For	m 5500-SF	n 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan							
	tment of the Treasury nal Revenue Service	This form is required to be filed und		065 of the Employee R	etirement	2014			
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (ERIS Rev	SA), and sections 605 enue Code (the Code		Internal	This Form is Open to Public Inspection			
	nefit Guaranty Corporation	Complete all entries in accor	dance with the instru	uctions to the Form 55	500-SF.				
Part I		dentification Information al plan year beginning 01/01/2014		and ending 12/	31/2014				
	endar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan								
B This retu	ırn/report is								
C Check b	box if filing under:	Form 5558 a special extension (enter description)	automatic extension)		[] D	FVC program			
Part II	Basic Plan Infor	mation—enter all requested informat	tion						
1a Name RETINA INS	•	TON CASH BALANCE PLAN			(PN)	number 002			
					1c Effect	ctive date of plan 01/01/2013			
	consor's name and addr FITUTE OF WASHINGT	ess; include room or suite number (em ON	nployer, if for a single-	employer plan)	2b Emp (EIN)	loyer Identification Number 46-1427591			
411 84TH AV					2c Spor	2C Sponsor's telephone number 215-840-6012			
MEDINA, WA	4 98039				2d Busi	ness code (see instructions) 621111			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor.			3b Adm	inistrator's EIN			
4 If the r	name and/or EIN of the p	plan sponsor has changed since the la	st return/report filed fc	or this plan, enter the	4b EIN	inistrator's telephone number			
name, a Sponso		per from the last return/report.			4c PN				
5a Total r	number of participants a	t the beginning of the plan year			5a	2			
b Total r	number of participants a	t the end of the plan year			5b	5			
comple	ete this item)	count balances as of the end of the planet			5c				
. ,		cipants at the beginning of the plan yea			5d(1)	2			
		cipants at the end of the plan year			5d(2)	3			
less that	an 100% vested				5e	2			
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/report of penalties set forth in the instructions, I signed by an enrolled actuary, as well bete.	, I declare that I have	examined this return/rep	oort, includii	ng, if applicable, a Schedule			
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan ad	ninistrator	Date Enter name of individual signing as plan administrator						
HERE	Signature of employe		Date			as employer or plan sponsor			
		me, if applicable) and address (include			Preparer's	Eorm 5500-SE (2014)			

	Were all of the plan's assets during the plan year invested in eligib		, ,				X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead	d use	Form	5500.	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No X Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	_		(b) End of Year
а	Total plan assets	7a	1602		_		388077
b	Total plan liabilities	7b		0	_		
C	Net plan assets (subtract line 7b from line 7a)	7c	1602	289	_		388077
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	2280	000			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	-2	212			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					227788
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d					
-	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
<u> </u>	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		007700
	Net income (loss) (subtract line 8h from line 8c)	8i			_		227788
<u> </u>	Transfers to (from) the plan (see instructions)	8j					
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $\frac{1A}{1C}$	feature co	des from the List of Plan Chara	acteri	stic Co	ides in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest						
	on line 10a.)			10b		Х	
C	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	x		2019
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR				
	2520.101-3.)						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				

Page 3 - 1

lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	۱ ا	res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 13	3 c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	lame of trust NA INSTITUTE OF WASHINGTON CASH		rust's EIN 63202822	

