

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information								
<b>1a</b> Name of plan <u>SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL EMPLOYEES' 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>07/01/1970</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>07/01/1970</u>					
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>								
<b>1c</b> Effective date of plan <u>07/01/1970</u>									
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  <u>SPOKANE EYE CLINIC PS</u>  <u>427 SOUTH BERNARD STREET</u> <u>SPOKANE, WA 99204</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) <u>91-0852217</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number <u>509-456-0107</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) <u>621111</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>91-0852217</u>		<b>2c</b> Sponsor's telephone number <u>509-456-0107</u>		<b>2d</b> Business code (see instructions) <u>621111</u>			
<b>2b</b> Employer Identification Number (EIN) <u>91-0852217</u>									
<b>2c</b> Sponsor's telephone number <u>509-456-0107</u>									
<b>2d</b> Business code (see instructions) <u>621111</u>									

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/27/2015	JANIS SIMPSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/27/2015	JANIS SIMPSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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) <u>SCOTT OPPERUD, CPA</u> <u>SCHOEDEL &amp; SCHOEDEL CPAS, PLLC</u> <u>422 W. RIVERSIDE, SUITE 1420</u> <u>SPOKANE, WA 99201</u>			Preparer's telephone number (optional) <u>509-747-2158</u>

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2013)  
v. 130118

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address  SPOKANE EYE CLINIC PS PROFIT SHARING PLAN TRUST  427 SOUTH BERNARD STREET SPOKANE, WA 99204		<b>3b</b> Administrator's EIN 91-6101449
		<b>3c</b> Administrator's telephone number 509-456-0107
<b>4</b> 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: <b>a</b> Sponsor's name		<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b> 235
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants .....		<b>6a</b> 211
<b>b</b> Retired or separated participants receiving benefits .....		<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits .....		<b>6c</b> 45
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....		<b>6d</b> 256
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....		<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....		<b>6f</b> 256
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>6g</b> 256
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....		<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2R 2T 3D 3H		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)
<b>(1)</b> <input type="checkbox"/> Insurance	<b>(1)</b> <input type="checkbox"/> Insurance	
<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts	<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts	
<b>(3)</b> <input checked="" type="checkbox"/> Trust	<b>(3)</b> <input checked="" type="checkbox"/> Trust	
<b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>(4)</b> <input type="checkbox"/> General assets of the sponsor	
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
<b>a Pension Schedules</b>		<b>b General Schedules</b>
<b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	<b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	
<b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	<b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	
<b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)	
	<b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information)	
	<b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	
	<b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)	

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 07/01/2013 and ending 06/30/2014

**A** Name of plan  
SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL EMPLOYEES' 401(K) PROFIT  
SHARING PLAN

<b>B</b> Three-digit plan number (PN)	▶	001
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**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500  
SPOKANE EYE CLINIC PS

<b>D</b>	Employer Identification Number (EIN)
	91-0852217

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CAPITAL PRESERVATION FUND**

**b** Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST CO.

<b>c</b> EIN-PN <a href="#">22-2712853-001</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1384885</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
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code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**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  
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plan sponsor**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>		
<b>A</b> Name of plan <u>SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL EMPLOYEES' 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE EYE CLINIC PS</u>	<b>D</b> Employer Identification Number (EIN)  <u>91-0852217</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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.				
	<b>Assets</b>			
<b>a</b>	Total noninterest-bearing cash .....	<b>1a</b>	200971	419265
<b>b</b>	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	<b>1b(1)</b>	81804	73300
	(2) Participant contributions.....	<b>1b(2)</b>	13858	13546
	(3) Other.....	<b>1b(3)</b>		
<b>c</b>	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	3103758	1703984
	(2) U.S. Government securities .....	<b>1c(2)</b>	20998	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred .....	<b>1c(3)(A)</b>		
	(B) All other.....	<b>1c(3)(B)</b>	83868	138053
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred .....	<b>1c(4)(A)</b>		
	(B) Common.....	<b>1c(4)(B)</b>	2537337	3595687
	(5) Partnership/joint venture interests .....	<b>1c(5)</b>	744347	290913
	(6) Real estate (other than employer real property).....	<b>1c(6)</b>		
	(7) Loans (other than to participants) .....	<b>1c(7)</b>		
	(8) Participant loans.....	<b>1c(8)</b>	145402	135730
	(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>	1385351	1384885
	(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
	(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
	(12) Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	14141834	15181100
	(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
	(15) Other.....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	22459528	22936463

