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:
- [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
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2002

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

GAILEY EYE CLINIC, LTD.

PO BOX 757
1008 MAIN STREET
BLOOMINGTON, IL 61702-0757

2b Employer Identification Number (EIN)
37-0924192

2c Sponsor's telephone number
309-829-5311

2d Business code (see instructions)
621320

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.	10/15/2014	THOMAS RESTIVO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	ROBERT LEE
	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)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

GAILEY EYE CLINIC, LTD.

PO BOX 757
1008 MAIN STREET
BLOOMINGTON, IL 61702-0757

3b Administrator's EIN: 37-0924192

3c Administrator's telephone number: 309-829-5311

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**	278
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**	272
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	66
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	338
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	338
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	277
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
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:
2A 2E 2G 2J 3H 2F 2T 3D

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)			**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
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GAILEY EYE CLINIC, LTD.

D Employer Identification Number (EIN)
37-0924192

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

JOHN HANCOCK 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
01-0233346	65838	30632	296	01/01/2013	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
28413	0

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

SECURITIES AMERICA INC.
7100 WEST CENTER RD, SUITE 500
OMAHA, NE 68106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28413	0	BROKER COMMISSION	3

(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**	

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 ▶

b	Balance at the end of the previous year			**7b**	13835
c	Additions: (1) Contributions deposited during the year	**7c(1)**	2942		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	281		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	3223
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	17058
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	17058

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 ☐ 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)**	0
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)**	0
(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)**	0
(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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶	
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
GAILEY EYE CLINIC, LTD.	37-0924192	

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

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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)

ACTUARIAL CONSULTING GROUP, INC

13-3684397

(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?
11	NONE	57527	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STRIEGEL KNOBLOCH & CO. LLC

37-1122831

(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?
10	NONE	3874	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN HANCOCK USA

01-0233346

(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 28 59 60 62 63 68	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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)

(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 ☐

(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 ☐

(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
(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.	

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

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

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

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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 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
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GAILEY EYE CLINIC, LTD.

D Employer Identification Number (EIN)
37-0924192

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)	638184	310
(2) Participant contributions	1b(2)	5788	1
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	51242	61401
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	7825586	10005972
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13835	17058
(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	8534635	10084742
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	61401
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	61401
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8534635	10023341

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)	310	
	(B) Participants	2a(1)(B)	573538	
	(C) Others (including rollovers)	2a(1)(C)	154695	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		728543
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1503619	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1503619

		(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)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2232162
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	682055	
(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)		682055
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)		
(4) Other	2i(4)	61401	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		61401
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		743456
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1488706
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: STRIEGEL, KNOBLOCH & CO. LLC **(2)** EIN: 37-1122831

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		3286
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			

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
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GAILEY EYE CLINIC, LTD.

D Employer Identification Number (EIN)
37-0924192

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** 0

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): 01-0233346 _____

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: 00% 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):

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN

Financial Statements

December 31, 2013 and 2012

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STRIEGEL KNOBLOCH & COMPANY, L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

Dennis K. Knobloch, CPA
James E. Mulligan, CPA
James P. Ingold, CPA
Joel M. White, CPA

Danny L. Kiedaisch, CPA
John J. Belletete, CPA
Chad E. Rogers, CPA
David A. Klimas, CPA
Benjamin J. Smith, CPA

L. Eugene Striegel, CPA
1935-2011
Martha E. Ingold, CPA
Consultant

INDEPENDENT AUDITORS' REPORT

To the Trustees of the
Gailey Eye Clinic, Ltd.
401(k) Retirement Savings Plan
Bloomington, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Gailey Eye Clinic, Ltd. 401(k) Retirement Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with the auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 4, which as certified by John Hancock Life Insurance Company (USA), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental 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 years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules listed in the table of contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental 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.

Striegel Knoblach & Company, LLC

Bloomington, Illinois
October 10, 2014

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31,

	2013	2012
Assets:		
Cash	$ 61,401	$ 51,242
Guaranteed interest account	17,058	13,835
Investments (Note 4)	10,005,972	7,825,586
Receivables:		
Employer contributions	310	638,184
Employee contributions	1	5,788
Other contributions	-	-
Total assets	10,084,742	8,534,635
Liabilities:		
Accrued expenses	61,401	-
Net assets available for benefits	$ 10,023,341	$ 8,534,635

The accompanying notes are an integral part of these statements.

