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 B	enefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instruc	tions to the Form 5500)-SF.	тореспол
Part I	Annual Report I	dentification Information				
For calend	lar plan year 2013 or fiso		3	and ending 12	2/31/2013	
A This re	turn/report is for:	a single-employer plan		an (not multiemployer)	a on	e-participant plan
B This re	turn/report is:	x the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFV	'C program
	I	special extension (enter description	,			
Part II		mation—enter all requested inform	ation			
1a Name RETINA INS		TON CASH BALANCE PLAN			1b Three-oplan nu	ımber
				ŀ	(PN)	
					IC Effective	ve date of plan 01/01/2013
	sponsor's name and add	dress; include room or suite number (e	employer, if for a single-	employer plan)	2b Employ (EIN)	ver Identification Number 46-1427591
					, ,	or's telephone number
411 84TH A MEDINA, W	VENUE NE /A 98039				2d Busines	215-840-6012 ss code (see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b Adminis	621111 strator's EIN
		-	_		3c Adminis	strator's telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since the	last return/report filed fo	or this plan enter the	4b EIN	
name		hber from the last return/report.	adt return report med re	ir tino pian, enter the	4c PN	
		at the beginning of the plan year			5a	2
_		at the end of the plan year		-	5b	2
C Numb	per of participants with a	ccount balances as of the end of the	plan year (defined bene	fit plans do not		
	,	during the plan year invested in eligib		•	5c	X Yes No
		the annual examination and report of				
		(See instructions on waiver eligibility ther line 6a or line 6b, the plan cann	,			X Yes No
C If the	plan is a defined benefit	t plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?	Yes	No Not determined
Caution:	A penalty for the late o	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	se is establis	shed.
SB or Sch		er penalties set forth in the instruction d signed by an enrolled actuary, as w lete.				
SIGN	Filed with authorized/v	valid electronic signature.				
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual signing as	plan administrator
SIGN						
HERE	Signature of employ		Date			employer or plan sponsor
Preparer's	name (including firm na		de room or suite numbe	r (optional)	Preparer's te	elephone number (optional)
		ame, if applicable) and address; includ				

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Vo	ar .		
	Total plan assets	7a		0			(b) Ella		60289		
	Total plan liabilities	7b							0		
	Net plan assets (subtract line 7b from line 7a)	76 7c		0				16	60289		
	Income, Expenses, and Transfers for this Plan Year	70					(b) T		00200		
	Contributions received or receivable from:		(a) Amount				(b) To	Jtai			
	(1) Employers	8a(1)	16000	0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	28	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16	60289		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i						16	60289		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, ,	L								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	ions:			
b											
Dow	t V Compliance Overtions										
Par	•				Vaa	No	I			—	
10	During the plan year:	tiono withi	n the time period described in		Yes	No		Amo	unt	—	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
						X					
				10c							
d	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.)		. ,	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 a	s of year e	end)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	J							
i	If 10h was answered "Yes," check the box if you either provided the providing the prov	ne require	d notice or one of the	10h							
D(exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								.,	_	
	5500) and line 11a below)										
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	- [
гаус	J	- 1	

С	Enter the amount contr	uted by the employer to the plan for this plan year		12c			
d		ne 12c from the amount in line 12b. Enter the result (enter a		12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	VII Plan Termin	ions and Transfers of Assets					
13a	Has a resolution to termi	te 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						
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		ny assets or liabilities were transferred from this plan to and were transferred. (See instructions.)	other plan(s), identify the plan(s)	to			
•	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) P	'N(s)
Part	VIII Trust Inform	ion (optional)					
	Name of trust INA INSTITUTE OF WA	HINGTON CASH			rust's EIN 63202822		

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).

