Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
OMNI EYE SPECIALISTS 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

OMNI EYE SPECIALISTS

485 ROUTE 1 SOUTH, BUILDING A
METROPOLITAN CORPORATE CENTER
ISELIN, NJ 08830

2b Employer Identification Number (EIN)
22-3587595

2c Sponsor's telephone number
732-750-0400

2d Business code (see instructions)
621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)
PLANNED RETIREMENT CONSULTANTS

AND ADMINISTRATORS

P.O. BOX 5126
RIDGEWOOD, NJ 07451-5126

Preparer's telephone number (optional)
201-447-6010

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	141
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	108
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	146
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	146
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	146
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2J 2K 2H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
OMNI EYE SPECIALISTS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OMNI EYE SPECIALISTS

D Employer Identification Number (EIN)
22-3587595

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	804324	117	06/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	4503182

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE FUND

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	438150		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1899		
	(4) Transferred from separate account	7c(4)	8593		
	(5) Other (specify below)	7c(5)	18910		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	467552
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	467552
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	19147		
	(2) Administration charge made by carrier	7e(2)	144		
	(3) Transferred to separate account	7e(3)	5072		
	(4) Other (specify below)	7e(4)	12955		
	▶ PARTICIPANT LOAN				
	(5) Total deductions			7e(5)	37318
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	430234

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a [X] Health (other than dental or vision) **b** [ ] Dental **c** [ ] Vision **d** [ ] Life insurance
e [ ] Temporary disability (accident and sickness) **f** [ ] Long-term disability **g** [ ] Supplemental unemployment **h** [ ] Prescription drug
i [ ] Stop loss (large deductible) **j** [ ] HMO contract **k** [ ] PPO contract **l** [ ] Indemnity contract
m [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [ ] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
OMNI EYE SPECIALISTS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OMNI EYE SPECIALISTS

D Employer Identification Number (EIN)
22-3587595

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

COMMONWEALTH FINANCIAL NETWORK

04-2675571

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COMMONWEALTH EQUITY SERVICES

04-2675571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY PLAN	6170	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PLANNED RETIREMENT CONSULTANTS

AND ADMINISTRATORS
P.O. BOX 5126
RIDGEWOOD, NJ 07451-5126

22-2116608

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	1950	Yes [X] No [ ]	Yes [X] No [ ]	3377	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 37 52 62 64 67	RECORDKEEPER	1021	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SAPOSH AND MALTER INC.

13-3982354

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PL	11118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENT INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	475	Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PLANNED RETIREMENT CONSULTANTS	15 37 64	3377

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRANSAMERICA LIFE INSURANCE COMPANY 39-0989781	TPA

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA MIDCAP VALUE A	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS STRATEGIC VALUE A 200 PARK AVENUE NEW YORK, NY 10166	0.35%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	10 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PUTNAM US GOVT INCOME A 04-2539562	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY ESTABLISHED VALUE A 31-1249295	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
COMMONWEALTH FINANCIAL NETWORK	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PUTNAM US GOVT INCOME A 04-1223767	1.00%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS S&P 500 INDEX 200 PARK AVENUE NEW YORK, NY 10166	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO SMALL CAP VALUE A 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO REAL RETURN A PO BOX 8480 BOSTON, MA 02266	0.25%

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
OMNI EYE SPECIALISTS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OMNI EYE SPECIALISTS

D Employer Identification Number (EIN)
22-3587595

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-036	P	255654

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US BOND INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-037	P	250724

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INCOME

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-047	P	6090

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-048	P	42526

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-049	P	43398

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-050	P	254254

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-051	P	111386

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33599

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN ST SMALL & MID CAP

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-090	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172693

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALLCAP GROWTH INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-106	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2119

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALLCAP VALUE INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-108	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190451

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-109	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46664

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-110	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131590

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-111	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89258

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-112	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107777

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-113	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109791

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MARKET INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-114	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 668166

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-291	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11929
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVESTORS		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-470	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69108
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-473	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 249028
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-505	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21767
a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-539	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213211
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE DISCOVERY		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-546	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317513
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY STRATEGIC DIVIDEND & INCOM		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-577	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122245
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO AMERICAN VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-580	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 349163
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO COMSTOCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-581	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231484
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE GROWTH STOCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-606	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 401593

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
OMNI EYE SPECIALISTS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OMNI EYE SPECIALISTS

D Employer Identification Number (EIN)
22-3587595

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3967
(2) Participant contributions	1b(2)	1500	10735
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	271691	109956
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	86852	167469
(9) Value of interest in common/collective trusts	1c(9)	226088	
(10) Value of interest in pooled separate accounts	1c(10)		4503180
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4675037	1516335
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		430232
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5261168	6741874
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5261168	6741874