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,

	2013	2012
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of Investments (Notes 2 and 4)	$ 1,503,619	$ 817,552
Total investment income	1,503,619	817,552
Contributions (Note 1):		
Employer	310	638,184
Participants	573,538	421,298
Other – rollovers	154,695	109,612
Total contributions	728,543	1,169,094
Total additions	2,232,162	1,986,646
Deductions from net assets attributed to:		
Benefits paid to participants	682,055	268,843
Administrative expenses	61,401	-
Total deductions	743,456	268,843
Net increase	1,488,706	1,717,803
Net assets available for benefits:		
Beginning of year	8,534,635	6,816,832
End of year	$ 10,023,341	$ 8,534,635

The accompanying notes are an integral part of these statements.

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2013 and 2012

Note 1 – Description of Plan:

The following description of the Gailey Eye Clinic, Ltd. 401(k) Retirement Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is sponsored by Gailey Eye Clinic, Ltd. Bloomington Eye Institute, LLC is a participating employer in the Plan. These entities shall be collectively referred to as the Company in these notes.

General

The Plan is a defined contribution plan covering all eligible employees of the Company who have completed three months of service, as defined by the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees who are leased or are covered by a collective bargaining agreement which provides retirement benefits subject to good faith bargaining are not eligible to participate in the Plan.

Contributions

The Plan contains an elective 401(k) deferred compensation component. Eligible participants may elect to contribute a portion of their compensation. The maximum contributions allowed in 2013 and 2012 were $17,500 and $17,000, respectively (plus a $5,500 catch-up contribution for participants who are at least 50 years old).

The Company determines, at its discretion, the extent to which it will make contributions to the Plan each year. This discretionary contribution is allocated to participants based on a percentage of compensation, as defined by the Plan. For the years ended December 31, 2013 and 2012, the Company's discretionary contributions before the application of forfeitures were $-0- and $693,699, respectively.

Note 1 – Description of Plan - Continued:

Participant Accounts

Each participant's account is credited with the participant's contributions, an allocation of the Company's discretionary contributions and earnings attributable to the participant's self-directed account less administrative expenses.

Vesting

Participants are immediately vested in their 401(k) salary deferral and rollover contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is vested in Company contributions and earnings thereon based on years of service as follows: 20% after two years, 40% after three years, 60% after four years, 80% after five years, and 100% after six years of service. Participant accounts become fully vested upon attainment of the normal retirement age of 65, or in the event of death or total disability.

Amounts forfeited by terminating participants of the Plan are to be used to reduce the Plan's ordinary and necessary administrative expenses for the Plan year. Any remaining forfeitures are then to be used to reduce Company contribution obligations for the Plan year in which the forfeiture occurs.

Participant Loans

The Plan does not allow loans to participants.

Note 1 – Description of Plan - Continued:

Distributions to Participants

All distributions from the Plan will be in one lump-sum cash payment. Upon termination of employment, a participant's vested account balance of $5,000 or less must be distributed. If a terminated participant's vested account balance exceeds $5,000, the participant may elect to receive the distribution immediately or to defer the distribution until age 65. However, the Plan agreement stipulates that distributions must be made no later than April 1st of the year following the year in which the participant reaches the age of 70-1/2, unless the participant is not a 5% owner of the Company and still employed by the Company.

At December 31, 2013, participants with account balances totaling $557,949 had separated from service but had not withdrawn their vested benefits from the Plan.

Forfeited Accounts

At December 31, 2013 and 2012, forfeited non-vested accounts totaled $61,401 and $51,242, respectively. These accounts will be used to reduce the Plan's administrative expenses and Company contributions.

Plan Expenses

The balance in the forfeiture account at December 31, 2013, will be used to reimburse the employer for costs of the Plan incurred during the year. Any additional plan costs will be absorbed by the employer.

Plan Termination

Although it 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 will become 100% vested in their accounts.

Note 2 – Summary of Significant Accounting Policies:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to net assets and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are held in a trust. The custodian values all investments at fair value. Investments are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

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

Note 3 – Tax Status:

The Plan, originally adopted on June 25, 2002, and effective January 1, 2002, was restated in its entirety effective January 1, 2008, using a volume submitter document which was approved by the Internal Revenue Service. This amendment satisfied the "EGTRRA restatement" requirement and the Plan Sponsor has received a favorable determination letter from the Internal Revenue Service.