9 of the

OMB No. 1210-0110 **2013**

This Form is Open to Public Inspection

					File as	an attachn	nent to Form	5500 or 5	5500-	SF.					
Fo	r calendar	plan year 2013	or fiscal plan y	ear beginr	ning ()	1/01/2013				and endi	ng 12/3	1/201	3		
•	Round of	f amounts to r	nearest dollar.												
•	Caution:	A penalty of \$1	,000 will be ass	sessed for	late filing o	of this repor	t unless reas	onable ca	use is	establish	ed.				
	Name of p	lan FITUTE OF WA	SHINGTON CA	ASH BALA	NCE PLAN	N			В	Three-dig	-		>	002	
С	Plan spon	sor's name as s	hown on line 2	a of Form	5500 or 55	500-SF			D	Employer	Identificati	ion N	umber ((EIN)	
		TITUTE OF WA								. ,	46-1427			,	
E	Type of pla	n: X Single	Multiple-A	Multipl	e-B	F	Prior year pla	an size: X	100	or fewer	101-50	00	More	than 500	
		Basic Inforn						<u>L</u>							
1		e valuation date		Month 12	, ,	Day <u>31</u>	Year	2013							
2	Assets:	c valuation date	· .	WOTHT	<u> </u>	Day	rear_	2010							
_		t value									2a				
											2b				
_		rial value											(2)		
3		target/participa						(1) No	umbe	r of partici			(2)	Funding Ta	arget
	_	tired participan									0				(
	b For te	rminated veste	d participants				3b				0				(
	C For a	ctive participant	s:												
	(1)	Non-vested b	enefits				3c(1)								(
	(2)	Vested benef	fits				3c(2)								(
	(3)	Total active					3c(3)				2				(
	d Total						3d				2				C
4	If the pla	an is in at-risk s	tatus, check the	e box and	complete li	ines (a) and	l (b)								
		ng target disreg							_		4a				
		ng target reflec													
		risk status for fe									4b				
5	Effective	e interest rate									5				6.76 %
6	Target r	ormal cost									6				93556
Sta	tement by	Enrolled Actu	ıarv								1				
	To the best of accordance v	f my knowledge, the vith applicable law ar offer my best estima	information supplied and regulations. In my	y opinion, eacl	h other assum										
9	SIGN														
	IERE												05/07/2	2014	
-			Signa	ature of act	uarv				-				Date		
D (COTT U	DDISON ESD	_	ituic oi act	uary									475	
Κ. ι	SCOTT HA	RRISON, FSP							_				14-02		
			Type or pr	rint name o	of actuary						Most re	ecent	enrollm	ent numbe	r
THI	ERAYMO	ND COMPANY							_					39-3474	
45	45 E 001 '	THEON AND "4		Firm name						To	elephone i	numb	er (incl	uding area	code)
	SA, AZ 85	HERN AVE #1 206	08												
			Add	ress of the	firm				_						
	e actuary h uctions	as not fully refl	ected any regu	lation or ru	ling promu	ilgated unde	er the statute	ın comple	eting t	hıs schedı	ıle, check	the b	ox and	see	

Page :	2 -	•	ī
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Schedule SB (Form 5500) 2013

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances						
							(a) C	arryover balance		(b)	Prefundii	ng balance
		-	•		cable adjustments (line 13 f	-			0			0
8				•	unding requirement (line 35				0			0
9	Amount	remainii	ng (line 7 minus li	ne 8)					0			0
10	Interest	on line 9	using prior year's	s actual ret	urn of%				0			0
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:							
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)							0
	b Interest on (a) using prior year's effective interest rate of% except as otherwise provided (see instructions)											
	c Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	ice						0
	d Portion	on of (c)	to be added to pre	efunding ba	lance							0
12	Other re	eductions	in balances due	to elections	or deemed elections				0			0
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0			
Pa	Part III Funding Percentages											
14	Funding	_									14	80.00 %
15	15 Adjusted funding target attainment percentage								15	169.95 %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.								0.00 %				
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter si	uch percentage			17	%
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N	(a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pai employer(s		(emplo	nt paid by byees
12	/03/2013			80000	0							
04	/07/2014	ļ		80000	0							
						Totals ►	18(b)		160000	18(c)		
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation d	ate after the	e beginning of the	year:			
	a Conti	ributions	allocated toward	unpaid min	imum required contributions	from prior y	ears		19a			0
	b Contr	ibutions	made to avoid res	strictions ac	ljusted to valuation date				19b			0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20	Quarter	ly contrib	outions and liquidit	ty shortfalls	:							<u> </u>
	a Did the plan have a "funding shortfall" for the prior year?											
	b If line	20a is "	Yes," were require	ed quarterly	installments for the current	year made i	n a timely n	manner?	·····			Yes No
	C If line	20a is "	Yes," see instructi	ons and co	mplete the following table a	s applicable:						
					Liquidity shortfall as of e	nd of quarter					(1)	
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used
	b Appl	icable month (enter code)			21b				0
22	Weight	ed average ret	tirement age			22				62
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				tuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired		
		-			•				Yes	X No
25	Has a r	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		<u> </u>	Yes	X No
27	If the p	lan is subject to	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				<u> </u>
	attachn	nent				21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0
29				d unpaid minimum required contrib		29				0
30				ntributions (line 28 minus line 29)		30				0
			Required Contribution			1				
31			nd excess assets (see instruct							
			,			31a				93556
	_			line 31a		31b				93330
32		zation installme	<u> </u>	III.C 014	Outstanding Bala	1	Ir	nstallm	ent	0
02					Outotailing Bail	0		iotaiiii	Ont	0
	_					0				0
33				iter the date of the ruling letter gran	ting the approval					0
55) and the waived amount		33				
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				93556
				Carryover balance	Prefunding bala	nce	То	tal bal	ance	
35	Balanc	es elected for	use to offset funding							
	require	ment								
36						36				93556
37	Contrib	outions allocate 9c)	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				159000
38	Presen	it value of exce	ess contributions for current ye	ear (see instructions)						
						38a				65444
			·	prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40				S		40				
	rt IX			Pension Relief Act of 2010		l l				
			de to use PRA 2010 funding re		(-22	<i>,</i>				
				· · · · · · · · · · · · · · · · · · ·			2 plus 7 yea	rs	15	years
								2010	_	2011
42										
	Amount of acceleration adjustment									
73	LYCC22	IIIStallillellt ac	celeration amount to be came	a over to iuture piari years		73				

