	EIN)
	OLYMPIA E	EYE CLINIC, INC. P.S.						94-17	15932	
					1					
E	Type of plan	: X Single Mult	tiple-A Multiple-B		F Prior year pla	an size: 🔀	100 or fewer	101-	500 More th	an 500
F	Part I	Basic Information	n							
1		valuation date:		ay <u>31</u>	Year _20)18				
2	Assets:									
	a Market	value						2a		1570043
	b Actuar	ial value						2b		1570043
3	Funding	target/participant coun	nt breakdown			` '	Number of rticipants		sted Funding Target	(3) Total Funding Target
	a For ret	ired participants and b	peneficiaries receiving payme	nt			0		0	0
	b For ter	minated vested partici	ipants				7		17238	17238
	C For act	ive participants					20		1433373	1433373
	d Total						27		1450611	1450611
4			heck the box and complete lir				1			
	·		prescribed at-risk assumption	` '	` '	<u>L</u>	_	4a		
			isk assumptions, but disregar							
			ive consecutive years and dis					4b		
5	Effective	interest rate						5		5.39 %
6	Target no	ormal cost						6		0
Sta	•	Enrolled Actuary	n supplied in this schedule and accomp		adulas atatamanta am	. d . atta ab	to if any in commists		rota Fack procesikad	and the second s
	accordance wi	th applicable law and regulation	ons. In my opinion, each other assump ipated experience under the plan.							
	· ·	lifer my best estimate or antici	ipated expendence under the plan.							
	SIGN								00/00/004	
	HERE		0' ' '				_		02/06/201	9
	UICTINIE I	ODEINIDI ECA EA	Signature of actuary						Date	
J	JUSTIN F. J	. GREINDL, FSA, EA,					-	M4	17-07528	
	OVCE 9 A	SSOCIATES, INC.	pe or print name of actuary					IVIOST	recent enrollme	
	SOTCE & A	SSOCIATES, INC.	Firm name					lonhono	480-212-82 number (includ	
2 F	21021 NOR ⁻ PHOENIX, A	TH 7TH STREET	riiii ilaille				re	iepriorie	mumber (includ	ing area code)
			Address of the firm				_			
f th	e actuary ha	as not fully reflected an	ny regulation or ruling promule	nated un	der the statute in	completi	na this schedule	check	the hox and see	
	e actuary na	ao not runy renected at	iy regulation or ruling promul	gatou ulli	adi tilo statute II	oompieli	ng una sonedule	, oneck	and box and Set	_ ∐

Schedule SB (Form 5500) 2018	Page 2 - [

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding I	Bala	nces						
	•			-				(a) C	arryover balan	се	(b)	Prefundi	ng balance
7		•	•		able adjustments (line 13 f					0			0
8			•	-	nding requirement (line 35		•			0			0
9	Amount r	emaining	g (line 7 minus line	8)						0			0
10	Interest of	on line 9 เ	using prior year's	actual retu	rn of <u>10.75</u> %					0			0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								182291
					a over line 38b from prior y interest rate of								0
				-	edule SB, using prior year's								
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balar	nce							182291
	d Portion	n of (c) to	be added to prefu	unding bala	ance								0
12	Other red	ductions i	n balances due to	elections	or deemed elections					0			0
13	Balance	at beginn	ning of current yea	r (line 9 +	line 10 + line 11d – line 12	2)				0			0
Р	art III	Fun	ding Percenta	ages			•				•		
												. 14	108.23%
)							15	108.23%
	Prior yea	r's fundir	ng percentage for	purposes o	of determining whether car	ryove	er/prefundi	ng balance	es may be used			16	112.58%
17					less than 70 percent of the							. 17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18					ar by employer(s) and emp	ploye			1				
(1)	(a) Date MM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees		(a) Da (MM-DD-		(b) Amount employ		(-	nt paid by oyees
,		,	. ,		. ,		•	•		. ,			•
						Te	otals ►	18(b)			0 18(c)		0
19					uctions for small plan with								
	_				num required contributions					19a			0
				-	usted to valuation date					19b			0
20					red contribution for current y	year a	adjusted to	valuation d	ate	19c			0
20	-		itions and liquidity ve a "funding sho		e prior year?								Yes X No
	b If line	20a is "Y	es," were required	quarterly	installments for the curren	ıt yeaı	r made in	a timely ma	anner?				Yes No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table a	as app	plicable:						
					Liquidity shortfall as of e	end of	f quarter of						
		(1) 1s	t		(2) 2nd	_		(3)	3rd			(4) 4th	1