SCHEDULE SB	Single-Em	nlov	er Defin	ed Bei	nefi	it Plan		ON	B No. 1210	0-0110	
(Form 5500)			rial Infor			it i iaii	-		2014	ļ	
Department of the Treasury Internal Revenue Service							_				
Department of Labor	This schedule is req Retirement Income S										
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Int	ternal R	evenue Code	the Code)					mopeen		
			hment to For	m 5500 or	5500						
For calendar plan year 2014 or fiscal p		1/01/201	14			and end	ing 12/3	31/2014			
 Round off amounts to nearest do Caution: A penalty of \$1,000 will b 		f this ro	nort unless re:	isonable c	21160	is ostablist	hed				
A Name of plan	e assessed for late filling o				B	Three-di					
RETINA INSTITUTE OF WASHINGTO	N CASH BALANCE PLAN	1					nber (PN)	•	0	002	
						pianinai					
	0 (F 5500 55				_				(= 1)		
C Plan sponsor's name as shown on li RETINA INSTITUTE OF WASHINGTO		00-SF			D	Employer	46-142	tion Number 7591	(EIN)		
E Type of plan: X Single Multiple	e-A Multiple-B		F Prior year	olan size:	<mark>X</mark> 10	0 or fewer	101-5	500 More	e than 500		
Part I Basic Information											
1 Enter the valuation date:	Month <u>12</u>	Day3	31 Yea	2014							
2 Assets:											
a Market value							2a			160078	
b Actuarial value							2b			160078	
3 Funding target/participant count b	reakdown			• • •	Num	ber of ants		sted Funding	(3)	Total Funding Target	
a For retired participants and ben	eficiaries receiving payme	ent				0			0	0	
b For terminated vested participa	nts					2			0	0	
C For active participants						3		9194	15	91945	
d Total						5		9194	15	91945	
4 If the plan is in at-risk status, chee	k the box and complete li	nes (a) a	and (b)		🗌						
a Funding target disregarding pre	scribed at-risk assumption	าร					4a				
b Funding target reflecting at-risk at-risk status for fewer than t											
5 Effective interest rate							5			6.99%	
6 Target normal cost							6			87670	
Statement by Enrolled Actuary To the best of my knowledge, the information s accordance with applicable law and regulations combination, offer my best estimate of anticipat	. In my opinion, each other assumption										
SIGN HERE								03/30	/2015		
	ignature of actuary							Date			
R. SCOTT HARRISON, FSPA, APA								14-0	2175		
Туре	or print name of actuary						Most ı	ecent enroll	ment num	ber	
THE RAYMOND COMPANY					_			480-2	289-3474		
4545 E SOUTHERN AVE #108 MESA, AZ 85206	Firm name					T	elephone	number (inc	luding are	ea code)	
	Address of the firm										
If the actuary has not fully reflected any instructions	regulation or ruling promu	lgated u	inder the statu	e in compl	leting	this sched	ule, checł	the box and	d see		
For Paperwork Reduction Act Notice	and OMB Control Numb	ers, see	e the instructi	ons for Fo	orm 5	500 or 550	0-SF.	Scheo	lule SB (F	Form 5500) 2014 v. 140124	