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	156909	
	(B) Participants	2a(1)(B)	414530	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		571439
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	5040	
	(F) Other	2b(1)(F)	1898	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6955
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	55141	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		55141
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		474724
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		640481
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1748740
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	253778	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		253778
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	14256	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14256
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		268034
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1480706
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MAHON MCKENZIE & COLSON CPAS, LLC **(2)** EIN: 46-3729406

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
OMNI EYE SPECIALISTS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OMNI EYE SPECIALISTS

D Employer Identification Number (EIN)
22-3587595

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-1050034 39-0989781

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN

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MAHON MCKENZIE & COLSON CPAs, LLC
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Omni Eye Specialists
401(K) Profit Sharing Plan
Iselin, New Jersey

We were engaged to audit the financial statement of Omni Eye Specialists 401(k) Profit Sharing Plan as of December 31, 2013 and for the year then ended, and the supplementary schedules as of and for the year ended December 31, 2013, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2013 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statement and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mahon McKenzie + Colson
MAHON MCKENZIE & COLSON CPAs, LLC

October 10, 2014

2444 State Highway 34
Manasquan, NJ 08736

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN

Statement of Net Assets Available for Benefits

December 31, 2013

	2013
Assets:	
Cash	$ -
Investments, at fair value	6,554,734
Employer's contributions receivable	3,967
Employees' contributions receivable	10,735
Participant loans receivable	167,469
Total Assets	6,736,905
Net Assets Reflecting Investments at Fair Value	6,736,905
Adjustment from fair value to contract value for fully benefit-responsive investment contract	4,969
Net Assets Available For Benefits	$ 6,741,874

See accompanying notes.

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

	2013
Additions To Net Assets Attributed To:	
Investment Income:	
Net appreciation in fair value of investments	$ 1,115,200
Interest income	6,955
Dividends	55,141
	1,177,296
Less: Investment expenses	14,256
	1,163,040
Contributions:	
Employer	156,909
Employee	414,531
	571,440
Total Additions	1,734,480
Deductions From Net Assets Attributed To:	
Benefits paid to participants	253,778
Total Deductions	253,778
Net Increase in Assets	1,480,702
Net Assets Available for Benefits - Beginning of year	5,261,172
Net Assets Available for Benefits - End of year	$ 6,741,874

See accompanying notes.

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013

Note 1 – Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment Contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to a fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Basis of Presentation
The Plan's financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America and follow the recommendations of the American Institute of Certified Public Accountants contained in the Industry Audit Guide, *Audits of Employee Benefit Plans.*

Estimates
The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts and disclosures of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
Investments in mutual funds and shares of registered investment companies are valued at quoted market price, as determined and certified by the Plan's custodian, Transamerica Life Insurance Company, on the last business day of the respective calendar year (see Note 9). In the Statement of Net Assets Available for Benefits the investment in the insurance contract is adjusted to its contract value.

Purchases and sales are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Appreciation (Depreciation)
The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of investments that consists of unrealized appreciation (depreciation) of the underlying mutual funds and realized gains and losses on sales of all investments. This amount does not include any market value adjustment for the investment in the insurance contract.

Note 1 – Summary of Significant Accounting Policies (continued)

Payment of Benefits
Benefits are recorded when paid.

Plan Expenses
The Plan permits the payment of Plan expenses to be made from the Plan's assets. The method of allocating Plan expenses depends on the nature of the expense but generally will be allocated either proportionately based on the value of account balances or as an equal dollar amount based on the number of participants.

Date of Management's Subsequent Event Review
Subsequent events were evaluated by management through October 10, 2014, which is the date the financial statements were available to be issued.

Notes Receivable from Participants
Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Note 2 – Plan Description

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all full-time employees of Omni Eye Specialists. The Plan allows other employers to adopt its provisions and the following Employers have adopted the Plan: Omni Eye Surgery of NY, Omni Ophthalmic Management Consultant LLC, New Jersey Center for Cornea and Refractive Surgery and Essex Specialized Surgical Institute. Thus, when reference is made to "The Company", it will include all employers. Employees who have reached the age of twenty-one are eligible to participate on the first of the month following the completion of three month of service, effective January 1, 1999. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions
Participants that elect to contribute to the plan are permitted to reduce their total compensation by either a percentage or dollar amount but cannot exceed the maximum annual amount allowed by the Internal Revenue Service. The Company will contribute for each participant a matching contribution equal to fifty percent of the participant's elective deferral up to six percent, however additional limits apply to the matching percentage. Each year the Company may also make an additional discretionary profit sharing contribution to each participant's account. The profit sharing contribution is allocated among all Plan participants who are still employed by the Company at year-end and who have completed a year of service. For the year ended December 31, 2013 the Company did not make a profit sharing contribution.