Simultaneous with the adoption of the restated Plan, the Plan sponsor adopted a good faith amendment to incorporate certain provisions of the final Code Section 415 regulations. This amendment was effective January 1, 2008.

On November 18, 2009, the Plan was amended to incorporate certain provisions of the Pension Protection Act and the HEART Act.

The Plan administrator and the Plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 4 – Investments:

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Total investments as shown in the accompanying statements of net assets available for benefits of $10,084,431 and $7,890,663 as of December 31, 2013 and 2012, respectively.

b. Total investment income as shown in the accompanying statements of changes in net assets available for benefits of $1,503,619 and $817,552 for the years ended December 31, 2013 and 2012, respectively.

Note 4 – Investments - Continued:

The fair value of individual investments that represent 5% or more of the Plan's net assets is as follows at December 31:

	2013	2012
Mutual investment funds:		
JH Stable Value Fund	$ 644,420	$ 1,046,168
Growth Fund of America	689,959	678,634
Lifestyle Moderate Fund	< 5%	466,430
Lifestyle Balanced Fund	1,790,521	1,402,277
Lifestyle Growth Fund	1,771,970	1,338,046
Lifestyle Aggressive Fund	511,640	< 5%
American Balanced Fund	562,096	< 5%
500 Index Fund	604,926	< 5%

Investment income is comprised of the following for the years ended December 31:

	2013	2012
Net appreciation in fair value of investments	$ 1,503,619	$ 817,552

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 5 – Fair Value Measurement:

The Plan has determined the fair value of certain assets and liabilities through application of ASC 820. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value are classified and disclosed in one of the following three categories:

- Level 1 – Valuations for assets and liabilities traded in active exchange markets. Valuations are obtains from readily available pricing sources for market transactions involving identical assets or liabilities.
- Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.
- Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets.

Fair values of assets and liabilities measured on a recurring basis are as follows at December 31:

		Fair Value Measurements at Reporting Date		
2013	Fair Value	Level 1	Level 2	Level 3
Investments – mutual funds:				
Asset allocation – Lifestyle	$ 4,596,973	$ 4,596,973	$ -	$ -
Aggressive growth	1,031,205	1,031,205	-	-
Growth	1,311,403	1,311,403	-	-
Growth and income	1,924,380	1,924,380	-	-
Income	497,590	497,590	-	-
Conservative	644,421	644,421	-	-
	$10,005,972	$10,005,972	$ -	$ -

Note 5 – Fair Value Measurement - Continued:

2012	Fair Value	Fair Value Measurements at Reporting Date: Level 1	Level 2	Level 3
Investments – mutual funds:				
Asset allocation – Lifestyle	$ 3,637,322	$ 3,637,322	$ -	$ -
Aggressive growth	747,647	747,647	-	-
Growth	1,081,212	1,081,212	-	-
Growth and income	794,751	794,751	-	-
Income	518,486	518,486	-	-
Conservative	1,046,168	1,046,168	-	-
	$ 7,825,586	$ 7,825,586	$ -	$ -

Note 6 – Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 7 – Related Party Transactions and Party-In-Interest Transactions:

Certain Plan investments are shares of mutual funds managed by various fund companies. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing rather than a direct payment. The Plan Sponsor pays directly any other fees related to the Plan's operations.

Note 8 – Uncertain Tax Positions:

U.S. generally accepted accounting principles require the Plan's management evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more than likely would not be sustained upon examination by applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosures in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 – Subsequent Events:

No events have occurred subsequent to December 31, 2013, that require disclosure in these financial statements. Subsequent events have been evaluated as of October 10, 2014, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN
EIN: 37-0924192/Plan No. 002
Schedule H, Line 4a
Schedule of Delinquent Participant Contributions
December 31, 2013

Participant Contributions Transferred Late to Plan	Total that Constitute Non-Exempt Prohibited Transactions			Totally Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 3,286	$ -	$ -	$ -	$ 3,286

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN
EIN: 37-0924192/Plan No. 002
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2013