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Lebor

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 section 6057(b) and 6058(a) of

QMB Nos. 1210-0110 1210-0089

2013

	Include Benefits Security Administration the Internal Revenue Code (the Code).						
	Complete all entries in accordance with the instructions to the Form 5600-SF.						MPECUCA:
		dentification Information	 				
Forc	alendar plan year 2013 or fisc		01/01/2013	and ending	12	/31/2013	
A 1	his return/report is for:	a single-employer plan	a multiple-employer p	ian (not multiemployer)		z one-partici;	pant plan
Вт	his return/report is:	the first return/report	the final return/report				
		an amended return/report	n short plan year retu	m/report (less than 12 m	onths)		
Cc	hack box if filing under:	Form 5558	Butomatic extension		Γ	DEVC progra	MTT
	_	special extension (enter descr	totion)		_		
44	Basic Plan Infor	mation — enter all requested	Information	· · · · · · · · · · · · · · · · · · ·			
سب	Name of plan	CONTRACTOR OF THE CONTRACTOR	(CICCASTIBILITY)	· · · · · · · · · · · · · · · · · · ·	16.7	Three-digit	Γ
	Dating Toshibuta of	Washington Coul Dal-	71++		F	dan number	l
	Variation Time Transfer of	Washington Cash Balan	ICS PLAN			PN) ►	002
					4	Effective date o 01/01/2013	•
2a	Plan sponsor's name and add	ress; include room or suite numb	er (employer, if for a single	-employer plan)			fication Number
	Retina Institute of	Washington				EIN) 46-14:	
					2c 8	Sponsor's telep	hone number
	411 84th Avenue NE					(215) 840-	
					2d 8	Bueiness ocde (521111	(see instructions)
	Medina Clan odministratorie name and	MA 98039 d address X Same as Plan Spa					
-		tenrices FFT cente est⊔enish		rian eponeur Address	30 A	Volministrator's	EIN
					-		
					30 4	idministrator's	telephone number
		:					
4	If the name and/or EIN of the p	plan aponaor has changed since	the last return/report filed f	or this plan, enter the	4b 5	in	
	name, EIN, and the plan numb	ser from the last return/report.					
_	Sponsor's name				4c F	<u>n</u>	
7 8	Total number of participants at Total number of participants of	t the beginning of the plan year	T-2-17-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	***************************************	5 <u>a</u>	 	22
C	Total number of participants with an	t the end of the plan year count balances as of the end of t	the plan upon /defined hand		5b		2
_	complete this item)	COURT DESCRIPTIONS AS LY THE STILL CH	nis bien Acet (neillen peut	ak plans oo not	5c		
6a	Were all of the plan's assets d	uring the plan year invested in all	igible assets? (See instruc	ions.)			X Yes No
ь	Are you claiming a waiver of the	ne annual examination and repor	t of en Independent qualific	d public accountant (IC)F	'A)		_ <u>_</u>
		See instructions on waiver eligible					XYes No
	If you answered "No" to eith	er line Se or line Sb, the plan c	annot use Form 5500-SF	l ezu bseteni tzum bna	onn 56	00.	
C	it the plan is a defined benefit	plan, is it covered under the PBG	iC insurance program (see	ERISA section 4021)?		Yes X No	Not determined
Cau	tion: A penalty for the late or	r incomplete filing of this retur	n/report will be assessed	Unless reasonable cac	me it e	tablished.	
Und	er penalties of perjury and othe	er penalties set forth in the instru	ctions, I declare that I have	examined this return/re	port, incl	uding, if applic	able, a Schedule
belie	or conscion was completed and of, it is true, <i>played</i> , and,compl	d algred by an enrolled actuary, a	15 Well as the electronic ve	raion of this return/report	t, and to	the best of my	knowledge and
	ANNVY	/\/	17/2%/10	10.457		1111111	<i>n</i> -
			6,00,14	- QUILO	^	<u>ryun</u>	}
	Signature of plan admin	Visitor .	Date COLUM	Enter name of Individua	i signing	ı as'olan admir	ristrator
		<u></u>	76214	-Jalle	<u> </u>	yuu	
			Date	Enter nume of individue			
Pre	serer's name (including firm ea	une, if applicable) and address; Ir	nclude room or suite numbe	er (optional)	Prepar	er's telephone	number (optional)
				İ			
					Legalio		
		•			raubidentini Vadi oleheni		
			 				