							4.81	10 /		
		-	ons Used to	o Determine	Funding I	arget and Ta	rget Norn	nai Cost		
21	Discount r		1 ot 0 o	amont:	2nd	and mont:	1 .	2rd coamont:		
	a Segme	nt rates:	151 56	egment: 3.92%	2110	segment: 5.52%	,	3rd segment: 6.29 %		N/A, full yield curve used
	b Applicat	ble month (er	nter code)						21b	3
22	Weighted	average retire	ement age						22	62
23	Mortality to	able(s) (see i	instructions)	Prior regulation	n:	Prescribed - con	nbined	Prescribed	d - separa	te Substitute
				Current regulat	tion: X	Prescribed - con	nbined	Prescribed	d - separa	te Substitute
Pa	art VI	liscellane	ous Items							
24	Has a cha	inge been ma	ide in the non-p	rescribed actua	rial assumptio	ns for the current	plan year?	If "Yes," see i	nstruction	s regarding required
		-					-			Yes X No
25	Has a met	thod change b	been made for	the current plan	year? If "Yes	," see instructions	regarding re	equired attach	ment	Yes X No
26	Is the plan	n required to p	orovide a Sched	dule of Active Pa	articipants? If	"Yes," see instruc	tions regard	ing required a	ittachmen	t Yes X No
27		•		ding rules, enter		de and see instruc	tions regard	ing	27	
P	art VII	Reconcilia	ation of Un _l	paid Minimu	m Require	d Contributio	ns For Pı	ior Years		
28	Unpaid mi	inimum requir	ed contribution	s for all prior ye	ars				28	0
29					•	n required contrib		•	29	0
30	Remaining	g amount of u	ınpaid minimum	n required contri	butions (line 2	8 minus line 29) .			30	0
Pa	art VIII	Minimum	Required C	ontribution	For Currer	nt Year				
31				s (see instruction						
	a Target n	ormal cost (li	ne 6)						31a	0
	b Excess	assets, if app	licable, but not	greater than lin	e 31a				31b	0
32	Amortizati	on installmen	its:				Outs	standing Bala	nce	Installment
	a Net sho	rtfall amortiza	ation installmen	t					0	0
	b Waiver	amortization i	installment						0	0
33	If a waiver (Month					e ruling letter grar waived amount			33	
34	Total fund	ing requireme	ent before refle	cting carryover/p	orefunding bala	ances (lines 31a -	31b + 32a +	- 32b - 33)	34	0
-					Carryo	ver balance	Pre	funding balar	nce	Total balance
35			se to offset fund	-		0			0	0
36	Additional	cash require	ment (line 34 m	ninus line 35)					36	0
37	Contribution	ons allocated	toward minimu	m required cont	ribution for cu	rrent year adjuste	d to valuatio	n date (line	37	0
38				for current year						
				•	,				38a	0
	-					unding standard c			38b	0
39						y, of line 36 over			39	0
40						y, or mio oo over			40	0
	rt IX					lief Act of 201				
				010 funding relie			,		•	
					-				Γ	2 plus 7 years 15 years
										08
	∪ ⊨ligible	pian year(s) f	or which the ele	ection in line 41a	a was made				20	uo 2009 2010 2011

Olympia Eye Clinic, Inc. P.S. Defined Benefit Plan

Summary of Actuarial Assumptions and Method Short Plan Year: 1/1/2018 to 3/31/2018 Valuation Date: 3/31/2018