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	841	6217
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	841	6217

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	22458687	22930246
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**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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	825366	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	664450	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	4723	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1494539

**b Earnings on investments:****(1) Interest:**

<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	18168	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	31095	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	5495	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		54758

(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	65583	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	790888	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		856471

(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	9341511	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	6684018	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		2657493

(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	2010162	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		2010162

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		13193
(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		20092
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		7106708

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6545726	
(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)		6545726
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)	89423	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		89423
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		6635149

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k		471559
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: **SCHOEDEL & SCHOEDEL, CPAS PLLC**

(2) EIN: **91-0614823**

**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:

**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.).....

**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.).....

	Yes	No	Amount
4a		X	
4b		X	



	Yes	No	Amount
<b>c</b> 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.) .....		X	
<b>d</b> 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.) .....		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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? .....		X	
<b>h</b> 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? .....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>j</b> 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.) .....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b> 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. ....		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)

<b>6a</b> Name of trust	<b>6b</b> Trust's EIN

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2013</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

<b>A</b> Name of plan <u>SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL EMPLOYEES' 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE EYE CLINIC PS</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0852217</u>

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>
<b>2</b> 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): _____  <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b> <u>24</u>

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

<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>	
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>	
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>
<b>c</b> 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) .....	<b>6c</b>
<b>If you completed line 6c, skip lines 8 and 9.</b>	
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No
--	---

<b>Part IV</b>	<b>ESOPs</b> (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.
----------------	---

<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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): \_\_\_\_\_

**SPOKANE EYE CLINIC, P.S.  
AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington**

**FINANCIAL STATEMENTS WITH  
INDEPENDENT AUDITOR'S REPORT  
June 30, 2014 and 2013**

**SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN**  
Spokane, Washington

AUDITED FINANCIAL STATEMENTS  
June 30, 2014 and 2013

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report.....	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits.....	4 - 5
Notes to Financial Statements.....	6 - 17
Supplemental Information:	
Schedule of Assets (Held at End of Year) .....	I

## INDEPENDENT AUDITOR'S REPORT

To the Trustees of the  
Spokane Eye Clinic, P.S. and Inland Empire Optical  
Employees' 401(k) Profit Sharing Plan  
Spokane, Washington

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Spokane Eye Clinic, P.S. and Inland Empire Optical Employees' 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, 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 audits in accordance with 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 9, which was certified by Washington Trust Bank, a custodian of the Plan, except for comparing the information with the related information included in the financial statements. 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 Washington Trust Bank as of and for the years ended June 30, 2014 and 2013 that the information provided to the plan administrator by the custodian is complete and accurate.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

**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 of these financial statements.

**Other Matter**

The supplemental Schedule of Assets Held (at End of Year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by Washington Trust Bank, 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.

A handwritten signature in cursive script that reads "Schoedel & Schoedel CPAs PLLC".

Spokane, Washington  
January 22, 2015



SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
As of June 30, 2014 and 2013

	2014			
	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	\$ 9,685,924	\$ 13,027,963	\$ -	\$ 22,713,887
Employer contributions receivable	-	73,300	-	73,300
Employee contributions receivable	13,546	-	-	13,546
Participant notes receivable	-	-	135,730	135,730
Total assets	9,699,470	13,101,263	135,730	22,936,463
LIABILITIES:				
Deferred contributions	6,217	-	-	6,217
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,693,253</u>	<u>\$ 13,101,263</u>	<u>\$ 135,730</u>	<u>\$ 22,930,246</u>

	2013			
	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	\$ 8,963,690	\$ 13,254,774	\$ -	\$ 22,218,464
Employer contributions receivable	25,102	56,702	-	81,804
Employee contributions receivable	13,858	-	-	13,858
Participant notes receivable	-	-	145,402	145,402
Total assets	9,002,650	13,311,476	145,402	22,459,528
LIABILITIES:				
Deferred contributions	-	841	-	841
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,002,650</u>	<u>\$ 13,310,635</u>	<u>\$ 145,402</u>	<u>\$ 22,458,687</u>

The accompanying notes are an integral part of these financial statements.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended June 30, 2014