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Pa	art II	Begin	ning of Year	Carryove	er and Prefunding Ba	alances						
							(a) (Carryover balance		(b) F	Prefundir	ig balance
7		•	0 1 3	••	able adjustments (line 13 f	•						
	year)								0			0
8			•	5	nding requirement (line 35							
		,								0		
9			0 (,					0			0
10	Interest of	on line 9	using prior year's	actual retu	rn of <u>6.44</u> %				0			0
11	Prior yea	r's exce	ess contributions to	be added	to prefunding balance:							
	a Preser	nt value	of excess contribu	itions (line 3	38a from prior year)							65444
					a over line 38b from prior y e interest rate of							
			••••		edule SB, using prior year's	-						0
				•								0
	c Total a	vailable	at beginning of curr	rent plan yea	ar to add to prefunding balar	nce						65444
	d Portion of (c) to be added to prefunding balance								65444			
12	Other red	ductions	in balances due t	o elections	or deemed elections				0			0
13	Balance	at begin	ning of current ye	ar (line 9 +	line 10 + line 11d – line 12)			0			65444
Pa	art III	Fun	ding Percenta	ges								
14	14 Funding target attainment percentage								14	97.94 %		
-			target attainment								15	214.09 %
16					of determining whether car						16	
											-	80.00 %
17	If the cur	rent val	ue of the assets of	the plan is	less than 70 percent of the	e funding targe	et, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	l Liquidi	ty Shortfalls							
18					ear by employer(s) and emp	, ,				n		
(M	(a) Date IM-DD-YY		(b) Amount pa employer(s		(c) Amount paid by employees	(a) Da [.] (MM-DD-Y		(b) Amount pa employer(s				
	8/24/2015	,	chipioyer	228000	0		,	employer(e	,		emple	ycco
	/2 //2010			220000	0							
						Totals ►	18(b)		228000	18(c)		
19	Discount	od omn	lover contributions	– see instr	ructions for small plan with			e beginning of the				
15			•		mum required contributions			F	19a			0
	_			•	·			F	19b			0
20					-	real aujusted to	o valuation	1 udle	19c			224466
20												
		-	-									Yes X No
					installments for the current	-	a timely	manner?	 F			Yes No
	C It line 2	∠∪a is "`	res," see instructio	ons and cor	nplete the following table a		of this play	nvear				
		(1) 1s	st I		Liquidity shortfall as of e (2) 2nd		of this pla	-	1		(4) 4th	
		(.) 10	•		(=, =		(0)				() ()	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arge	et Normal Cost					
21	Discou	unt rate:									
	a Seg	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %		3rd segment: 6.99 %		N/A, full yield curve used			
	b App	licable month (enter code)				21b	0			
22	Weigh	ited average ret	tirement age				22	62			
23		ity table(s) (see		escribed - combined	1	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items		-						
24			nade in the non-prescribed act	uarial assumptions for the cu	rrent	plan year? If "Yes," see	instructions	regarding required			
		-		•							
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instruc	ctions	regarding required attac	hment	Yes 🗙 No			
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see in	nstruc	tions regarding required	attachment	Yes 🛛 No			
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment						27				
_	rt VII		ation of Unpaid Minimu	•							
28			uired contributions for all prior				28	0			
29			contributions allocated toward				29	0			
30	30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)						30	0			
Ра	rt VIII	Minimum	Required Contribution	For Current Year							
31	Targe	t normal cost a	nd excess assets (see instruct	ions):							
	a Targ	et normal cost ((line 6)				31a	87670			
	b Exce	ess assets, if ap	pplicable, but not greater than	line 31a			31b	0			
32	32 Amortization installments: Outstanding B						ince	Installment			
	a Net	shortfall amortiz	zation installment				1886	316			
	b Wai	ver amortizatior	n installment				0	0			
33	lf a wa (Month		approved for this plan year, en Day Year	ter the date of the ruling lette) and the waived amo	-		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	87986			
				Carryover balance		Prefunding balar	nce	Total balance			
35			use to offset funding		0		0	0			
36	Additio	onal cash requir	rement (line 34 minus line 35).				36	87986			
37	Contri	butions allocate	ed toward minimum required co	ontribution for current year ac	ljuste	d to valuation date	37	224466			
38			ess contributions for current ye								
			y, of line 37 over line 36)				38a	136480			
			line 38a attributable to use of				38b	0			
39	Unpai	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36	over	line 37)	39	0			
40	Unpai	d minimum requ	uired contributions for all years				40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2	2010	(See Instructions)					
41	If an el	lection was mad	de to use PRA 2010 funding re	lief for this plan:							
	a Sche	edule elected						2 plus 7 years			
	b Eligi	ible plan year(s)) for which the election in line	11a was made			200	8 2009 2010 2011			
42	Amour	nt of acceleratio	on adjustment				42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years			43				