Employer ID# 46-1427591: Plan No. 002

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2013

<u>Adj Ctb</u> 80,394.86	<u>Period</u> 12-03-2013 to 12-31-2013	<u>Rate</u> 6.76%	<u>Year</u> 2013	<u>Amount</u> 80,000.00	<u>Date</u> 12-03-2013
78,605.56	04-07-2014 to 12-31-2013	6.76%	2013	80,000.00	04-07-2014
159,000.42				160,000.00	Totals:

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the y	rear
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	159,000.42

Attachment to 2013 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 46-1427591 PN: 002

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN

Weighted Average Retirement Age Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

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 service

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

Weighted average retirement age 62

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Plan Effective Date January 1, 2013

Plan Year From January 1 to December 31

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

Normal Retirement AgeAll 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

Normal Retirement Benefit Based on their group classification, participants receive a cash

balance contribution equal to a percentage of compensation or a

fixed dollar amount as follows:

Group 1: \$80,000 Group 2: \$80,000

Group 3: 2.000% of pay

Maximum benefit is \$17,083 per month Maximum percent of salary is 100%

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.

Termination Benefit Upon termination for any reason other than death, disability 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:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1.000 hours

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years before the effective date Years before age 18 Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form A benefit payable for the life of the participant

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

Cash Balance The Interest Crediting Rate for this plan year is 5.00%

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

	<u>For Funding</u> <u>Min Max</u>	For 417(e)	For Actuarial Equiv.		
Interest Rates	Seg 1 4.94% 1.28%	Seg 1 1.25%	Pre-Retirement 5.50%		
	Seg 2 6.15% 4.05%	Seg 2 4.57%	Post-Retirement 5.50%		
	Seg 3 6.76% 5.07%	Seg 3 5.60%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation		
Post-Retirement					
Mortality	Male-modified RP2000 combined healthy male projected 28 & 20 yrs Female-modified RP2000 combined healthy female projected 28 & 20 yrs	2013 Applicable Mortality Table from Rev Rul 2006-67	2013 Applicable Mortality Table from Rev Rul 2006-67		
Assumed Benefit Form I	For Funding	Normal Form			
Calculated Effective Inte	erest Rate	6.76%			
Cash Balance Projected	Interest Crediting Rate	5.00%			

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.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefil 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).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