(a) Party in-Interest Identification	(b) Identity of Issue	(d) Cost of Acquisitions	(e) Current Value
*	John Hancock – mutual funds:		
	Stable Value Fund	$ 650,459	$ 644,420
	American Balanced Fund	521,906	562,096
	Washington Mutual Investors	356,453	439,885
	Investment Company of America	138,219	164,301
	Growth Fund of America	538,762	689,959
	Europacific Growth Fund	177,633	202,978
	Lifestyle Conservative Fund	145,459	113,414
	Lifestyle Moderate Fund	494,047	409,429
	Lifestyle Balanced Fund	2,075,525	1,790,521
	Lifestyle Growth Fund	1,986,260	1,771,970
	Lifestyle Aggressive Fund	561,220	511,640
	Total Return Fund	155,913	152,638
	Investment Qual Bond Fund	79,562	74,741
	Active Bond Fund	154,075	144,028
	Global Bond Fund	27,831	28,746
	Strategic Income Opportunities Fund	11,214	12,409
	Equity Income Fund	135,484	135,945
	New World Fund	7,413	7,593
	500 Index Fund	599,303	604,926
	Utilities Fund	65,958	75,572
	Mid Value Fund	88,426	112,437
	Small Company Value Fund	109,790	127,936
	Real Estate Securities Fund	259,405	203,931
	DFA US Small Cap Fund	30,703	42,328
	Total Stock Market Index Fund	3,537	3,907
	Capital Appreciation Fund	37,410	41,396
	Mid Cap Index Fund	117,467	146,778
	International Value Fund	28,340	32,273
	Financial Services Fund	12,185	13,224
	Mid Cap Stock Fund	146,367	182,323
	Income Fund of America	13,795	14,460
	Small Cap Index Fund	14,848	18,716
	Davis New York Venture Fund	50,445	55,066
	T. Rowe Price Health Sciences Fund	40,420	54,723

- Continued -

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN
EIN: 37-0924192/Plan No. 002
Schedule H, Line 4i
Schedule of Assets (Held at End of Year) - Continued
December 31, 2013

(a) Party in-Interest Identification	(b) Identity of Issue	(d) Cost of Acquisitions	(e) Current Value
	Natural Resources Fund	$ 22,002	$ 22,173
	High Yield Fund	94,314	83,882
	New Perspective Fund	2,300	2,406
	International Equity Index Fund	27,019	28,018
	Blue Chip Growth Fund	84,382	92,327
	Science and Technology Fund	12,422	15,036
	Small Cap Growth Index Fund	74,663	79,953
	Small Cap Value Fund	22,970	27,543
	Fundamental Investors Fund	5,248	5,692
	U.S. Government Securities Fund	582	579
	Capital World Growth & Income Fund	2,756	2,918
	Capital Income Builder Fund	2,495	2,588
	Core Diversified Growth & Income Fund	85	89
	All Cap Core Fund	1,715	1,855
	Capital World Bond Fund	566	568
	U.S. Equity Fund	84	90
	Fundamental All Cap Core Fund	50,047	53,546
			10,005,972
	10-Year Comp Fund		17,058
			$ 10,023,030

Schedule H Line 4a - Schedule Of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	2002-51
$ 3,285.83	0	0	0	$ 3,285.83

John Hancock

Retirement Plan Services, ET9
P.O. Box 600
Buffalo NY 14201-0600

JANUARY 3, 2014

Dear Plan Administrator:

Re: STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

In accordance with Regulation 2520.103-5 of the Department of Labor, we must provide you with a certified statement each year reflecting the following information:

(i) the total of all assets and liabilities of each sub-account into which you have deposited money (second column on the attached report), and

(ii) the value of your contract's units in the sub-accounts (fourth column on the attached report).

The attached statement shows the appropriate sub-account values as of December 31, 2013 (our most recent fiscal year). This statement must be used to complete your plan's 2013 Form 5500 series filing.

If you have any questions, please call your Client Account Representative at 1-800-333-0963 or forward your questions via Fax no. (866)377-9577.