	Pooled Participants	Independently Directed Participants	Loan Fund	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:				
Employer contributions	\$ 420,616	\$ 404,750	\$ -	\$ 825,366
Employee contributions	317,750	346,700	-	664,450
Rollover contributions	4,723	-	-	4,723
Net appreciation in fair value of investments	594,801	4,072,854	-	4,667,655
Other investment income, net	546,479	392,540	5,495	944,514
Transfers and exchanges	15,167	-	(15,167)	-
Total additions	<u>1,899,536</u>	<u>5,216,844</u>	<u>(9,672)</u>	<u>7,106,708</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:				
Distributions to or for participants	1,176,384	5,369,342	-	6,545,726
Investment and trust fees	32,549	56,874	-	89,423
Total deductions	<u>1,208,933</u>	<u>5,426,216</u>	<u>-</u>	<u>6,635,149</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS DURING THE YEAR	690,603	(209,372)	(9,672)	471,559
NET ASSETS AVAILABLE FOR BENEFITS:				
As of June 30, 2013	<u>9,002,650</u>	<u>13,310,635</u>	<u>145,402</u>	<u>22,458,687</u>
As of June 30, 2014	<u>\$ 9,693,253</u>	<u>\$ 13,101,263</u>	<u>\$ 135,730</u>	<u>\$ 22,930,246</u>

The accompanying notes are an integral part of these financial statements.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended June 30, 2013

	Pooled Participants	Independently Directed Participants	Loan Fund	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:				
Employer contributions	\$ 441,613	\$ 381,413	\$ -	\$ 823,026
Employee contributions	327,552	274,950	-	602,502
Rollover contributions	132,781	-	-	132,781
Net appreciation in fair value of investments	378,732	655,077	-	1,033,809
Other investment income, net	359,249	298,352	6,045	663,646
Transfers and exchanges	9,816	-	(9,816)	-
Total additions	<u>1,649,743</u>	<u>1,609,792</u>	<u>(3,771)</u>	<u>3,255,764</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:				
Distributions to or for participants	265,971	956,514	-	1,222,485
Investment and trust fees	23,798	9,164	-	32,962
Total deductions	<u>289,769</u>	<u>965,678</u>	<u>-</u>	<u>1,255,447</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS DURING THE YEAR	1,359,974	644,114	(3,771)	2,000,317
NET ASSETS AVAILABLE FOR BENEFITS:				
As of June 30, 2012	<u>7,642,676</u>	<u>12,666,521</u>	<u>149,173</u>	<u>20,458,370</u>
As of June 30, 2013	<u>\$ 9,002,650</u>	<u>\$ 13,310,635</u>	<u>\$ 145,402</u>	<u>\$ 22,458,687</u>

The accompanying notes are an integral part of these financial statements.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 1 - DESCRIPTION OF THE PLAN:

The following description of the Spokane Eye Clinic, P.S. and Inland Empire Optical Employees' 401(k) Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document, summary and other descriptive plan literature for a more complete description of the provisions of the Plan.

General - The Plan is sponsored by the Spokane Eye Clinic, P.S. and Inland Empire Optical. The Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all subsequent statutory revisions thereto, was created for the benefit of all eligible employees. The Plan is a defined contribution retirement plan. Under this plan, there is no fixed dollar amount of retirement benefits, and the actual retirement benefit depends on the amount of each participant's individual account balance at the time of retirement.

Eligibility - Employees of either the Spokane Eye Clinic, P.S. or Inland Empire Optical who are age twenty-one or older and who have completed at least 1,000 hours of service in each of two consecutive plan years are eligible to participate in the Plan.

Contributions - The Plan allows participant contributions consisting of elective deferrals made under the 401(k) arrangement. This arrangement allows participants to contribute a portion of their compensation to the Plan. These contributions are allocated to a separate account designated by the Plan. Participants may also rollover amounts representing distributions from other qualified plans. The employer is required to make an annual "safe harbor" contribution for the participants. Additional profit sharing amounts may be contributed at the employer's option. All contributions are subject to the rules and regulations of ERISA and the Internal Revenue Code.

Participant Accounts - A separate account is established for each participant to reflect the participant's employer and elective deferral contributions plus the investment gains and losses attributable to such contributions and the participant's share of the expenses of administering the Plan.

Vesting - A participant is immediately 100% vested in his or her account balance at all times.