Note 2 – Plan Description (continued)

Participants' Accounts

The Company has adopted a Defined Contribution Plan through Planned Retirement Consultants and Administrators. The Plan assets are invested in securities offered through Transamerica Life Insurance Company. Participants direct the investment of their contributions and the employer's contributions into various investment options offered by the Plan. Participants may change their investment options at any time. There are currently twenty eight different funds from which the participant may select. They are as follows:

Transamerica SSgA S&P Mid Cap Index
Transamerica SSgA U.S. Bond Index
Transamerica Vanguard Target Retirement
Transamerica Vanguard Target Ret 2010
Transamerica Vanguard Target Ret 2015
Transamerica Vanguard Target Ret 2020
Transamerica Vanguard Target Ret 2025
Transamerica Vanguard Target Ret 2030
Transamerica Vanguard Target Ret 2035
Transamerica Vanguard Target Ret 2040
Transamerica Vanguard Target Ret 2045
Transamerica Vanguard Target Ret 2050
Transamerica Vanguard Target Ret 2055
Transamerica Vanguard Total Stock Market Ind
Transamerica Vanguard Small-Cap Value Index
Transamerica Vanguard Small-Cap Growth Index
Transamerica Loomis Sayles Inv Grade Bond
Transamerica Oppenheimer Main Street Sm & Mid
Transamerica First eagle Overseas
Transamerica Massachusetts Investors
Transamerica PIMCO Real Return Ret Opt
Transamerica Oakmark International
Transamerica Wells Fargo Adv Discovery
Transamerica Fidelity Strategic Div & Inc
Transamerica Invesco American Value
Transamerica Invesco Comstock
Transamerica T. Rowe Price Growth Stock
Transamerica Transamerica Stable Value Core

Note 2 – Plan Description (continued)

Participants' Accounts

Each of the funds' earnings, net of related expenses, is credited to each participant's account based on his/her balance in relation to the aggregate balance of that fund.

Benefits

Any participant who incurs a service break for any reason except retirement, death or total and permanent disability shall be entitled to receive as soon as administratively feasible after date of separation one hundred percent of his/her vested account balance. Retirees and deceased employee beneficiaries receive their benefits in lump sum distributions.

Vesting

Participants are immediately 100% vested in their Elective, Catch-Up and Rollover contributions. The graded vesting schedule for the Employer's Matching and Profit Sharing contribution is as follows:

Years of Service	Percentage Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures

Participants who terminate employment and are less than 100% vested in the employer contribution portion of their accounts forfeit the non-vested portion of their account. The forfeiture amount remains in the Plan and will be allocated to pay administrative expenses first and then to reduce any employer contributions.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bears interest at 2% above prime rate and is fixed for the duration of the loan. Principal and interest is paid ratably through payroll deductions.

Note 3 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurement
The fair values of mutual funds are based on quoted market prices.

Level 3 Fair Value Measurement
The investment contract with the insurance company is not actively traded and significant other observable inputs are not available. The fair value of the investment contract was provided by Transamerica Life Insurance Company.

The fair value of participant loans is equal to the amortized cost of the loans which approximates fair value. The loans are secured by each respective participant's account balance.

Note 3 - Fair Value Measurements (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments and loans receivable at fair value as of December 31, 2013:

		Fair Value Measurements At Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2013				
Mutual Funds:				
Growth	$ 1,411,905	$ 1,411,905	$ -	$ -
Blended	463,912	463,912	-	-
Value	183,699	183,699	-	-
Fixed	109,956	109,956	-	-
Stocks:				
Growth	721,225	721,225	-	-
Blended	1,390,760	1,390,760	-	-
Value	893,343	893,343	-	-
Indexed Trust	421,319	421,319	-	-
Corporate Bond	284,323	284,323	-	-
Government Bond	249,028	249,028	-	-
Investment Contract with Insurance Company	425,264			425,264
Participant Loans Receivable	167,469	-	-	167,469
Total Assets at Fair Value	$ 6,722,203	$ 6,129,470	$ -	$ 592,733

The following tables reconcile the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) of the investment contract with insurance company and participant loans for the year ended December 31, 2013:

	2013
Investment Contract with Insurance Company:	
Beginning Balance	$ -
Total gains or losses included in changes in net assets available for benefits	
Changes in unrealized market value gains and losses	1,898
Purchases, issuances, sales and settlements	423,366
Ending Balance	$ 425,264

Note 3 - Fair Value Measurements (continued)

Participant Loans:

Beginning balance	$ 86,852
New loans, repayments-net	80,617
Ending Balance	$ 167,469

Note 4 – Investments

Investments in mutual funds at fair value and insurance contract at contract value that exceed 5% (five percent) of total net assets available for benefits as of December 31, 2013 are summarized as follows:

	2013
Charles Schwab-Ishares Unit Trust	$ 421,319
Transamerica-Vanguard Total Stock Market Ind	668,166
Transamerica-Invesco American Value	349,163
Transamerica-T. Rowe Price Growth Stock	401,593
Transamerica-Stable Value Core	430,234

During 2013, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,115,200.