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Retirement Living through 2050	$ 153884405.87	.000000	$ 0.00
Retirement Living through 2045	$ 666779271.23	.000000	$ 0.00
Retirement Living through 2040	$ 681431070.10	.000000	$ 0.00
Retirement Living through 2035	$ 888903249.72	.000000	$ 0.00
Retirement Living through 2030	$ 1075788786.22	.000000	$ 0.00
Retirement Living through 2025	$ 1211099209.00	.000000	$ 0.00
Retirement Living through 2020	$ 1033652391.31	.000000	$ 0.00
Retirement Living through 2015	$ 598533927.58	.000000	$ 0.00
Retirement Living through 2010	$ 339344706.44	.000000	$ 0.00
Retirement Choices at 2050	$ 261588551.03	.000000	$ 0.00
Retirement Choices at 2045	$ 382769632.54	.000000	$ 0.00
Retirement Choices at 2040	$ 517236153.62	.000000	$ 0.00
Retirement Choices at 2035	$ 735784162.77	.000000	$ 0.00
Retirement Choices at 2030	$ 922046686.87	.000000	$ 0.00
Retirement Choices at 2025	$ 1024888930.57	.000000	$ 0.00
Retirement Choices at 2020	$ 790448518.37	.000000	$ 0.00
Retirement Choices at 2015	$ 396025078.92	.000000	$ 0.00
Retirement Choices at 2010	$ 229506378.85	.000000	$ 0.00
Lifestyle Aggressive	$ 3914818454.44	26110.881523	$ 511639.94
Lifestyle Growth	$ 11345472916.14	86690.431198	$ 1771969.93
Lifestyle Balanced	$ 11814941074.03	89242.051217	$ 1790520.62
Lifestyle Moderate	$ 3409936365.56	21275.806368	$ 409428.75
Lifestyle Conservative	$ 2649102010.24	6001.930458	$ 113414.16
Russell Equity Growth	$ 41902958.17	.000000	$ 0.00
Russell Growth	$ 114024306.00	.000000	$ 0.00
Russell Balanced	$ 131550617.08	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2013
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Russell Moderate	$ 28272100.01	.000000	$ 0.00
Russell Conservative	$ 17384744.02	.000000	$ 0.00
Tocqueville Gold Fund	$ 40628.76	.000000	$ 0.00
Fidelity Advisor Gold Fund	$ 59248959.14	.000000	$ 0.00
Real Est. Securities Fund	$ 439007494.44	9720.611845	$ 203931.03
Natural Resources Fund	$ 117583013.64	605.367358	$ 22172.90
DFA Emerging Markets Value	$ 221720412.30	.000000	$ 0.00
iShares Gold Trust ETF	$ 73081.69	.000000	$ 0.00
Royce Opportunity	$ 217999782.94	.000000	$ 0.00
Intl Small Cap Fund	$ 113913261.18	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 66174835.79	.000000	$ 0.00
Oppenheimer Developing Mkt	$ 668109965.78	.000000	$ 0.00
PIMCO Commodity Real Return	$ 13331577.23	.000000	$ 0.00
Energy	$ 485486510.80	.000000	$ 0.00
Dodge & Cox International St	$ 40684724.10	.000000	$ 0.00
Keeley Small Cap Value	$ 42813061.76	.000000	$ 0.00
DFA International Value	$ 87691808.28	.000000	$ 0.00
Aberdeen International Equity	$ 2617509.18	.000000	$ 0.00
SSgA Mid Growth Index Fund	$ 59392235.90	.000000	$ 0.00
International Value Fund	$ 271356152.51	1433.901643	$ 32272.72
DFA US Targeted Value Fund	$ 91588634.37	.000000	$ 0.00
Mid Cap Stock Fund	$ 348311335.30	6614.976685	$ 182322.71
T. Rowe Price Sci & Tech	$ 363756541.08	.000000	$ 0.00
DFA U.S. Small Cap Fund	$ 223912996.02	1156.201376	$ 42327.67
iShares MSCI EAFE Value ETF	$ 931.10	.000000	$ 0.00
iShares MSCI EAFE Growth ETF	$ 4040.11	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Small Cap Growth Index	$ 398097175.98	2358.015702	$ 79953.19
Intl Equity Index Fund	$ 234516666.78	1194.426795	$ 28017.70
International Core Fund	$ 40136018.92	.000000	$ 0.00
SMALLCAP World Fund	$ 50103494.11	.000000	$ 0.00
New World Fund	$ 52605136.65	119.590802	$ 7593.11
Science & Technology Fund	$ 233773646.73	618.600062	$ 15035.98
Financial Services Fund	$ 108925314.67	626.618165	$ 13224.58
Small Cap Index Fund	$ 267217811.35	703.980788	$ 18715.75
American Century Heritage	$ 274514339.41	.000000	$ 0.00
John Hancock Intl Growth	$ 14635975.52	.000000	$ 0.00
Explorer	$ 72054617.74	.000000	$ 0.00
Small Cap Growth Fund	$ 118363529.22	.000000	$ 0.00
Pru Jennison 20/20 Focus Fund	$ 0.00	.000000	$ 0.00
Inv Small Cap Growth	$ 182933882.51	.000000	$ 0.00
Oppenheimer Intl Growth Fund	$ 115595954.08	.000000	$ 0.00
EuroPacific Growth Fund	$ 810108259.03	3421.962568	$ 202978.52
Franklin Small-Mid Growth	$ 186046209.03	.000000	$ 0.00
Legg Mason ClearBr Agg Growth	$ 219813686.57	.000000	$ 0.00
Turner Large Growth Fund	$ 0.00	.000000	$ 0.00
Thornburg International Value	$ 43934144.28	.000000	$ 0.00
International Growth Fund	$ 55506958.09	.000000	$ 0.00
T. Rowe Price Health Sci	$ 783541945.87	757.945857	$ 54723.44
Vanguard Mid-Cap Growth ETF	$ 25687.92	.000000	$ 0.00
Vanguard Mid-Cap Value ETF	$ 105720.64	.000000	$ 0.00
Small Cap Opportunities Fund	$ 76125088.07	.000000	$ 0.00