Investment Options - Upon eligibility, a participant may direct contributions to any offered investment option or may establish an independently directed account. As of June 30, 2014, investment options consisted of: American Century Strategic Allocation: Conservative Investment Fund, American Century Strategic Allocation: Moderate Investment Fund, American Century Strategic Allocation: Aggressive Investment Fund, American Funds EuroPacific Growth Fund, Columbia Small Cap Index Fund, Federated Capital Preservation Fund, Federated Mid Cap Index Fund, Federated Max Cap Index Fund, Federated Total Return Bond Fund, Goldman Sachs Small/Mid Cap Growth Fund, Invesco Real Estate Fund, MFS Core Equity Fund, Oppenheimer Developing Markets Fund, and PIMCO Commodity Real Strategy Fund.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 1 - DESCRIPTION OF THE PLAN (Continued):

Participant Notes Receivable - Any plan participant may apply for a loan from the Plan. The participant must apply in writing with an application specifying the amount, duration, and security for the loan. The loan may not exceed 50% of the participant's account balance, and the maximum aggregate amount of loans outstanding to any participant may not exceed \$50,000 as aggregated with all participant loans from other employer qualified plans. The loan may be for the purpose of one, or any combination of, the following reasons: (1) the purchase, construction, or improvement of a residence or other real estate; (2) the purchase of a vehicle; (3) tuition and other educational expenses; (4) medical and dental expenses; and/or (5) funeral expenses of a family member.

Distribution of Benefits - Participants or their beneficiaries are eligible to receive payment of benefits in the event of the participant's retirement, death, disability, termination, or the termination of the Plan.

Benefits are paid under various options as defined in the Plan. Such payment options include lump sum, partial distribution, rollover distribution and annuity.

Administration of the Plan - The Plan is administered by the sponsor who has the sole and ultimate responsibility to interpret Plan provisions and determine Plan benefits. The Plan permits the employer to appoint an Advisory Committee to assist in the administration of the Plan. They are responsible for the safe keeping of the Plan investments and also for investing the Plan contributions. However, participants direct the investment of their interests into various options offered by the Plan. Neither the administrator nor the Advisory Committee is responsible for investment advising. Administrative costs of the Plan are partially absorbed and paid for by the sponsor.

Termination of the Plan - Although the Plan is intended to be permanent, the Plan sponsor has the right to amend or terminate the Plan at any time.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are the representations of the Plan's trustees, who are responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Presentation - The financial statements of the Plan are prepared using the accrual basis of accounting.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation - The Plan's investments are reported at fair value. Also see Note 6 for a discussion of fair value measurements.

Employer Contribution Recognition and Employer Contributions Receivable - Employer contributions are recognized in the period compensation is paid to covered employees, regardless of when such contributions are reported or remitted to the Plan. As of June 30, 2014 and 2013, employers were liable for contributions based upon compensation paid prior to July 1 of each year and not remitted to the Plan until after June 30 of each year. Such estimated contributions have been recorded as receivable.

Employee Contribution Recognition and Employee Contributions Receivable - Employee contributions are recognized in the period withheld from the employee, regardless of when such contributions are reported or remitted to the Plan. As of June 30, 2014 and 2013, employers were liable for contributions withheld prior to July 1 of each year and not remitted to the Plan until after June 30 of each year. Such contributions have been recorded as receivable.

Participant Notes Receivable - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Investment Income Recognition - Investment transactions are recorded on a trade-date basis. Acquisition costs are included in the cost of investments purchased, and sales are recorded net of selling expenses. Realized gains and losses from security transactions are determined by the average cost method. Realized gains and losses on investments sold during the year, as well as unrealized gains and losses on investments held during the year, are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Income from the Plan's investments is included in other net investment income in the Statements of Changes in Net Assets Available for Benefits.

Distributions to or for Participants - Distributions to or for participants are recognized when paid.

Valuation of Other Financial Instruments - The Plan recognizes other financial instruments at historical cost, which approximates fair value due to the short maturities of those instruments.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Net Asset Restrictions - All net assets are restricted to provide benefits and related administrative support.

NOTE 3 - INCOME TAX STATUS:

The Plan has adopted a prototype plan, which is intended to be exempt from federal income tax under current provisions of the Internal Revenue Code (IRC). The prototype plan obtained its latest determination letter dated August 30, 2001, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The prototype plan has been amended since receiving the determination letter. The trustees, Plan administrator, and the Plan's tax counsel believe that the prototype plan is currently designed and has been operated through June 30, 2014 in accordance with applicable provisions of the IRC.