11>>

	· · · · · · · · · · · · · · · · · · ·					
Form 5500-SF	Short Form Annua	Return/Report of Benefit Plan	of Small Employee		OMB Nos. 1210-0110 1210-0089	
Internet Revenue Service	This form is required to be	e filed under sections 104 a	and 4065 of the Employee		2014	
Department of Labor Employee Senalts Security Administration	Retirement Income Security	Act of 1974 (ERISA), and s itemal Revenue Code (the	ection 6057(b) and 6058(a) of		is Open to Public	
Ponsion Benefit Guaranty Corporation	·	omplete all entries in accordance with the instructions to the Form 6600-SP.				
Range Annual Report I	dentification Information	Solution with the state	COULTS TO THE FORM DOUG-SP.			
For calendar plan year 2014 or fisc	al pian year beginning	01/01/2014	and ending 1	2/31/2014	•	
A This return/report is for:	x a single-employer plan	of participating empto	lan (not multiamployar) (Filers yer information in accordance	chacking this bo with the form ins	x must atlach e list tructions)	
B This return/report is:	the first return/report	the final return/report				
1	an amended return/report	📙 a short plan year ratu	m/report (less than 12 months)		
C Check box If filing under:	Form 5558	automatic extension		DFVC progra	m	
	special extension (enter dascr					
Paralle Basic Plan Infor	mation enter all requested	information				
1a Name of plan Retina Institute of	Washington Cash Balan	ce Plan	16	Three-digit plan number (PN) ►	002	
			10	Effective date o		
28 Plan annisor's name and add				01/01/2013	•••••	
Retina Institute of	ress; include room or suite numb Washington	er (employer, if for a single	-employer plan) <u>2b</u>	Employer Ident (EIN) 46-14		
			20	Sponsor's telep		
411 64th Avanpe ME			24	(215) 840-	(see instructions)	
OS Modina WA 98039				621111	(ero instructions)	
38 Plan administrator's name and	1 address 🔀 Same as Plan Spo	maor Name	36	Administrator's	EIN	
4 If the name and/or EIN of the plan numb	plan sponsor has changed since i Ser from the last return/report.	the lest return/roport filed fo		EIN	Lelephone number	
a Sponsor's name			40	PN		
5a Total number of participants a	t the beginning of the plan year		5		2	
D Total number of participants a	t the end of the plan year		5	3	5	
 C Number of participants with ac complete this item) 	count balances as of the end of t	he plan year (defined bene	fit plans do not 50	:		
d(1) Total number of active panie	ipants at the beginning of the pla	n year	5d	m l		
d(2) Total number of active partic	dpants at the end of the plan year		5d			
 Number of perticipants that ter less than 100% vested 	minuted employment during the	olan year with accrued ben	effis that were 5			
·····	- In a second star different starten second				2	
Caution: A penalty for the late o Under penalties of parjury and oth SB or Schedule MB completed and belief, it is true, correct, and compl 1055222-1	er penalties set forth in the instru- ti signed by an enrolled actuary, a	tions. I declare that I have	examined this columnization in	duding if mode	able, a Schedule knowledge and	
			· · · · · · · · · · · · · · · · · · ·			
Signature of plan, admit	natrator,		English of huwhull and		uduator	
CAANV / Y		<u>7771'15</u>		<u>jung</u>		
FIERE Cigneture of Unployer		(Cate)	Enternalment individual sign			
Preparer's name (including tim na	nne, n appikcabie) and address; in	civda room ar suite numbe	r (optional) Prep	ater's telephone	number (optional)	
For Damagement Darkuntlage A st M				和建治法学	自由於非是法律	

For Paperwork Reduction Act Notice and OMB Control Numbers, are the instructions for Form 5509-8F.

Form 5500-8F (2014) v.140124

Form	5500-SF	2014
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С

Page 2

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ••••••

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

XYes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

X Yes No

Pa	art III	Financial Information		-						
7	Plan A	ssets and Liabilities		(a) Beginning of Year				(b) End o	f Year	
а	Total p	lan assets	7a	160,28	39				388,0)77
b	Total p	lan liabilities	7b		0					
С	Net pla	an assets (subtract line 7b from line 7a)	7c	160,28	39				388,0)77
8		e, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
а		putions received or receivable from:		228.00						
	. ,	nployers	8a(1)	228,00	0					
		rticipants	8a(2)							
b	. /	hers (including rollovers)	8a(3)	(01/						
b		income (loss)	8b	(212	2)					
c d		ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			227,7	/88
u		vide benefits)	8d							
е	Certair	n deemed and/or corrective distributions (see instructions)	8e							
f	Admin	istrative service providers (salaries, fees, commissions)	8f							
g	Other	expenses	8g							
h	Total e	expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net inc	come (loss) (subtract line 8h from line 8c)	8i						227,7	/88
j	Transf	ers to (from) the plan (see instructions)	8j							
P	art IV	Plan Characteristics								
_	1A 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Pa	Part V Compliance Questions									
10	Durii	ng the plan year:			-	Yes	No		Amount	
6		there a failure to transmit to the plan any participant contribut FR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x			
k		e there any nonexempt transactions with any party-in-interest? ne 10a.)		•	10b		x			
	Was	the plan covered by a fidelity bond?	••••••	•••••••••••••••••••••••••••••••••••••••	10c		х			
C		he plan have a loss, whether or not reimbursed by the plan's f shonesty?	•	-	10d		x			
e	insu	e any fees or commissions paid to any brokers, agents, or other ance service, or other organization that provides some or all cuctions.)	of the bene		10e	x				2,019
f	Has	the plan failed to provide any benefit when due under the plan	ı? 	•••••••••••••••••••••••••••••••••••••••	10f		х			
Q	Did t	he plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х			
ł		s is an individual account plan, was there a blackout period? (0.101-3.)			10h					
i	 If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 									
Pa	art VI	Pension Funding Compliance								
11										
11		r the unpaid minimum required contribution for current year fro								0
12		is a defined contribution plan subject to the minimum funding r		,			2 of F	RISA?	Yes	X No
	(lf "Y	'es," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						