		For Fu <u>Min</u>	nding <u>Max</u>	For 417	<u>(e)</u>	For Actuarial Equiv.
Interest Rates	Seg 1:	3.92%	1.79%	Seg 1:	2.33%	Pre-Retirement: 5.50%
	Seg 2:	5.52%	3.70%	Seg 2:	3.55%	Post-Retirement: 5.50%
	Seg 3:	6.29%	4.56%	Seg 3:	4.11%	
Applicable Date	12	2/2017 1	2/2017	1	2/2017	
Pre-Retirement						
Turnover	None			None		None
Mortality	None			None		None
Assumed Ret Age		l retireme of partic	ent age 62 and ipation		retirement age 62 and of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement						
Mortality			Mortality ce 2017-60		oplicable Mortality om Notice 2017-60	2018 Applicable Mortality Table from Notice 2017-60
Assumed Benefit Form F	or Fundir	ng		Lump St	ım	
Assumed Spouse's Age	•	e assumed ge as par	d to be the ticipant			Spouse assumed to be the same age as participant
	marrie retirem	d to curre	sumed to be ent spouse at ouse's date of			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Inte	rest Rate			5.39%		
Actuarial Cost Method				prescrib method present normal	t Credit funding method yed by the Pension Prote sets the funding target of value of accrued benefit cost equal to the present accrued in the current ye	ction Act. This equal to the ts, and sets the t value of the

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Repo	rt Identification Information	rdance with the ms	tructions to the Form 5	5500-SF.	
_For calend	dar plan year 2018 or	fiscal plan year beginning 01/01/2018		and ending 10/	31/2018	
A This re	eturn/report is for:		list of participating er	olan (not multiemployer) mployer information in a	(Filers checking the coordance with the	nis box must attach a e form instructions.)
B This re	turn/report is		a foreign plan the final return/report			
				rn/report (less than 12 m	nonths)	
C Check	box if filing under:	_	automatic extension		DFVC program	m
Part II	Rasic Plan Ind	special extension (enter description				
1a Name	of plan	ormation—enter all requested informa	ition			
	re Clinic, Inc. P.S. De	fined Benefit Plan			1b Three-digit plan numb (PN) ▶	
20.5					1c Effective d 01/01/201	
Mailin	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box nce, country, and ZIP or foreign postal coo	() de (if foreign, see inst	ructions)	2b Employer I (EIN) 94-1	dentification Number 715932
Olympia Eye	e Clinic, Inc. P.S.	,, , <u></u>	ze (ii loreign, see mst	ructions)		telephone number 360) 456-4800
215 Lilly Roa	ad, NE				2d Business c 621320	ode (see instructions)
Olympia, W						
3a Plan a	idministrator's name a	and address X Same as Plan Sponsor.			3b Administrat	or's EIN
4					3c Administrat	or's telephone number
this pi	ian, enter the plan sp	ne plan sponsor or the plan name has cha onsor's name, EIN, the plan name and the	anged since the last re e plan number from th	eturn/report filed for ne last return/report.	4b EIN	
C Plan N	or's name lame				4d PN	
5a Total r	number of participant	s at the beginning of the plan year			5a	27
b Total r	number of participant	s at the end of the plan year			5b	0
C Numb compl	er of participants with lete this item)	account balances as of the end of the pla	an year (only defined	contribution plans	5c	
d(1) Tota	al number of active pa	articipants at the beginning of the plan yea	ar		5d(1)	21
d(2) Tota	al number of active pa	articipants at the end of the plan year			5d(2)	0
than '	100% vested	terminated employment during the plan		201 A 100 A	5e	0
Under pena	alties of periury and o	or incomplete filing of this return/reporter penalties set forth in the instructions,	I declare that I have	examined this return/rev	ise is established	d.
SB or Sche	edule MB completed frue, correct, and/co	and signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report	t, and to the best of	of my knowledge and
SIGN HERE		Del	2/19/19	Rodger D Bodoia		
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plar	administrator
SIGN HERE	N Doe	XOX	2/19/19	Rodger D Bodoia		
For Paperwo	Signature of emplork Reduction Act Noti	oyer/plan sponsor ce, see the Instructions for Form 5500-SF.	Date	Enter name of individu	ual signing as emp	Form 5500-SF (2018)