Note 5- Investment Contract with Insurance Company

The Plan has entered into a benefit-responsive annuity investment contract with Transamerica Life Insurance Company (TLIC) through the Transamerica Stable Value Core Option. The Transamerica Stable Value Core Option is an investment choice held by the general account of TLIC. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the investment contract. The investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contact value, as reported to the Plan by TLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Note 6 – Tax Status

The Company submitted a Corbel Volume Submitter document to the Internal Revenue Service and received an opinion letter dated March 31, 2008 granting approval of the "form of the plan" under section 401 of the Internal Revenue Code. Although the opinion letter is not a ruling or a determination, it provides assurance that the plan may rely on the opinion with respect to the qualifications of the Plan under IRS code section 401(a). The company will be submitting the required documents to the IRS for a favorable determination. The Plan trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

United States Generally Accepted Accounting Principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 7 – Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 8 – Related Party Transaction

Certain Plan investments are shares of mutual and money market funds managed by Transamerica Life Insurance Company. Transamerica is the Plan's custodian and therefore, these transactions qualify as exempt party-in-interest under the Department of Labor's rules and regulations.

Note 9 – Information Prepared and Certified by Plan Custodian (Unaudited)

The following information included in the financial statements as of December 31, 2013 and the year then ended is unaudited and was certified by the custodian as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- Investments at fair value
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments

Note 10 – Risks and Uncertainties

The Plan provides various investment options for the participants. The underlying investments of these options are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment options and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Note 11 – Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2013:

	2013
Net assets available for benefits per the financial statements	$ 6,741,874
Less: Amounts allocated to withdrawing participants	-
Net assets available for benefits per Schedule H of Form 5500	$ 6,741,874

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2013:

	2013
Benefits paid to participants per the financial statements	$ 253,778
Add: Amounts allocated to withdrawing participants at December 31, 2013	-
Less: Amounts allocated to withdrawing participants at December 31, 2012	-
Benefits paid to participants per Schedule H of Form 5500	$ 253,778

Amounts allocated to withdrawing participants are recorded on Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, 2013 but not yet paid as of that date.

SUPPLEMENTARY INFORMATION

(See independent auditors' report)

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN
PLAN #001 - EIN 22-3587595

Schedule 1 - Form 5500 "Schedule H, Line 4i - Schedule of Assets (Held at End of Year)" for Investment Purposes

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current (Fair) Value
	Charles Schwab	109,955.84 shs- Money Market Fund		$ 109,956
	Charles Schwab	2,269.428 shs- Ishares Unit Trust		421,319
	Charles Schwab	3,841.984 shs- Artisan International Investor		117,104
	Charles Schwab	6,803.662 shs- Artisan Mid Cap Value Investor		183,699
	Charles Schwab	1,667.032 shs- Brown Advisory Winslow		23,222
	Charles Schwab	5,919.156 shs- First Eagle Fund of America Y		219,719
	Charles Schwab	17,282.998 shs- Loomis Sayles Bond Class I		262,010
	Charles Schwab	9,277.855 shs- Oakmark International I		244,193
	Charles Schwab	2,662.13 shs- Royce Value Plus Service Fund		45,070
*	Transamerica	5,561.7338 shs- SSgA S&P Mid Cap Index		255,654
*	Transamerica	11,860.2885 shs- SSgA U.S. Bond Index		250,724
*	Transamerica	374.3778 shs- Vanguard Target Retirement		6,090
*	Transamerica	3,179.1187 shs- Vanguard Target Ret 2010		46,664
*	Transamerica	2,399.1946 shs- Vanguard Target Ret 2015		42,526
*	Transamerica	8,691.5089 shs- Vanguard Target Ret 2020		131,590
*	Transamerica	2,356.5377 shs- Vanguard Target Ret 2025		43,398
*	Transamerica	5,847.0165 shs- Vanguard Target Ret 2030		89,258
*	Transamerica	13,013.9610 shs- Vanguard Target Ret 2035		254,253
*	Transamerica	6,916.9823 shs- Vanguard Target Ret 2040		107,777
*	Transamerica	5,457.8766 shs- Vanguard Target Ret 2045		111,386
*	Transamerica	7,015.7576 shs- Vanguard Target Ret 2050		109,790
*	Transamerica	1,672.4326 shs- Vanguard Target Ret 2055		21,767
			Sub-Total	3,097,169

(1) In accordance with the Instructions for Schedule H (Form 5500) the "column (d) cost information for the Schedule of Assets (Held at End of Year) may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account (including a negative election authorized under the terms of the plan).

See accompanying notes.