The Plan is subject to audit or examination by various regulatory jurisdictions. As of January 22, 2015, there were no audits or examinations in progress. With few exceptions, as of June 30, 2014, the Plan was no longer open to audit or examination for fiscal years ended prior to June 30, 2011.

NOTE 4 - RISKS AND UNCERTAINTIES:

In determining the fair value of financial instruments, the trustees of the Plan use a variety of methods and assumptions that are based on market conditions and risks existing at the date of the Statement of Net Assets Available for Benefits. All methods of assessing fair value result in a general approximation of value, and such value may never actually be realized.

As of the audit report date, the U.S. Federal Deposit Insurance Corporation (FDIC) provides coverage up to \$250,000 per depositor per ownership category on deposit accounts at FDIC-insured institutions. As of June 30, 2014 and 2013, the Plan had no account balances that exceeded FDIC-insured amounts.

The Plan invests in money market accounts which are not insured by the FDIC. The investments are collateralized by government backed securities and high grade corporate debt obligations. As of June 30, 2014, the Plan's investments in these accounts totaled \$762,122.

Investment securities are exposed to various risks such as interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with certain types of investments, 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.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 5 – INVESTMENTS, AT FAIR VALUE:

As of June 30, 2014, the investments of the Plan are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>
Independently directed participant accounts:		
Non-interest bearing cash	\$       **	\$     419,265
Interest bearing cash	**	762,122
Certificates of deposit	**	551,671
Corporate obligations	**	138,053
Corporate equities	**	3,595,687
Partnership interests	**	290,913
Mutual and exchange traded funds	**	7,270,252
Pooled participant accounts:		
Interest bearing cash	390,191	390,191
Common/collective trust (participant directed accounts)	**	1,384,885
Mutual funds (participant directed accounts)	**	7,910,848
		<u>\$ 22,713,887</u>

\*\* Cost basis not maintained at the Plan level

As of June 30, 2013, the investments of the Plan are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>
Independently directed participant accounts:		
Non-interest bearing cash	\$       **	\$     198,483
Interest bearing cash	**	2,073,892
Certificates of deposit	**	637,829
U.S. Government backed obligations	**	20,998
Corporate obligations	**	83,868
Corporate equities	**	2,537,337
Partnership interests	**	744,347
Mutual and exchange traded funds	**	6,958,020
Pooled participant accounts:		
Non-interest bearing cash	2,488	2,488
Interest bearing cash	392,037	392,037
Common/collective trust (participant directed accounts)	**	1,385,351
Mutual funds (participant directed accounts)	**	7,183,814
		<u>\$ 22,218,464</u>

\*\* Cost basis not maintained at the Plan level



SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 5 - INVESTMENTS (Continued):

As of June 30, 2014, investments in certificates of deposit and corporate obligations mature as follows:

	Maturity			
	1 Year	+1-5 Years	6-10 Years	11+ Years
Certificates of deposit	\$ 50,000	\$ 500,000	\$ -	\$ -
Corporate obligations	-	25,000	100,000	-

As of June 30, 2014 and 2013, the Plan had the following investment accounts representing 5% or more of the net assets available for benefits:

	2014	2013
American Century Strategic Alloc: Conservative Fund	\$ 1,229,652	\$ 1,184,755
American Century Strategic Alloc: Moderate Fund	4,249,930	3,380,854
Federated Capital Preservation Fund	1,383,745	1,385,003

NOTE 6 - FAIR VALUE MEASUREMENTS:

Accounting principles generally accepted in the United States of America provide a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to level 1 measurements and the lowest priority to level 3 measurements.

The three levels of the valuation methodologies within the fair value hierarchy are described as follows:

*Level 1* - The valuation methodologies of level 1 assets and liabilities are based upon unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

*Level 2* - The valuation methodologies of level 2 assets and liabilities include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 valuation methodology must be observable for substantially the full term of the asset or liability.

*Level 3* - The valuation methodologies of level 3 assets and liabilities are based upon inputs which are unobservable and significant to the fair value measurement.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

Fair value measurement of financial assets and liabilities within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Determination of Fair Value - Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instruments, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management 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.

The following is a description of the valuation methodologies used for assets measured at fair value:

*Non-interest bearing cash and interest bearing cash* - Investments in cash are valued at fair value, which approximates cost, due to the short maturities of those investments. Fair values of cash equivalents may be determined using public quotations, when available.