If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling а granting the waiver Month Day Year

	Form 5500-SF 2014	Page 3-					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)), and skip to line	13.				
b	Enter the minimum required contribution for this plan year	••••••		12b			
С	Enter the amount contributed by the employer to the plan for this plan year	••••••		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	-		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadli	ne?	•••••		Yes 🗌	No 🗌 N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	•••••••		🗌 Ye	es 🗴 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•••••		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to ar of the PBGC?			ntrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), iden	tify the plan(s) to				
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)						
14a N	Name of trust			14b ⊺	rust's EIN		
R	Retina Institute of Washington Cash				46-3202822		

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Plan Effective Date	January 1, 2013					
Plan Year	From January 1 to December 31					
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:					
	1 year of service Minimum age 21					
Normal Retirement Age	All participants are eligible to retire with their f on the later of the following:	full retirement benefit				
	Attainment of age 62 Completion of 5 years of participation from year	n beginning of entry				
Normal Retirement Benefit	Based on their group classification, participants receive a cash balance contribution equal to a percentage of compensation or a fixed dollar amount as follows:					
	Group 1: George Ko Group 2: Jackie Jaeshin M other Employees	Iyung Group 3: All				
	Group 1: \$80,000 Group 2: \$80,000 Group 3: 2.000% of pay					
	Maximum benefit is \$17,500 per month Maximum percent of salary is 100%					
Normal Form of Benefit	A benefit payable for the life of the participant					
Accrued Benefit	The normal retirement benefit described above salary and/or service on the calculation date, an normal retirement date.					
Termination Benefit	Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:					
	Credited Years 1	Vested Percent 0				

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

	Credited Years	Vested Percent		
	2 3	0 100		
	Credited years are plan years commencing with the year of hire ending with the retirement year excluding the following:			
	Years with less than 1,000 hours			
Top-Heavy Minimum Benefit	Top-heavy minimum benefits are provided u employer.	under another plan of the		
Top-Heavy Status	A plan is top-heavy if over 60% of the value in all of the employer's plans are for the bencheavy employee is generally an officer or own plan is currently top-heavy.	efit of key employees. A		
Death Benefit	Actuarial Equivalent of the accrued benefit e	earned to date of death		
Cash Balance	The Interest Crediting Rate for this plan year	r is 5.00%		

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>		
Interest Rates	Seg 1 4.99% 1.20%	Seg 1 1.48%	Pre-Retirement 5.50%		
	Seg 2 6.32% 4.10%	Seg 2 3.77%	Post-Retirement 5.50%		
	Seg 3 6.99% 5.20%	Seg 3 4.79%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation		
Post-Retirement					
Mortality Male-modified RP2000 combined healthy male projected 29 & 21 years Female-modified RP2000 combined healthy female projected 29 & 21 year		2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49		
Assumed Benefit Form	For Funding	Normal Form			
Calculated Effective Int	erest Rate	6.99%			
Cash Balance Projected	Interest Crediting Rate	5.00%			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Attachment to 2014 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 46-1427591 PN: 002

