## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	<b>Identification Information</b>								
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
A This re	turn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)							
a one-participant plan a foreign plan										
<b>B</b> This ret	urn/report is	the first return/report	the final return/report							
_		an amended return/report	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m				
		special extension (enter desc	· /							
Part II	Basic Plan Info	ormation—enter all requested in	formation		T	•				
1a Name OLYMPIA V	of plan ISION RETIREMENT	PLAN			<b>1b</b> Three-digi plan numb (PN) ▶					
					1c Effective of	late of plan 01/01/2010				
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number				
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		etructions)	(EIN)	91-2124576				
•	•	ONTACT LENS CENTER, P.L.L.C	, -	on donorio)		telephone number 60-357-6683				
					2d Business	code (see instructions)				
1625 COOP	ER POINT RD. S.W.				621320					
OLYMPIA, V	VA 98502									
20 Dlan a	. duraini aturata ula urana a	nd address M.Carra as Dian Cra			<b>3b</b> Administra	tor's FIN				
<b>Ja</b> Plan a	idministrator's name ar	nd address 🛚 Same as Plan Spo	risor.		SD Administra	IIOI S EIIN				
					3c Administra	tor's telephone number				
						·				
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN					
	sor's name	ricor o riamo, Em , mo piam riamo (	and the plan namber nom	i ino laot rotam/roport.	4d PN					
C Plan N										
<b>5a</b> Total	number of participants	at the beginning of the plan year.			5a	32				
		at the end of the plan year			5b	30				
		account balances as of the end of			5c	25				
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	32				
		articipants at the end of the plan ye			. 5d(2)					
than	100% vested	terminated employment during th			5e	0				
		or incomplete filing of this retur								
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIGN	Filed with authorized	/valid electronic signature.	04/26/2019	JAMIE L. TOSLAND						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	vidual signing as plan administrator					
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	er name of individual signing as employer or plan sponsor					

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Part III   Financial Information   (a) Beginning of Year   (b) End of Year   (c) End of Year   (d) E	b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No		
7											
7	Pai	rt III Financial Information									
a Total plan assets	7			(a) Beginning	of Year			(b) End	d of Year		
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	` '				\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 61825 (2) Participants. 8a(2) 145840 (3) Others (including rollovers)	b	Total plan liabilities	7b		20			0			
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7с	164	46554				1725060		
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Expenses (including rollovers). (5) Other income (ioss). (6) Other income (ioss). (7) Other income (ioss). (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (7) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses. (1) Other expenses. (1) Other expenses. (2) Other expenses. (3) Other expenses. (4) Other expenses. (5) Other expenses. (6) Other expenses. (7) Other expenses. (8) Other expenses. (8) Other expenses. (9) Other expenses. (1) Other expenses.				(a) Amoun	ıt			(b)	) Total		
(3) Others (including rollovers)	а		8a(1)					, ,			
b Other income (loss)		(2) Participants	8a(2)	14	45840						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	-11	15848						
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 13311 i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions 10 During the plan year: a 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 Program) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X  c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 173000  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 173000  f Has the plan failed to provide any benefit when due under the plan? 10f X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X  If 10h was answered "Yes," check the box if you either provided the required notice or one of the limitation of th	<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						91817		
f Administrative service providers (salaries, fees, commissions)	d		8d								
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		13311						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13311		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D 3H  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a 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 Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions).  10e X  11of X  9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  11f 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>	Net income (loss) (subtract line 8h from line 8c)							78506		
9a	J	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V   Compliance Questions  10	Pai										
Part V Compliance Questions  10 During the plan year: Yes No Amount  a 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 Program)	9a 		feature co	odes from the List of Plants	an Cha	racteri	stic Co	odes in the ins	structions:		
10 During the plan year:  a 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 Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:		
a 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 Program)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amount		
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  • Has the plan failed to provide any benefit when due under the plan?  • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		Χ				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	X			173000		
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan?					Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	J Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
· · · · · · · · · · · · · · · · · · ·	h	·					X				
	i	·	•		10i						

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Part	VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	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 instructions, and granting the waiver	d enter t Day		of the lette Year _	r 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 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?		Yes	× N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
<b>b</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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)			

## 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

Parti		identification information									
For calend	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This re	turn/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
D T122	and to	a one-participant plan	a foreign plan								
D This ret	urn/report is	the first return/report	the final return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	ım					
		special extension (enter descr	<u> </u>								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name OLYN	'	ETIREMENT PLAN			1b Three-digition plan numb						
					1c Effective of 01/01/						
		oyer, if for a single-employer plan)			2b Employer	Identification Number					
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(EIN) 91-	-2124576					
		LINIC AND CONTACT LEN				telephone number 7-6683					
1625	5 COOPER POINT	RD. S.W.			2d Business	code (see instructions)					
OLYM	MPIA	WA 9850	)2		621320						
3a Plan a	idministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administrator's EIN						
		_									
					3c Administra	tor's telephone number					
4					41						
		e plan sponsor or the plan name ha insor's name, EIN, the plan name a	•		4b EIN						
	or's name	vices e figures, 2114, the plan hame a	and the plan hamber hom to	io last retarm/opera	4d PN						
C Plan N	Name										
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a	32					
<b>b</b> Total	number of participants	at the end of the plan year	***************************************		5b	30					
		account balances as of the end of			5c	25					
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	32					
<b>d(2)</b> Tot	d(2) Total number of active participants at the end of the plan year					30					
Caution: A	100% vested	or incomplete filing of this return	/report will be assessed	unless reasonable cau		0					
		her penalties set forth in the instruc									
		nd signed by an enrolled actuary, a	is well as the electronic ver	sion of this return/report	, and to the best	of my knowledge and					
	true correct, and com	Diete.	4/26/2019	JAMIE L. TOSLA	ND	1					
SIGN HERE	Arme C	<del>Lup</del>									
	Signature of plan a	dministrator	Date	Enter name of individu	ıal signing as pla	n administrator					
SIGN HERE	Signature of emplo	·	Date			unlover or plan sponsor					

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second of the plan cannot be a second or line 6b.	an indepe and condi not use Fo	endent qualified public itions.)	accoun	tant (IC	QPA) • Forn	n 5500.	X	Yes No
С	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 the								ot determined instructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	r		(b) E	nd of Yea	ar
а	Total plan assets	7a	1,	,646,	574				1,725,060
b	Total plan liabilities	7b			20				(
c	Net plan assets (subtract line 7b from line 7a)	7c	1,	,646,	554				1,725,060
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				b) Total	
_a 	Contributions received or receivable from: (1) Employers	8a(1)	- 1124	61,	825				
	(2) Participants	8a(2)		145,	840				
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	-	-115,	848				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							91,817
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f		13,	311				
<u>g</u>	Other expenses	8g							
_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13,311
÷	Net income (loss) (subtract line 8h from line 8c)	8i							78,506
	Transfers to (from) the plan (see instructions)	8j							
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D 3H  If the plan provides welfare benefits, enter the applicable welfare for								
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	<u> </u>
a	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		Х			•
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				173,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Х			
e	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.)	ner person ne or all of	s by an insurance the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	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		Х			
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	ne required	notice or one of the	10i					