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN
PLAN #001 - EIN 22-3587595

Schedule 1 - Form 5500 "Schedule H, Line 4i - Schedule of Assets (Held at End of Year)" for Investment Purposes

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current (Fair) Value
	Continued from page 13			
*	Transamerica	10,931.4369 shs- Vanguard Total Stock Market Ind		668,166
*	Transamerica	5,804.3828 shs- Vanguard Small-Cap Value Index		190,451
*	Transamerica	62.1625 shs- Vanguard Small-Cap Growth Index		2,119
*	Transamerica	939.2849 shs- Loomis Sayles Inv Grade Bond		33,599
*	Transamerica	3,795.7301 shs- Oppenheimer Main Street Sm & Mid		172,693
*	Transamerica	133.7220 shs- First Eagle Overseas		11,928
*	Transamerica	4,062.5745 shs- MFS Massachusetts Investors		69,108
*	Transamerica	11,065.7425 shs- PIMCO Real Return Ret Opt		249,028
*	Transamerica	6,854.8655 shs- Oakmark International		213,211
*	Transamerica	8,582.4878 shs- Wells Fargo Adv Discovery		317,513
*	Transamerica	10,183.1186 shs- Fidelity Strategic Div & Inc		122,245
*	Transamerica	24,252.8310 shs- Invesco American Value		349,163
*	Transamerica	15,933.2615 shs- Invesco Comstock		231,484
*	Transamerica	28,036.3563 shs- T. Rowe Price Growth Stock		401,593
	Transamerica	39,855.7193 shs- Transamerica Stable Value Core		425,264
		Participant Loans - Interest Rate 5.25%		167,469
		Sub-Total		3,625,034
		Total		$ 6,722,203

(1) In accordance with the Instructions for Schedule H (Form 5500) the "column (d) cost information for the Schedule of Assets (Held at End of Year) may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account (including a negative election authorized under the terms of the plan).

See accompanying notes.

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN
PLAN #001 - EIN 22-3587595

Schedule 2 - Form 5500 - "Schedule H, Line 4j - Schedule of Reportable Transactions" - 5% Transactions

For the Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)

There were no Reportable Transactions - 5% Transactions during the year ended December 31, 2013.

See accompanying notes.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ___

B This return/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 If the plan is a collectively-bargained plan, check here . . . . . ► [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Omni Eye Specialists 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

Omni Eye Specialists

485 Route 1 South, Building A
Metropolitan Corporate Center
US Iselin NJ 08830

2b Employer Identification Number (EIN) 22-3587595

2c Sponsor's telephone number (732) 750-0400

2d Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			Christopher Quinn
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Christopher Quinn
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Planned Retirement Consultants
and Administrators
P.O. Box 5126

US Ridgewood NJ 07451-5126

Preparer's telephone number (optional) (201) 447-6010

3a Plan administrator's name and address [x] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	141
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	108
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	38
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	146
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	146
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	146
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2J 2K 2H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [x] Insurance	(1) [x] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [x] Trust	(3) [x] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	**b** General Schedules	
(1) [x] **R** (Retirement Plan Information)	(1) [x]	**H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]	**I** (Financial Information - Small Plan)
	(3) [x] 1	**A** (Insurance Information)
	(4) [x]	**C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [x]	**D** (DFE/Participating Plan Information)
	(6) [ ]	**G** (Financial Transaction Schedules)

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2013** and ending **12/31/2013**

Name of plan
Omni Eye Specialists 401(k) Profit Sharing Plan

Employer Identification Number
22-3587595

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Transamerica Stable Value	Stable Value		425,264
	Loomis Sayles Investment Grade	Bond Fund		33,599
	SSGA US Bond Index	Bond Fund		250,724
	Vanguard Target Rtmt 2010	Target Date Fund		46,664
	Vanguard Target Rtmt 2015	Target Date Fund		42,526
	Vanguard Target Rtmt 2020	Target Date Fund		131,590
	Vanguard Target Rtmt 2025	Target Date Fund		43,398
	Vanguard Target Rtmt 2030	Target Date Fund		89,258
	Vanguard Target Rtmt 2035	Target Date Fund		254,253
	Vanguard Target Rtmt 2040	Target Date Fund		107,777
	Vanguard Target Rtmt 2045	Target Date Fund		111,386
	Vanguard Target Rtmt 2050	Target Date Fund		109,790
	Vanguard Target Rtmt 2055	Target Date Fund		21,767
	Vanguard Target Rtmt Income	Target Date Fund		6,090
	Fidelity Strategic Div & Incom	Mutual Fund		122,245
	Invesco American Value	Mutual Fund		349,163
	Invesco Comstock	Mutual Fund		231,484
	MFS Massachusetts Investors	Mutual Fund		69,108
	SSGA S&P MidCap Index	Mutual Fund		255,654
	Vanguard Total Stock Market In	Mutual Fund		668,166
	T Rowe Price Growth Stock	Mutual Fund		401,593
	Wells Fargo Advantage Discover	Mutual Fund		317,513
	Oppenheimer Main St Small & Mi	Mutual Fund		172,693
	Vanguard SmallCap Growth Index	Mutual Fund		2,119
	Vanguard SmallCap Value Index	Mutual Fund		190,451
	First Eagle Overseas	Mutual Fund		11,928
	Oakmark International	Mutual Fund		213,211
	PIMCO Real Return	Mutual Fund		249,028
	Participant Loans	5.25% Interest		167,469
	Artisan International	Mutual Fund		117,104
	Artisan MidCap Value	Mutual Fund		183,699
	Brown Advisory Winslow	Mutual Fund		23,222
	First Eagle Fund of America	Mutual Fund		219,719
	Loomis Sayles Bond	Bond Fund		262,010
	Oakmark International	Mutual Fund		244,193
	Royce Value Plus	Mutual Fund		45,070
	Ishares Trust S&P	Unit Trust		421,319
	Schwab Money Market	Money Market		109,956