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN

Shortfall Amortization Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	Installments	Installment	Installments
12/31/2014	7-year	7	<u>\$316</u>	<u>\$1,886</u>
Total			\$316	\$1,886

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN Employer ID# 46-1427591: Plan No. 002

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2014

Date	Amount	Year	<u>Rate</u>	Period	<u>Adj Ctb</u>
03-24-2015	228,000.00	2014	6.99%	03-24-2015 to 12-31-2014	224,466.33
Totals:	228,000.00				224,466.33

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year

a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
с	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	224,466.33

Attachment to 2014 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 46-1427591 PN: 002

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN

Weighted Average Retirement Age Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from beginning of entry year

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

Weighted average retirement age 62

SCHEDULE SB Single-Employer Defined Ber						OMB	No. 1210-0110
(Form 5500) Actuarial Information				n	2014		
Inte	artment of the Treasury mal Revenue Service	This schedule is required to be file	d under section 10	A of the Employ		-	
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of	1974 (ERISA) and Code (the Code)	section 6059 of	the		is Open to Public spection
	enefit Guaranty Corporation	File as an attachment	Constants and the second second				
	r plan year 2014 or fiscal pl	an year beginning 01/01/2014		and end	ling 12/	31/2014	
	off amounts to nearest dol		append.				
Caution	A penalty of \$1,000 will be	assessed for late filing of this report un	less reasonable c	ause is establish	ned.		
A Name of RETINA INS	Dian TITUTE OF WASHINGTOI	N CASH BALANCE PLAN		B Three-diplan nur	git nber (PN)	•	002
C DI-					10.00		
Retina Institu	sor's name as shown on lin ite of Washington	e 2a of Form 5500 or 5500-SF		D Employer 46-1427591	Identifica	tion Number (E	EIN)
E Type of pla	ın: 🗙 Single 🗍 Multiple-	A Multiple-B	or year plan size:	100 or fewer	∏ 101 c	·····	
	Basic Information		bi year plan size. D		101-5	00 More th	ian 500
	e valuation date:	Month 12 Day 31	2014				
2 Assets:	e valuation date.	Month <u>12</u> Day <u>31</u>	Year 2014				
	et value				0-		
					2a 2b		16007
	target/participant count bre			Number of	<u></u>	fed Funding	16007 (3) Total Funding
a For re	tired participants and bene	ficiaries receiving payment	pa	rticipants		ted Funding arget	Target
		s		2		0	0
				3		C	
				5		91945 91945	91945
		the box and complete lines (a) and (b).	The second s	NG		91943	91945
		pribed at-risk assumptions			1		
b Fundi	ng target reflecting at-risk a	ssumptions, but disregarding transition e consecutive years and disregarding lo	rule for plane that	have been in			
5 Effective	interest rate	- 7 and and ogainaning to	during factor				6.99 %
					6		87670
To the best of accordance w	Enrolled Actuary	lied in this schedule and accompanying schedules, s		ents, if any, is comple operience of the plan	te and accur and reasona	ate. Each prescribe ble expectations) ar	
SIGN HERE		Ref.				03/30/20	15
	Sig	nature of actuary		-		Date	
		Scott Harrison				14-0217	5
		print name of actuary		-	Most re	cent enrollmer	nt number
	The	Raymond Company		2. 50	14	(480) 289	
	4545 E. S	Firm name Southern Ave., Suite 108		Te	lephone r	number (includi	Contraction of the second seco
(a)		Idesa, AZ 85206		a B			
the actuary has tructions		ulation or ruling promulgated under the	statute in complet	ing this schedul	e, check i	the box and se	e 🗆

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Schedule SB (Form 5500) 2014 v. 140124