SSgA Mid Value Index Fund	$ 46150712.22	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Aston/Fairpointe Mid Cap Fund	$ 64055490.45	.000000	$ 0.00
Small Company Value Fund	$ 119034943.15	3054.838176	$ 127936.01
Small Cap Value Index	$ 93611144.74	.000000	$ 0.00
Royce Pennsylvania Mutual Fund	$ 8861463.96	.000000	$ 0.00
Columbia Mid Cap Value	$ 78155090.76	.000000	$ 0.00
Small Cap Value Fund	$ 355527517.57	753.034306	$ 27543.62
Blue Chip Growth Fund	$ 803317384.50	2679.484957	$ 92326.66
Value Fund	$ 373983676.06	.000000	$ 0.00
Mid Cap Index Fund	$ 566485084.43	4412.161361	$ 146778.59
T. Rowe Price Sml Cap Val	$ 220883671.44	.000000	$ 0.00
Oppenheimer Global	$ 246848083.23	.000000	$ 0.00
JH Disciplined Value Mid Cap	$ 20961933.68	.000000	$ 0.00
Lord Abbett Value Opps Fund	$ 36866504.43	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 156308820.08	2036.939077	$ 53545.75
Mid Value Fund	$ 246094382.36	5028.569296	$ 112436.65
Capital World Growth & Income	$ 151171719.29	56.247200	$ 2918.63
Capital Appreciation Fund	$ 548824594.09	2319.408899	$ 41396.30
Templeton World	$ 175641420.20	.000000	$ 0.00
Domini Social Equity	$ 72117106.73	.000000	$ 0.00
All Cap Core Fund	$ 23358233.52	68.075832	$ 1855.29
John Hancock Rainier Grow	$ 3167690.07	.000000	$ 0.00
All Cap Value Fund	$ 0.00	.000000	$ 0.00
JPM MidCap Value Fund	$ 358902980.80	.000000	$ 0.00
MFS Utilities	$ 0.00	.000000	$ 0.00
New Perspective Fund	$ 99587232.43	53.116143	$ 2406.38
Pru Jennison Mid Growth Fund	$ 135089758.65	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Fundamental Investors	$ 248566246.34	100.208647	$ 5692.06
Utilities Fund	$ 368867623.22	3012.712619	$ 75571.76
Total Stock Market Index Fund	$ 382179878.29	196.422387	$ 3906.73
JPMorgan Large Cap Growth	$ 21471630.28	.000000	$ 0.00
Victory Diversified Stock	$ 13044301.84	.000000	$ 0.00
John Hancock Disciplined Value	$ 509711964.00	.000000	$ 0.00
Growth Index Fund	$ 193272000.72	.000000	$ 0.00
The Growth Fund of America	$ 929939480.99	13988.957975	$ 689958.90
Eaton Vance Large-Cap Value	$ 40644522.91	.000000	$ 0.00
Fidelity ContraFund	$ 539225328.17	.000000	$ 0.00
Fidelity Adv New Insights	$ 90763603.74	.000000	$ 0.00
Mass Investors Fund	$ 65799965.18	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 44341740.70	.000000	$ 0.00
Equity Income Fund	$ 346431107.81	5094.121275	$ 135945.56
Fundamental Large Cap Value	$ 229360295.09	.000000	$ 0.00
Davis New York Venture	$ 563336881.65	1080.142574	$ 55065.78
T. Rowe Price Equity Inc	$ 590370190.39	.000000	$ 0.00
Columbia Equity Value	$ 8528690.73	.000000	$ 0.00
Value Index Fund	$ 105072719.91	.000000	$ 0.00
BlackRock Basic Value	$ 24545009.68	.000000	$ 0.00
500 Index Fund	$ 1441984996.33	34067.477317	$ 604926.41
Mutual Beacon	$ 354621423.13	.000000	$ 0.00
FT Founding Allocation	$ 32048641.51	.000000	$ 0.00
Washington Mutual Investors	$ 387326661.10	8784.922141	$ 439884.66
Investment Company of America	$ 266761255.17	3462.767987	$ 164300.69
Parnassus Equity Income	$ 137166643.32	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
U.S. Equity Fund	$ 54914868.20	4.511447	$ 89.84
Ivy Asset Strategy Fund	$ 224492398.65	.000000	$ 0.00
T. Rowe Price Cap Appreciation	$ 72159321.59	.000000	$ 0.00
Capital Income Builder	$ 70079257.90	35.820048	$ 2587.98
Pax World Balanced Fund	$ 2224116.12	.000000	$ 0.00
Income Fund of America	$ 72164864.97	569.504374	$ 14460.37
Core Global Diversification	$ 29577181.43	.000000	$ 0.00
American Balanced Fund	$ 649752807.36	19595.813291	$ 562096.09
BlackRock Global Allocation	$ 443559883.50	.000000	$ 0.00
PIMCO All Asset	$ 200680878.08	.000000	$ 0.00
PIMCO All Asset All Authority	$ 13177597.50	.000000	$ 0.00
Mutual Global Discovery	$ 447206849.23	.000000	$ 0.00
Core Diversified Grwth & Inc	$ 31416005.53	6.577643	$ 88.70
Managers AMG FQ Global Alt	$ 0.00	.000000	$ 0.00
Core Fundamental Holdings	$ 13311990.36	.000000	$ 0.00
Alternative Asset Allocation	$ 8863855.03	.000000	$ 0.00
American High-Income Fund	$ 0.00	.000000	$ 0.00
MFS Emerging Markets Debt	$ 5075518.30	.000000	$ 0.00
High Yield Fund	$ 449532788.36	4813.144381	$ 83882.36
U.S. High Yield Bond Fund	$ 87273663.34	.000000	$ 0.00
Federated High Yield Bond	$ 50014815.24	.000000	$ 0.00
Floating Rate Income Fund	$ 21273302.31	.000000	$ 0.00
Global Bond Fund	$ 65393134.92	1373.879030	$ 28745.86
Real Return Bond Fund	$ 99567954.45	.000000	$ 0.00
PIMCO Global Bond	$ 147550701.16	.000000	$ 0.00
Oppenheimer Intl Bond	$ 89749430.83	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2013