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN
PLAN #001 - EIN 22-3587595

Schedule 1 - Form 5500 "Schedule H, Line 4i - Schedule of Assets (Held at End of Year)" for Investment Purposes

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current (Fair) Value
	Charles Schwab	109,955.84 shs- Money Market Fund		$ 109,956
	Charles Schwab	2,269.428 shs- Ishares Unit Trust		421,319
	Charles Schwab	3,841.984 shs- Artisan International Investor		117,104
	Charles Schwab	6,803.662 shs- Artisan Mid Cap Value Investor		183,699
	Charles Schwab	1,667.032 shs- Brown Advisory Winslow		23,222
	Charles Schwab	5,919.156 shs- First Eagle Fund of America Y		219,719
	Charles Schwab	17,282.998 shs- Loomis Sayles Bond Class I		262,010
	Charles Schwab	9,277.855 shs- Oakmark International I		244,193
	Charles Schwab	2,662.13 shs- Royce Value Plus Service Fund		45,070
*	Transamerica	5,561.7338 shs- SSgA S&P Mid Cap Index		255,654
*	Transamerica	11,860.2885 shs- SSgA U.S. Bond Index		250,724
*	Transamerica	374.3778 shs- Vanguard Target Retirement		6,090
*	Transamerica	3,179.1187 shs- Vanguard Target Ret 2010		46,664
*	Transamerica	2,399.1946 shs- Vanguard Target Ret 2015		42,526
*	Transamerica	8,691.5089 shs- Vanguard Target Ret 2020		131,590
*	Transamerica	2,356.5377 shs- Vanguard Target Ret 2025		43,398
*	Transamerica	5,847.0165 shs- Vanguard Target Ret 2030		89,258
*	Transamerica	13,013.9610 shs- Vanguard Target Ret 2035		254,253
*	Transamerica	6,916.9823 shs- Vanguard Target Ret 2040		107,777
*	Transamerica	5,457.8766 shs- Vanguard Target Ret 2045		111,386
*	Transamerica	7,015.7576 shs- Vanguard Target Ret 2050		109,790
*	Transamerica	1,672.4326 shs- Vanguard Target Ret 2055		21,767
			Sub-Total	3,097,169

(1) In accordance with the Instructions for Schedule H (Form 5500) the "column (d) cost information for the Schedule of Assets (Held at End of Year) may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account (including a negative election authorized under the terms of the plan).

See accompanying notes.

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN
PLAN #001 - EIN 22-3587595

Schedule 1 - Form 5500 "Schedule H, Line 4i - Schedule of Assets (Held at End of Year)" for Investment Purposes

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	Transamerica	39,855.7193 shs- Transamerica Stable Value Core		425,264
		Participant Loans - Interest Rate 5.25%		167,469
		Sub-Total		3,625,034
		Total		$ 6,722,203

(1) In accordance with the Instructions for Schedule H (Form 5500) the "column (d) cost information for the Schedule of Assets (Held at End of Year) may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account (including a negative election authorized under the terms of the plan).

See accompanying notes.

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN

Statement of Net Assets Available for Benefits

December 31, 2013

	2013
Assets:	
Cash	$ -
Investments, at fair value	6,554,734
Employer's contributions receivable	3,967
Employees' contributions receivable	10,735
Participant loans receivable	167,469
Total Assets	6,736,905
Net Assets Reflecting Investments at Fair Value	6,736,905
Adjustment from fair value to contract value for fully benefit-responsive investment contract	4,969
Net Assets Available For Benefits	$ 6,741,874

See accompanying notes.

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

	2013
Additions To Net Assets Attributed To:	
Investment Income:	
Net appreciation in fair value of investments	$ 1,115,200
Interest income	6,955
Dividends	55,141
	1,177,296
Less: Investment expenses	14,256
	1,163,040
Contributions:	
Employer	156,909
Employee	414,531
	571,440
Total Additions	1,734,480
Deductions From Net Assets Attributed To:	
Benefits paid to participants	253,778
Total Deductions	253,778
Net Increase in Assets	1,480,702
Net Assets Available for Benefits - Beginning of year	5,261,172
Net Assets Available for Benefits - End of year	$ 6,741,874

See accompanying notes.