*Certificates of deposit* - Investments in certificates of deposit are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations and considering the creditworthiness of the issuer.

*U.S. Government backed obligations* - Investments in U.S. government backed obligations are valued at the closing price reported in an active market in which the individual security is traded.

*Corporate obligations* - Investments in corporate bonds are valued at the closing price of similar bonds in an active market.

*Corporate equities* - Investments in corporate equity securities are valued at the latest reported sales price on the last business day of the plan year.

*Partnership interest in a related party* - The partnership interest in Inland Empire Optical, LLC is valued in accordance with a formula as specified in the Inland Empire Optical, LLC operating agreement. Under the terms of the operating agreement, Inland Empire Optical, LLC is required to purchase from the Plan the partnership interest of the retiring member at a predetermined price. The partnership interest in Inland Empire Optical is classified within Level 3 of the valuation hierarchy.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

*Other partnership interests* - Other partnership interests are valued at the primary offering price per share, which is derived by the fair values of the underlying assets and liabilities of the specific interest. The underlying assets and liabilities are valued based on various pricing models with unobservable inputs. As such, the investments are classified within Level 3 of the valuation hierarchy.

*Common/collective trust* - The investment in a common/collective trust is valued at fair value, which is determined by the fair values of the underlying assets and liabilities of the trust. With respect to the trust's underlying assets and liabilities, cost approximates fair value for short-term assets and liabilities, while the fair values of investments in securities are based on the trustee/custodian's independent pricing services.

*Mutual and exchange traded funds* - Investments in mutual and exchange traded funds are valued at quoted market prices in active markets, which are derived by the fair values of the underlying assets and liabilities of the specific funds.

There have been no changes in the methodologies used as of June 30, 2014 and 2013.

As of June 30, 2014, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	Level 1	Level 2	Level 3	Total
<i>Non-interest bearing cash</i>	\$ 419,265	\$ -	\$ -	\$ 419,265
<i>Interest bearing cash</i>	1,152,313	-	-	1,152,313
<i>Certificates of deposit:</i>				
Due within 1 year	-	50,701	-	50,701
Due +1 to 5 years	-	500,970	-	500,970
<i>Corporate obligations:</i>				
Due +1 to 5 years	-	29,257	-	29,257
Due 6 to 10 years	-	108,796	-	108,796
<i>Corporate equities:</i>				
Basic materials	483,236	-	-	483,236
Consumer goods	991,903	-	-	991,903
Financials	749,013	-	-	749,013
Health care	371,948	-	-	371,948
Industrial goods	293,080	-	-	293,080
Services	265,320	-	-	265,320
Technology	335,042	-	-	335,042
Utilities	106,145	-	-	106,145
<i>Partnership interests:</i>				
Other	-	-	290,913	290,913
<i>Common/collective trust:</i>				
Capital preservation	-	1,384,885	-	1,384,885

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

	Level 1	Level 2	Level 3	Total
<i>Mutual and exchange traded funds:</i>				
Large capitalization	\$ 4,948,116	\$ -	\$ -	\$ 4,948,116
Mid capitalization	1,696,205	-	-	1,696,205
Small capitalization	485,498	-	-	485,498
Bond	1,450,189	-	-	1,450,189
Growth	522,481	-	-	522,481
Balanced	4,438,828	-	-	4,438,828
International	1,360,577	-	-	1,360,577
Sector specific funds	279,206	-	-	279,206
	<u>\$ 20,348,365</u>	<u>\$ 2,074,609</u>	<u>\$ 290,913</u>	<u>\$ 22,713,887</u>

As of June 30, 2013, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	Level 1	Level 2	Level 3	Total
<i>Non-interest bearing cash</i>	\$ 200,971	\$ -	\$ -	\$ 200,971
<i>Interest bearing cash</i>	2,465,929	-	-	2,465,929
<i>Certificates of deposit:</i>				
Due within 1 year	-	219,345	-	219,345
Due +1 to 5 years	-	393,269	-	393,269
Due 6 to 10 years	-	25,215	-	25,215
<i>U.S. Government backed obligation:</i>				
Due +1 to 5 years	20,998	-	-	20,998
<i>Corporate obligations:</i>				
Due 6 to 10 years	-	83,868	-	83,868
<i>Corporate equities:</i>				
Basic materials	392,293	-	-	392,293
Consumer goods	889,554	-	-	889,554
Financials	373,197	-	-	373,197
Health care	280,254	-	-	280,254
Industrial goods	207,418	-	-	207,418
Technology	394,621	-	-	394,621
<i>Partnership interests:</i>				
Related party	-	-	224,086	224,086
Other	-	-	520,261	520,261
<i>Common/collective trust:</i>				
Capital preservation	-	1,385,351	-	1,385,351