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
DFA Inflation-Protected Sec	$ 26846539.23	.000000	$ 0.00
PIMCO Real Return	$ 240840642.64	.000000	$ 0.00
Templeton Global Bond Fund	$ 117752869.31	.000000	$ 0.00
Capital World Bond Fund	$ 14172844.18	23.683150	$ 567.78
T. Rowe Price Spectrum Inc	$ 200995869.13	.000000	$ 0.00
Payden/Kravitz Cash Balance	$ 13411073.08	.000000	$ 0.00
Strategic Income Opp Fund	$ 295382294.45	561.605695	$ 12408.61
Active Bond Fund	$ 70495983.08	10238.588414	$ 144027.83
Investment Qual Bond Fund	$ 48387631.63	4554.682014	$ 74740.64
Total Return Fund	$ 309796994.56	7390.465717	$ 152637.70
Core Bond Fund	$ 78473748.75	.000000	$ 0.00
PIMCO Total Return	$ 1208128442.46	.000000	$ 0.00
Total Bond Market Fund	$ 99920628.33	.000000	$ 0.00
US Government Securities	$ 53171057.63	35.902036	$ 578.90
T. Rowe Price Short Term Bond	$ 42712190.61	.000000	$ 0.00
Short-Term Federal	$ 352783764.93	.000000	$ 0.00
Money Market Fund	$ 1846755290.21	.000000	$ 0.00
John Hancock Stable Val	$ 1956361224.15	552599.043760	$ 644420.55

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Peter Gordon

Peter Gordon
President, Retirement Plan Services

Production Date(R): JAN/03/2014