OMNI EYE SPECIALISTS
401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013

Note 1 – Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment Contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to a fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Basis of Presentation
The Plan's financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America and follow the recommendations of the American Institute of Certified Public Accountants contained in the Industry Audit Guide, *Audits of Employee Benefit Plans.*

Estimates
The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts and disclosures of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
Investments in mutual funds and shares of registered investment companies are valued at quoted market price, as determined and certified by the Plan's custodian, Transamerica Life Insurance Company, on the last business day of the respective calendar year (see Note 9). In the Statement of Net Assets Available for Benefits the investment in the insurance contract is adjusted to its contract value.

Purchases and sales are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Appreciation (Depreciation)
The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of investments that consists of unrealized appreciation (depreciation) of the underlying mutual funds and realized gains and losses on sales of all investments. This amount does not include any market value adjustment for the investment in the insurance contract.

Note 1 – Summary of Significant Accounting Policies (continued)

Payment of Benefits
Benefits are recorded when paid.

Plan Expenses
The Plan permits the payment of Plan expenses to be made from the Plan's assets. The method of allocating Plan expenses depends on the nature of the expense but generally will be allocated either proportionately based on the value of account balances or as an equal dollar amount based on the number of participants.

Date of Management's Subsequent Event Review
Subsequent events were evaluated by management through October 10, 2014, which is the date the financial statements were available to be issued.

Notes Receivable from Participants
Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Note 2 – Plan Description

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering all full-time employees of Omni Eye Specialists. The Plan allows other employers to adopt its provisions and the following Employers have adopted the Plan: Omni Eye Surgery of NY, Omni Ophthalmic Management Consultant LLC, New Jersey Center for Cornea and Refractive Surgery and Essex Specialized Surgical Institute. Thus, when reference is made to "The Company", it will include all employers. Employees who have reached the age of twenty-one are eligible to participate on the first of the month following the completion of three month of service, effective January 1, 1999. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions
Participants that elect to contribute to the plan are permitted to reduce their total compensation by either a percentage or dollar amount but cannot exceed the maximum annual amount allowed by the Internal Revenue Service. The Company will contribute for each participant a matching contribution equal to fifty percent of the participant's elective deferral up to six percent, however additional limits apply to the matching percentage. Each year the Company may also make an additional discretionary profit sharing contribution to each participant's account. The profit sharing contribution is allocated among all Plan participants who are still employed by the Company at year-end and who have completed a year of service. For the year ended December 31, 2013 the Company did not make a profit sharing contribution.

Note 2 – Plan Description (continued)

Participants' Accounts

The Company has adopted a Defined Contribution Plan through Planned Retirement Consultants and Administrators. The Plan assets are invested in securities offered through Transamerica Life Insurance Company. Participants direct the investment of their contributions and the employer's contributions into various investment options offered by the Plan. Participants may change their investment options at any time. There are currently twenty eight different funds from which the participant may select. They are as follows:

Transamerica SSgA S&P Mid Cap Index
Transamerica SSgA U.S. Bond Index
Transamerica Vanguard Target Retirement
Transamerica Vanguard Target Ret 2010
Transamerica Vanguard Target Ret 2015
Transamerica Vanguard Target Ret 2020
Transamerica Vanguard Target Ret 2025
Transamerica Vanguard Target Ret 2030
Transamerica Vanguard Target Ret 2035
Transamerica Vanguard Target Ret 2040
Transamerica Vanguard Target Ret 2045
Transamerica Vanguard Target Ret 2050
Transamerica Vanguard Target Ret 2055
Transamerica Vanguard Total Stock Market Ind
Transamerica Vanguard Small-Cap Value Index
Transamerica Vanguard Small-Cap Growth Index
Transamerica Loomis Sayles Inv Grade Bond
Transamerica Oppenheimer Main Street Sm & Mid
Transamerica First eagle Overseas
Transamerica Massachusetts Investors
Transamerica PIMCO Real Return Ret Opt
Transamerica Oakmark International
Transamerica Wells Fargo Adv Discovery
Transamerica Fidelity Strategic Div & Inc
Transamerica Invesco American Value
Transamerica Invesco Comstock
Transamerica T. Rowe Price Growth Stock
Transamerica Transamerica Stable Value Core

Note 2 – Plan Description (continued)

Participants' Accounts

Each of the funds' earnings, net of related expenses, is credited to each participant's account based on his/her balance in relation to the aggregate balance of that fund.

Benefits

Any participant who incurs a service break for any reason except retirement, death or total and permanent disability shall be entitled to receive as soon as administratively feasible after date of separation one hundred percent of his/her vested account balance. Retirees and deceased employee beneficiaries receive their benefits in lump sum distributions.