	File as an attachme	nt to Form	5500 or 5	and ending	12/31/2	2013	······································	
	plan year 2013 or fiscal plan year beginning 01/01/2013			and ending	12/01/2	2013		
	ff amounts to nearest dollar. A penalty of \$1,000 will be assessed for late filing of this report u	inlace reach	nahla cau	se is established				
		1111C33 TC430						
A Name of plan Retina Institute of Washington Cash Balance Plan B Three-digitation of Washington Cash Balance Plan plan number of plan plan number of plan plan number of plan plan number of plan plan number of plan plan number of plan plan number of plan plan number of plan plan number of plan plan number of plan plan plan plan plan plan plan plan						•	002	
	· ·		1	plan nambe	a (i.e.y			
C Plan spons	sor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer Id	entification	n Number (l	EIN)	
Retina Institu	te of Washington			46-1427591				
E Type of pla	n: X Single Multiple-A Multiple-B	Prior year pla	n size: 🗶	100 or fewer	101-500	More tl	nan 500	
Part I	Basic Information							
	e valuation date: Month 12 Day 31	Year 2	2013					
2 Assets:								
	et value				2a		0	
	arial value				2b		0	
	g target/participant count breakdown:			ımber of participa	ents	(2)	Funding Target	
	etired participants and beneficiaries receiving payment	. 3a	417.110		0		0	
	erminated vested participants				0		0	
	ctive participants: Non-vested benefits	3c(1)	0.00				0	
							0	
(2)		0 (0)			2		0	
(3) d T-4-1		3d			2		0	
		1		П				
	an is in at-risk status, check the box and complete lines (a) and (_	40			
	ing target disregarding prescribed at-risk assumptions				4a			
	ing target reflecting at-risk assumptions, but disregarding transiti				4b			
	e interest rate				5		6.76 %	
100000000000000000000000000000000000000	normal cost		6		93556			
- 0	y Enrolled Actuary		SAMMA MARKA					
To the best	of my knowledge, the information supplied in this schedule and accompanying schedu with applicable law and regulations. In my opinion, each other assumption is reasonat, offer my best estimate of anticipated experience under the plan.	lles, statements ble (taking into a	and attachme account the ex	ents, if any, is complet xperience of the plan a	e and accurat nd reasonabl	e, Each prescri e expectations	ibed assumption was applied in and such other assumptions, in	
SIGN	1-1							
HERE	AST .					05/07/2	2014	
	Signature of actuary					Date		
	R. Scott Harrison, FSPA, APA					14-02	175	
	Type or print name of actuary			-	Most red	ent enrollm	nent number	
The Raymond Company						(480) 289-3474		
	Firm name			Tel	ephone ni	200000000000000000000000000000000000000	uding area code)	
	4545 E. Southern Ave., #108						,	
	Mesa, AZ 85206			_:				
	Address of the firm							
If the actuary	has not fully reflected any regulation or ruling promulgated under	r the statute	in comple	eting this schedul	e, check tl	he box and	see	

Pa	rt II	Begir	ning of Year	Carryove	er and Prefunding Ba	alances						
							(a) Carryover balance (b) Pre					g balance
7		_	ning of prior year after applicable adjustments (line 13 from prior						0			
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) 0						0_					
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			
10	Interest	on line 9	using prior year's	actual retu	ırn of0.00 %				0	0		
11	Prior ye	ear's exc	ess contributions t	o be added	to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)					0		
		,			nterest rate of0.00 %					0		
	C Total	available	at beginning of cur	rent plan ye	ar to add to prefunding balar	nce				0		
	d Porti	on of (c)	to be added to pre	efunding ba	ance							0
12	Other re	eductions	s in balances due	to elections	or deemed elections				0			0
13	Balance	e at begi	nning of current ye	ear (line 9 +	line 10 + line 11d - line 12)			0			0
Pa	art III	Fun	ding Percenta	ages								
14	Funding	g target a	attainment percent	age		Maria de Caración					14	80.00 %
15	Adjuste	d fundin	g target attainmen	t percentag	e						15	169.95 %
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.							16	0.00 %			
17	If the cu	ırrent va	ue of the assets of	f the plan is	less than 70 percent of the	e funding targe	et, enter s	uch percentage			17	%
Pa	art IV	Con	tributions an	d Liquidi	ty Shortfalls							
18	Contrib	utions m			ear by employer(s) and employer							
(M	(a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-Y		(b) Amount pa employer(s		(0	emplo	nt paid by oyees
12	2-03-201	3		80000								
04	1-07-201	4		80000								
				1								
						Totals ▶	18(b)		160000	18(c)		0
19	Discoul	nted emr	oloyer contribution	s – see inst	ructions for small plan with	a valuation da	ate after th	ne beginning of the	year:		Asia	
			=					T	19a			0
	a Contributions allocated toward unpaid minimum required contributions from prior years						0					
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date19c						19c	159000				
20			outions and liquidi			PRODUCTOR & CASE-POLIC						
		,		•	ne prior year?							Yes X No
												Yes X No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
			, , ,		Liquidity shortfall as of e		of this pla	n year				
		(1) 1	st		(2) 2nd		(3) 3rd (4) 4th					