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<i>Mutual funds:</i>				
Large capitalization	\$ 4,406,121	\$ -	\$ -	\$ 4,406,121
Mid capitalization	1,131,792	-	-	1,131,792
Small capitalization	409,425	-	-	409,425
Bond	1,263,570	-	-	1,263,570
Growth	755,179	-	-	755,179
Balanced	3,536,789	-	-	3,536,789
International	1,677,531	-	-	1,677,531
Sector specific funds	961,427	-	-	961,427
	<u>\$ 19,367,069</u>	<u>\$ 2,107,048</u>	<u>\$ 744,347</u>	<u>\$ 22,218,464</u>

During the year ended June 30, 2013, there were no transfers between levels within the fair value hierarchy.

Changes in Level 3 Fair Value Measurements in Partnership Interest in a Related Party - The following summarizes the changes in the fair value of the Plan's investment in a partnership interest in a related party for the years ended June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Fair value, beginning of the year	\$ 224,086	\$ 228,353
Distributions	(224,086)	(8,312)
Other income	-	11,722
Net appreciation (depreciation)	-	(7,677)
Fair value, end of the year	<u>\$ -</u>	<u>\$ 224,086</u>

Changes in Level 3 Fair Value Measurements in Other Partnership Interests - The following summarizes the changes in the fair values of the Plan's investments in other partnership interests for the years ended June 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Fair value, beginning of the year	\$ 520,261	\$ 494,889
Purchases	45,861	30,240
Sale proceeds	-	(18,598)
Conversion to a level 1 corporate equity	(285,342)	-
Reinvested partnership earnings	101,959	38,413
Net appreciation (depreciation)	(91,826)	(24,683)
Fair value, end of the year	<u>\$ 290,913</u>	<u>\$ 520,261</u>

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

The net earnings (losses) on the partnership venture interests for the years ended June 30, 2014 and 2013 are included in net investment income (loss) on the Statements of Changes in Net Assets Available for Benefits.

NOTE 7 - NET APPRECIATION IN FAIR VALUE OF INVESTMENTS:

During the years ended June 30, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	<u>2014</u>	<u>2013</u>
Independently directed accounts	\$ 4,072,854	\$ 655,077
Pooled participant accounts	<u>594,801</u>	<u>378,732</u>
	<u>\$ 4,667,655</u>	<u>\$ 1,033,809</u>

NOTE 8 - OTHER INVESTMENT INCOME, NET:

For the years ended June 30, 2014 and 2013, net investment income consisted of the following:

	<u>2014</u>	<u>2013</u>
Pooled participant accounts (participant directed accounts):		
Interest bearing cash earnings	\$ 32	\$ 274
Mutual fund earnings	533,254	341,523
Common collective trust earnings	<u>13,193</u>	<u>17,452</u>
	<u>546,479</u>	<u>359,249</u>
Independently directed participant accounts:		
Interest bearing cash earnings	236	202
Certificate of deposit interest	17,900	24,644
Corporate obligations interest	31,095	4,775
Corporate equities dividends	65,583	48,416
Partnership earnings	20,092	50,676
Mutual fund earnings	<u>257,634</u>	<u>169,639</u>
	<u>392,540</u>	<u>298,352</u>
Participant loans:		
Interest from participant loans	<u>5,495</u>	<u>6,045</u>
	<u>\$ 944,514</u>	<u>\$ 663,646</u>

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2014 and 2013

NOTE 9 - INFORMATION CERTIFIED BY THE CUSTODIAN:

Washington Trust Bank is the custodian of the pooled accounts. As such, the custodian holds such assets of the Plan and executes investment transactions. The custodian has provided information to the trustees regarding Plan assets held as of June 30, 2014 and 2013 and the investment activity of the related assets for the years then ended. The trustees have obtained a certification from the custodian that the information provided was complete and accurate.