Vesting

Participants are immediately 100% vested in their Elective, Catch-Up and Rollover contributions. The graded vesting schedule for the Employer's Matching and Profit Sharing contribution is as follows:

Years of Service	Percentage Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures

Participants who terminate employment and are less than 100% vested in the employer contribution portion of their accounts forfeit the non-vested portion of their account. The forfeiture amount remains in the Plan and will be allocated to pay administrative expenses first and then to reduce any employer contributions.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bears interest at 2% above prime rate and is fixed for the duration of the loan. Principal and interest is paid ratably through payroll deductions.

Note 3 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurement
The fair values of mutual funds are based on quoted market prices.

Level 3 Fair Value Measurement
The investment contract with the insurance company is not actively traded and significant other observable inputs are not available. The fair value of the investment contract was provided by Transamerica Life Insurance Company.

The fair value of participant loans is equal to the amortized cost of the loans which approximates fair value. The loans are secured by each respective participant's account balance.

Note 3 - Fair Value Measurements (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments and loans receivable at fair value as of December 31, 2013:

		Fair Value Measurements At Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2013				
Mutual Funds:				
Growth	$ 1,411,905	$ 1,411,905	$ -	$ -
Blended	463,912	463,912	-	-
Value	183,699	183,699	-	-
Fixed	109,956	109,956	-	-
Stocks:				
Growth	721,225	721,225	-	-
Blended	1,390,760	1,390,760	-	-
Value	893,343	893,343	-	-
Indexed Trust	421,319	421,319	-	-
Corporate Bond	284,323	284,323	-	-
Government Bond	249,028	249,028	-	-
Investment Contract with Insurance Company	425,264			425,264
Participant Loans Receivable	167,469	-	-	167,469
Total Assets at Fair Value	$ 6,722,203	$ 6,129,470	$ -	$ 592,733

The following tables reconcile the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) of the investment contract with insurance company and participant loans for the year ended December 31, 2013:

	2013
Investment Contract with Insurance Company:	
Beginning Balance	$ -
Total gains or losses included in changes in net assets available for benefits	
Changes in unrealized market value gains and losses	1,898
Purchases, issuances, sales and settlements	423,366
Ending Balance	$ 425,264

Note 3 - Fair Value Measurements (continued)

Participant Loans:

Beginning balance	$ 86,852
New loans, repayments-net	80,617
Ending Balance	$ 167,469

Note 4 – Investments

Investments in mutual funds at fair value and insurance contract at contract value that exceed 5% (five percent) of total net assets available for benefits as of December 31, 2013 are summarized as follows:

	2013
Charles Schwab-Ishares Unit Trust	$ 421,319
Transamerica-Vanguard Total Stock Market Ind	668,166
Transamerica-Invesco American Value	349,163
Transamerica-T. Rowe Price Growth Stock	401,593
Transamerica-Stable Value Core	430,234

During 2013, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,115,200.

Note 5- Investment Contract with Insurance Company

The Plan has entered into a benefit-responsive annuity investment contract with Transamerica Life Insurance Company (TLIC) through the Transamerica Stable Value Core Option. The Transamerica Stable Value Core Option is an investment choice held by the general account of TLIC. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the investment contract. The investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contact value, as reported to the Plan by TLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Note 6 – Tax Status

The Company submitted a Corbel Volume Submitter document to the Internal Revenue Service and received an opinion letter dated March 31, 2008 granting approval of the "form of the plan" under section 401 of the Internal Revenue Code. Although the opinion letter is not a ruling or a determination, it provides assurance that the plan may rely on the opinion with respect to the qualifications of the Plan under IRS code section 401(a). The company will be submitting the required documents to the IRS for a favorable determination. The Plan trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

United States Generally Accepted Accounting Principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 7 – Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 8 – Related Party Transaction

Certain Plan investments are shares of mutual and money market funds managed by Transamerica Life Insurance Company. Transamerica is the Plan's custodian and therefore, these transactions qualify as exempt party-in-interest under the Department of Labor's rules and regulations.

Note 9 – Information Prepared and Certified by Plan Custodian (Unaudited)

The following information included in the financial statements as of December 31, 2013 and the year then ended is unaudited and was certified by the custodian as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- Investments at fair value
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments

Note 10 – Risks and Uncertainties

The Plan provides various investment options for the participants. The underlying investments of these options are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment options and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Note 11 – Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2013:

	2013
Net assets available for benefits per the financial statements	$ 6,741,874
Less: Amounts allocated to withdrawing participants	-
Net assets available for benefits per Schedule H of Form 5500	$ 6,741,874

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2013:

	2013
Benefits paid to participants per the financial statements	$ 253,778
Add: Amounts allocated to withdrawing participants at December 31, 2013	-
Less: Amounts allocated to withdrawing participants at December 31, 2012	-
Benefits paid to participants per Schedule H of Form 5500	$ 253,778

Amounts allocated to withdrawing participants are recorded on Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, 2013 but not yet paid as of that date.