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use F C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 1588197 b Total plan liabilities 7b from line 7a) 7c 1588197	ogram (see ERISA section 4021)? Yes No Not determined emium filing for this plan year
7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 7a 1588197 b Total plan liabilities 7b for a 1588197	1588197 0 0 0 1588197 0 (a) Amount (b) Total 0 0 24001
a Total plan assets 7a 1588197 b Total plan liabilities 7b 7b 0	1588197 0 0 0 1588197 0 (a) Amount (b) Total 0 0 24001
a Total plan assets 7a 1588197 b Total plan liabilities 7b 0	1588197 0 0 0 1588197 0 (a) Amount (b) Total 0 0 24001
C. Net plan assets (quibtreet line 75 form line 7.)	0 0 1588197 0 (a) Amount (b) Total 0 0 0 24001
C Net plan assets (subtract line 7h from line 7a)	1588197 0 (a) Amount (b) Total 0 0 24001
7c 1588197	(a) Amount (b) Total 0 0 0 24001
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	0 0 0 0 24001
a Contributions received or receivable from:	0 24001
	24001
(3) Others (including rollovers)	
h Other income (least)	24001
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	1599929
e Certain deemed and/or corrective distributions (see instructions) 8e	0
f Administrative service providers (salaries, fees, commissions) 8f 0	0
g Other expenses	12269
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1612198
i Net income (loss) (subtract line 8h from line 8c)	-1588197
j Transfers to (from) the plan (see instructions)	0
Part IV Plan Characteristics	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 1A 3D	es from the List of Plan Characteristic Codes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic C	s from the List of Plan Characteristic Codes in the instructions:
Part V Compliance Questions	
10 Puring the plan up an	Yes No Amount
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	the time period uciary Correction
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	clude transactions
C. Was the plan sourced by a fidelity hand?	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	, that was caused
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	by an insurance e benefits under X
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	d.)
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h
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	

Form 5500-SF (2	2018)
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Dort											
Part											
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch [Form 5500] and line 11a below)		SB	X	Yes	No					
_11a	Enter the dripald minimum required contributions for all years from Schedule SB (Form 5500) line 40					0					
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.	d enter	the date o	of the le Yea		ng					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			rea							
b	Enter the minimum required contribution for this plan year	12b									
	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									
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Г	Yes	No	Пи	/A					
Part \	/II Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	П	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 control of the PBGC?											
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): 13c(2)	EIN(s)		13c	(3) PN(s)					
			-								

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).

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

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

_For	r calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and endir	ig 10	/31/2018	
•	Round off amounts to nearest dollar.				
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cau	ise is establishe	d.		
	Name of plan Olympia Eye Clinic, Inc. P.S. Defined Benefit Plan	B Three-di	•	ı) •	003
		RECEIPT T	111111		
_			-112 (1)		
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Dlympia Eye Clinic, Inc. P.S.	D Employer 94-1715932	Identific	ation Number (E	:IN)
FI	Гуре of plan: X Single	100 or fewer	∏ 101-	500 ∏ More th	an 500
		100 01 101101	□		
	art Basic Information				
1	Enter the valuation date: Month 03 Day 31 Year 2018			f=	
2	Assets:				1570043
	a Market value		. 2a		
	b Actuarial value		. 2b		1570043
3		Number of rticipants	. ,	sted Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	0		0	0
	b For terminated vested participants	7		17238	17238
	C For active participants	20		1433373	1433373
	d Total	27		1450611	1450611
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	1			
	a Funding target disregarding prescribed at-risk assumptions	_	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that he at-risk status for fewer than five consecutive years and disregarding loading factor	ave been in	4h		
5	Effective interest rate				5.39 %
6	Target normal cost		6		0
1	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the expondination, offer my best estimate of anticipated experience under the plan.	nts, if any, is complete perience of the plan a	e and accui nd reasona	rate. Each prescribed ble expectations) and	assumption was applied in d such other assumptions, in
	SIGN Grand Stranger			2/6/20	(9
	Signature of actuary			Date	
	Justin F. J. Greindl, FSA, EA, MAAA	_		17-07528	
	Type or print name of actuary		Most	recent enrollmer	nt number
	Boyce & Associates, Inc.	_		(480) 212-820	00
	Firm name 21021 North 7th Street	Те	lephone	number (includi	ing area code)
	Phoenix, AZ 85024				
	Address of the firm	-			
If the	actuary has not fully reflected any regulation or ruling promulgated under the statute in completi	na this cahadula	- check	the hov and see	, n
	ractuary has not fully reflected any regulation of fulling promulgated under the statute in completi actions	ng una scrieduit	o, circul	נווס שטא מווט פכנ	