2	Pa	rt V	Assumptions Used to Determine Funding Target and Target Normal Cost								
Note	21	1 Discount rate:									
22 Weight-but average retirement age		a Se	gment rates:	1st segment: 4.94%							
Prescribed - combined Pre		b Applicable month (enter code)					21b	0			
Misselaneous litems	22	Weigh	nted average ref	tirement age	···········		22	62			
24	23	Morta	lity table(s) (se	e instructions) 🐰 Pre	escribed - combined Pres	cribed - separate	Substitut	e			
24	Pai	rt VI	Miscellane	ous Items							
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required									
27	25	Has a	method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attach	ment	Yes X No			
Part VII	26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruct	ions regarding required a	attachment.	Yes X No			
28 1	27						27				
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 0 0 0 0 0 0 0 0 0	Pa	rt VII	Reconcili	ation of Unpaid Minimu	ım Required Contributions	s For Prior Years					
No No No No No No No No	28	Unpai	d minimum req	uired contributions for all prior	years		28	0			
Part Vill Minimum Required Contribution For Current Year	29						29	0			
31 Target normal cost and excess assets (see instructions): 3 Target normal cost (line 6) 31a 93556 4 5 5 5 5 5 5 5 5 5 5	30	Rema	ining amount o	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30	0			
31 Target normal cost and excess assets (see instructions): 3 Target normal cost (line 6) 31a 93556 4 5 5 5 5 5 5 5 5 5 5	Pa	rt VIII	Minimum	Required Contribution	For Current Year						
b Excess assets, if applicable, but not greater than line 31a 31b 0 32 Amortization installments: Outstanding Balance Installment 0 33 Amortization installments: Outstanding Balance 0 34 Net shortfall amortization installment 0 35 Waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33). 34 93556 36 Additional cash requirement (line 34 minus line 35) 36 93556 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) 37 159000 38 Present value of excess contributions for current year (see instructions) 38 a 65444 b Porton included in line 38a attributable to use of prefunding and funding standard curryover balances 38 0 39 Unpaid minimum required contribution for current year (excess, if any, of line 37 over line 36) 0 40 Unpaid minimum required contributions for all years 0 41 If an election was made to use PRA 2010 funding relief for this plan: 2 plus 7 years 15 years 1	31	Targe									
A mortization installments: a Net shortfall amortization installment. b Waiver amortization installment. 10 0 0 10 0 b Waiver amortization installment. 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		a Targ	get normal cost	(line 6)			31a	93556			
A Net shortfall amortization installment		b Exc	cess assets, if a	pplicable, but not greater than	line 31a	,,	31b	0			
b Waiver amortization installment 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33). 34 93556 35 Balances elected for use to offset funding requirement (line 34 minus line 35). 36 Additional cash requirement (line 34 minus line 35). 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c). 38 Present value of excess contributions for current year (see instructions) 39 A Total (excess, if any, of line 37 over line 36). 30 B Unpaid minimum required contribution for current year (excess, if any, of line 38 attributable to use of prefunding and funding standard carryover balances. 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37). 39 O O O O O O O O O O O O O O O O O O O	32	Amor	tization installm	ents:		Outstanding Bala	nce	Installment			
33 If a walver has been approved for this plan year, enter the date of the ruling letter grantling the approval (Month		a Net	shortfall amorti	ization installment			0	0			
Month Day Year) and the waived amount 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34 93556		b Wa	iver amortizatio	n installment							
Carryover balance Prefunding balance Total balance 35 Balances elected for use to offset funding requirement	33	If a w	aiver has been th	approved for this plan year, en Day Year	nter the date of the ruling letter gran	nting the approval	33				
Carryover balance Prefunding balance Prefunding balance Total balance	34	Total	funding require	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	93556			
requirement					Carryover balance	Prefunding balar	псе	Total balance			
Additional cash requirement (line 34 minus line 35)	35				0		0	0			
Contributions allocated toward minimum required contribution for current year adjusted to valuation date 37	36	Addit	ional cash requ	irement (line 34 minus line 35)			36	93556			
a Total (excess, if any, of line 37 over line 36)		37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date						159000			
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		a Tot	al (excess, if an	38a	65444						
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39 0 40 Unpaid minimum required contributions for all years 40 0 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected 2 plus 7 years 15 years	-										
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	39							0			
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	40	40 Unpaid minimum required contributions for all years						0			
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected											
a Schedule elected	41	If an									
		a Schedule elected 2 plus 7 years 15 years									
b Eligible plan year(s) for which the election in line 41a was made	_	provide provide the provide th									
42 Amount of acceleration adjustment	12	tend and tend									
43 Excess installment acceleration amount to be carried over to future plan years											