NOTE 10 - FINANCIAL STATEMENT PRESENTATION:

Certain balances and disclosures in the financial statements as of and for the year ended June 30, 2013 have been reclassified to conform to the presentation of the financial statements as of and for the year ended June 30, 2014. These reclassifications had no effect on the change in net assets available for benefits or the net assets available for benefits.

NOTE 11 - SUBSEQUENT EVENTS:

The trustees have evaluated events from June 30, 2014 through January 22, 2015, (the date the financial statements were available to be issued) and have identified no events that, if disclosed, would influence the readers' opinion concerning these financial statements.

## **SUPPLEMENTAL INFORMATION**



SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN

EIN: 91-0852217

Plan Number: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of June 30, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>Pooled Participant Accounts:</b>			
	<b>Interest Bearing Cash:</b>			
	SEI Prime Obligation Fund	Money market fund	\$ 390,191	\$ 390,191
	<b>Common/Collective Trust:</b>			
	Federated Capital Preservation Fund #	138,374.501 shares	**	1,384,885
	<b>Mutual Funds:</b>			
	American Century Strategic Allocation: Conservative Investment Fund #	200,269.120 shares	**	1,229,652
	American Century Strategic Allocation: Moderate Investment Fund #	562,904.683 shares	**	4,249,930
	American Century Strategic Allocation: Aggressive Investment Fund #	42,442.040 shares	**	381,554
	American Funds EuroPacific Growth Fund #	3,478.830 shares	**	176,620
	Columbia Small Cap Index Fund #	8,247.717 shares	**	194,234
	Federated Mid Cap Index Fund #	8,883.212 shares	**	262,677
	Federated Max Cap Index Fund #	7,619.391 shares	**	129,301
	Federated Total Return Bond Fund #	31,246.259 shares	**	348,083
	Goldman Sachs Small/Mid Cap Growth Fund #	11,818.562 shares	**	258,827
	Invesco Real Estate Fund #	280.227 shares	**	7,020
	MFS Core Equity Fund #	22,567.808 shares	**	646,794
	Oppenheimer Developing Markets Fund #	652.613 shares	**	25,987
	PIMCO Commodity Real Return Strategy Fund #	27.999 shares	**	169
	Total pooled participant accounts			9,685,924
	<b>Independently Directed Participant Accounts #</b>		**	13,027,963
	<b>Participant notes receivable</b>		-	135,730
	Total assets held at end of year			<u>\$ 22,849,617</u>

\*\* Cost basis not maintained at the Plan level

# Participant directed accounts

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN

EIN: 91-0852217

Plan Number: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of June 30, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>Pooled Participant Accounts:</b>			
	<b>Interest Bearing Cash:</b>			
	SEI Prime Obligation Fund	Money market fund	\$ 390,191	\$ 390,191
	<b>Common/Collective Trust:</b>			
	Federated Capital Preservation Fund #	138,374.501 shares	**	1,384,885
	<b>Mutual Funds:</b>			
	American Century Strategic Allocation: Conservative Investment Fund #	200,269.120 shares	**	1,229,652
	American Century Strategic Allocation: Moderate Investment Fund #	562,904.683 shares	**	4,249,930
	American Century Strategic Allocation: Aggressive Investment Fund #	42,442.040 shares	**	381,554
	American Funds EuroPacific Growth Fund #	3,478.830 shares	**	176,620
	Columbia Small Cap Index Fund #	8,247.717 shares	**	194,234
	Federated Mid Cap Index Fund #	8,883.212 shares	**	262,677
	Federated Max Cap Index Fund #	7,619.391 shares	**	129,301
	Federated Total Return Bond Fund #	31,246.259 shares	**	348,083
	Goldman Sachs Small/Mid Cap Growth Fund #	11,818.562 shares	**	258,827
	Invesco Real Estate Fund #	280.227 shares	**	7,020
	MFS Core Equity Fund #	22,567.808 shares	**	646,794
	Oppenheimer Developing Markets Fund #	652.613 shares	**	25,987
	PIMCO Commodity Real Return Strategy Fund #	27.999 shares	**	169
	Total pooled participant accounts			9,685,924
	<b>Independently Directed Participant Accounts #</b>		**	13,027,963
	<b>Participant notes receivable</b>		-	135,730
	Total assets held at end of year			<u>\$ 22,849,617</u>

\*\* Cost basis not maintained at the Plan level

# Participant directed accounts