Pag	e 2	_	1

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alance	es						
							(a) Carryover balance (b) Prefunding bala					ng balar	ice
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)								0				0
8	Portion e	lected fo	r use to offset prio	r year's fui	nding requirement (line 35 t	rom pric	r						
	year)												0
9	5 (0
10					rn of10.75 _%				0				0
11	11 Prior year's excess contributions to be added to prefunding balance:												
	Present value of excess contributions (line 38a from prior year)												182291
	b(1) Into	erest on t nedule SI	the excess, if any, B, using prior year	of line 38a 's effective	over line 38b from prior yet interest rate of5.42	ear _%							0
	` '		•	•	dule SB, using prior year's								
	C Total a	vailable a	t beginning of curre	ent plan yea	er to add to prefunding baland	œ							182291
	d Portion	n of (c) to	be added to prefu	unding bala	ance								0
12	Other red	ductions i	n balances due to	elections	or deemed elections				0				0
13	Balance	at beginn	ning of current yea	r (line 9 + l	line 10 + line 11d – line 12)				0				0
	art III		ding Percenta	`	,				1				
											14	108	3.23 %
)						15		3.23 %
	Prior yea	r's fundir	ng percentage for	purposes o	of determining whether carr	yover/pr	efunding balanc	es may be used to	reduce		16	112	2.58 %
year's funding requirement										%			
	art IV		tributions an	· ·	·	3	3 ,	1 3					
18	Contribut	ions mad			ar by employer(s) and emp	loyees:							
(1)	(a) Date MM-DD-Y`		(b) Amount p employer	-	(c) Amount paid by employees		(a) Date 1-DD-YYYY)	(b) Amount page employer(-	(0	Amou	nt paid b oyees	у
	VIIVI DD 1	,	Cimpleyen	.5)	omployees	(1411)	100 1111)	cripicycry	(5)		СПРК	Зуссо	
						Total	s ► 18(b)		(0 18(c)			0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	a valuatio	on date after the	e beginning of the	year:				
	a Contri	butions a	llocated toward ur	npaid minin	num required contributions	from pri	or years		19a				0
	b Contrib	outions m	nade to avoid restr	ictions adj	usted to valuation date				19b				0
	C Contrib	outions all	ocated toward min	imum requi	red contribution for current ye	ear adjus	ted to valuation	date	19c				0
20	Quarterly	contribu	tions and liquidity	shortfalls:									
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							Yes >	No
	b If line	20a is "Y	es," were required	quarterly	installments for the current	year ma	de in a timely m	nanner?				Yes	No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	s applica	ble:						
		(4)			Liquidity shortfall as of er	nd of qua		•	,		(4)		
(1) 1st (2) 2nd (3) 3rd											(4) 4th	1	