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Pa	art II Begi	nning of Year Carryo	ver and Prefunding Bal	ances							
				_	(a) C	arryover balance		(b) F	Prefundi	ng balance	
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)						0			0	
8	B Portion elected for use to offset prior year's funding requirement (line 35 from prior year)					. 0				0	
9	Amount remain	ing (line 7 minus line 8)					0			0	
10	Interest on line	9 using prior year's actual r	eturn of6.44 %				0			0	
11	Prior year's exc	cess contributions to be add	ed to prefunding balance:								
	a Present valu	e of excess contributions (lir	ne 38a from prior year)							65444	
			38a over line 38b from prior yea tive interest rate of <u>0.00</u> %							0	
	.,		chedule SB, using prior year's a							0	
			year to add to prefunding balance							65444	
	d Portion of (c) to be added to prefunding	balance							65444	
12	Other reduction	ns in balances due to election	ns or deemed elections				0			0	
13	Balance at beg	inning of current year (line 9) + line 10 + line 11d – line 12)				0			65444	
Pa	art III Fu	nding Percentages		•							
14									14	97.94 %	
		ng target attainment percent							15	214.09 %	
16			es of determining whether carry						16	80.00 %	
17			n is less than 70 percent of the t						17	%	
Pa	art IV Co	ntributions and Liqui	dity Shortfalls								
18	Contributions n	nade to the plan for the plan	year by employer(s) and employed	oyees:							
(1)	(a) Date 1M-DD-YYYY)	(b) Amount paid by employer(s)				Date (b) Amount paid by D-YYYY) employer(s)			(c) Amount paid by employees		
·	3-24-2015	22800				employer(s)		empi	0yees	
				Totals 🕨	18(b)		228000	18(c)		0	
19	Discounted em	ployer contributions – see ir	structions for small plan with a	valuation da	ate after th	e beginning of the	year:				
	a Contribution	s allocated toward unpaid m	inimum required contributions f	rom prior ye	ears		19a			0	
	b Contributions	s made to avoid restrictions	adjusted to valuation date				19b			0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date								224466		
20	Quarterly contr	ibutions and liquidity shortfa	lls:								
	a Did the plan	have a "funding shortfall" fo	r the prior year?							Yes 🗙 No	
	b If line 20a is	"Yes," were required quarte	rly installments for the current y	ear made ir	n a timely r	nanner?				Yes No	
	c If line 20a is	"Yes," see instructions and	complete the following table as	applicable:							
			Liquidity shortfall as of end	of quarter					(1)		
	(1)	Ist	(2) 2nd (3) 3rd				(4) 4th				

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Ра	rt V	Assumptio	ons Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discou	unt rate:								
	a Seg	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used			
	b App	licable month ((enter code)			21b				0
22	Weigh	ited average re	tirement age			22				62
23	Mortal	ity table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitute	е			
Pa	rt VI	Miscellane	ous Items							
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.									
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment			Yes	X No
26	Is the	plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachment.			Yes	X No
27			-	ter applicable code and see instruc		27				
Ра	rt VII	Reconcili	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum req	uired contributions for all prior	years		28				0
29				d unpaid minimum required contrib		29				0
30	Remai	ining amount o	f unpaid minimum required cor	ntributions (line 28 minus line 29).		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	ind excess assets (see instruct	tions):						
	a Targ	et normal cost	(line 6)			31a				87670
	b Exce	ess assets, if a	pplicable, but not greater than	line 31a		31b				0
32	Amorti	ization installm	ents:		Outstanding Bala	ance	I	nstallme	ent	
	a Net	shortfall amorti	zation installment			1886	6 316			316
	b Wai	ver amortizatio	n installment		-					
33				ter the date of the ruling letter gran) and the waived amount	•	33				
34	Total f	unding require	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34				87986
				Carryover balance	Prefunding bala	nce	То	otal bala	ince	
35			use to offset funding	C		0				0
36	Additio	onal cash requi	rement (line 34 minus line 35).			36				87986
37				ontribution for current year adjuste		37		224466		
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)		<u> </u>				
	a Tota	I (excess, if an	y, of line 37 over line 36)			38a				136480
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						0			
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0			
40	Unpaid	d minimum req	uired contributions for all years	3		40				0
Pa	t IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))				
41	lf an el	lection was ma	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected .					2 plus 7 yea	ars	15 y	/ears
	b Eligi	ible plan year(s	s) for which the election in line	41a was made		2008	2009	2010		2011
42						42		<u> </u>		
43	Excess installment acceleration amount to be carried over to future plan years									

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