Р	art V	Assumpti	ons Used t	o Determine	Funding 1	Target and Tar	get Norm	al Cost					
21	Discount	rate:					_						
	a Segme			3rd segment: 6.29 %	ı		N/A, fu	ll yield o	curve used				
	b Applica	Applicable month (enter code)							21b		3		
22	Weighted	average retire	ement age						22		62		
23	Mortality	table(s) (see i	instructions)	Prior regulatio	n:	Prescribed - com	bined	Prescribed	d - separa	ate	S	ubstitute	е
				Current regula	ntion:	Prescribed - com	bined	Prescribed	d - separa	ate	_ П s	ubstitute	e
Pa	art VI	Miscellane	ous Items				L		<u> </u>				
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 me	thod change l	been made for	the current plar	n year? If "Yes	s," see instructions	regarding re	quired attach	ment				Yes X No
26	Is the pla	n required to p	orovide a Sche	dule of Active P	articipants? If	"Yes," see instruct	ions regardi	ng required a	attachme	nt			Yes X No
27		•		ding rules, ente		de and see instruc	ions regardi	ng	27				
P	art VII	Reconcilia	ation of Un	paid Minimu	ım Require	ed Contributio	ns For Pr	ior Years					
28	Unpaid m	inimum requir	ed contribution	ns for all prior ye	ears				28				0
29						m required contribu			29				0
30	Remainin	g amount of u	ınpaid minimur	n required contr	ibutions (line 2	28 minus line 29)			30				0
Pa	rt VIII	Minimum	Required C	Contribution	For Curre	nt Year							
31	Target no	ormal cost and	d excess asset	s (see instructio	ns):								
	a Target r	normal cost (lii	ne 6)						31a				0
	b Excess	assets, if app	licable, but no	t greater than lir	ne 31a				31b				0
32	Amortizat	ion installmen	its:				Outs	tanding Bala	nce		lı	nstallme	nt
	a Net sho	ortfall amortiza	tion installmen	nt					()			0
	b Waiver	amortization i	installment						()			0
33	If a waive (Month _					ne ruling letter gran waived amount			33				
34	Total fund	ling requireme	ent before refle	cting carryover/	prefunding bal	ances (lines 31a -	31b + 32a +	32b - 33)	34				0
					Carryo	over balance	Pref	funding balar	nce		То	tal bala	nce
35			se to offset fund	-		0			0				0
36	Additiona	l cash require	ment (line 34 n	ninus line 35)					36				0
37	Contribut	ons allocated	toward minimu	um required cor	tribution for cu	ırrent year adjusted	l to valuation	n date (line	37				0
38	Present v	alue of excess	s contributions	for current year	(see instruction	ons)				ı			
	a Total (e	xcess, if any,	of line 37 over	line 36)					38a				0
	b Portion	included in lin	ne 38a attributa	able to use of pr	efunding and f	unding standard ca	ırryover bala	nces	38b				0
39	Unpaid m	inimum requir	ed contribution	n for current yea	ır (excess, if ar	ny, of line 36 over l	ne 37)		39				0
40	Unpaid m	inimum requir	ed contribution	ns for all years .					40				0
Pa	rt IX	Pension I	Funding Re	elief Under F	Pension Re	lief Act of 201	0 (See Ins	structions	5)				
41	If an elect	ion was made	to use PRA 2	010 funding reli	ef for this plan:								
	a Schedu	le elected								2 p	lus 7 yea	rs	15 years
	b Eligible	plan year(s) f	or which the el	lection in line 41	a was made .				2	800	2009	2010	2011

Attachment to 2018 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 94-1715932 PN: 003

Olympia Eye Clinic, Inc. P.S. Defined Benefit Plan

Weighted Average Retirement Age Short Plan Year: 1/1/2018 to 3/31/2018 Valuation Date: 3/31/2018

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62

Olympia Eye Clinic, Inc. P.S. Defined Benefit Plan

Summary of Plan Provisions Short Plan Year: 1/1/2018 to 3/31/2018 Valuation Date: 3/31/2018

Plan Effective Date January 1, 2013

Short Plan Year From January 1, 2018 to March 31, 2018

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

SH, Spouse of SH, Accountant, Billing, Clinic Manager, Data

Processing, Nurse, Receptionist, or Technician

Normal Retirement Age All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 62

Completion of 5 years of participation from entry date

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a

benefit payable in the normal form equal to the following:

The maximum monthly benefit is the lesser of \$18,333.30 and 100%

of the highest 3-year average salary, subject to service

requirements.

The benefit is based on average salary during the highest 3

consecutive years of service from date of hire.

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based

on salary and/or service on the calculation date, and payable on

the normal retirement date.

Credited years are plan years from the first day of the plan year

containing date of entry excluding the following:

Years with less than 1,000 hours

Termination Benefit Upon termination for any reason other than death or retirement a

participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting

schedule:

Immediate 100% vesting

Credited years are plan years from date of hire excluding the

following:

Olympia Eye Clinic, Inc. P.S. Defined Benefit Plan

Summary of Plan Provisions
Short Plan Year: 1/1/2018 to 3/31/2018
Valuation Date: 3/31/2018

Years with less than 1,000 hours

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued benefits

in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company.

This plan is currently not top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of

death