For	rm 5500-SF	Short Form Annual	•	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee Retireme					2014		
	Department of Labor Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intern Revenue Code (the Code).						orm is Open to		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	•	Ientification Information			04/0044				
For calenda	ar plan year 2014 or fisc آ			<u>v</u>	31/2014				
	turn/report is for: urn/report is [ urn/report is		of participating employ a foreign plan the final return/report	lan (not multiemployer) ( yer information in accord n/report (less than 12 mo	dance with t	-			
	L								
C Check	box if filing under:	Form 5558	automatic extension		[] D	FVC progra	m		
Dent II	Decis Dien Inform								
Part II 1a Name RETINA INS		<b>nation</b> —enter all requested inform	ation		(PN)	number	001 f plan		
2a Plan s	ponsor's name and addr TITUTE OF WASHINGT	ess; include room or suite number (e	employer, if for a single-	employer plan)	-	-	ication Number		
					(EIN) 2c Spor	IN) 46-1427591 ponsor's telephone number 215-840-6012			
411 84TH AV MEDINA, WA					2d Busi	isiness code (see instructions) 621111			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor.			3b Adm	<b>3b</b> Administrator's EIN			
4 If the r	name and/or FIN of the r	plan sponsor has changed since the	last return/report filed fr	or this plan, enter the	4b EIN				
name		per from the last return/report.			4c PN				
		t the beginning of the plan year			5a		6		
<b>b</b> Total i	number of participants a	the end of the plan year			5b		5		
		count balances as of the end of the			5c		5		
<b>d(1)</b> Tota	al number of active parti	cipants at the beginning of the plan y	ear		5d(1)		4		
<b>d(2)</b> Tot	al number of active parti	cipants at the end of the plan year			5d(2)		3		
		ninated employment during the plan			5e		3		
Under pena SB or Sche	alties of perjury and othe edule MB completed and true, correct, and comple		s, I declare that I have	examined this return/rep	oort, includi	ng, if applic			
SIGN HERE		uthorized/valid electronic signature.							
SIGN	Signature of plan adı	administrator Date Enter name of individual signing as plan ad					ninistrator		
HERE	Signature of employe name (including firm nar	er/plan sponsor me, if applicable) and address (includ	Date de room or suite numbe	Enter name of individ r ) (optional)			r or plan sponsor number (optional)		
		and OMB Control Numbers, see the ins		05			Form 5500-SE (2014)		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
c	If the plan is a defined benefit plan, is it covered under the PBGC in							
	t III Financial Information		rogram (see ErrioA section 40	21):		103		
7 Fa								
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Yea 3393		_		(b) End of Year 412675	
	Total plan assets	7a	0000	0	+-		2480	
-	Total plan liabilities	7b 7c	3393	-	_		410195	
-	Net plan assets (subtract line 7b from line 7a)	7c		510				
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		_		(b) Total	
a	(1) Employers	8a(1)	260	25				
	(2) Participants	8a(2)	350	000				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	178	809				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					78834	
d	Benefits paid (including direct rollovers and insurance premiums		47	73				
	to provide benefits)	8d	47	15	_			
	Certain deemed and/or corrective distributions (see instructions)	8e	31	76				
f	Administrative service providers (salaries, fees, commissions)	8f		10	_			
	Other expenses	8g			_		7949	
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		7949	
÷	Net income (loss) (subtract line 8h from line 8c)	8i			-		70003	
,	j Transfers to (from) the plan (see instructions)							
	Part IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	reature co	des nom the List of Plan Chan	actern		des in	the instructions.	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu		•	10-		х		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		~		
	on line 10a.)		-	10b		Х		
С	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	fidelitv bo	nd. that was caused by fraud					
	or dishonesty?			10d		Х		
е								
	insurance service, or other organization that provides some or all instructions.)			10e	X		5905	
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 vear e	and )	10g		Х		
	If this is an individual account plan, was there a blackout period?			TUg		~		
	2520.101-3.)	•		10h		Х		
i	· · · · · · · · · · · · · · · · · · ·							
Part	Part VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is heir			otiona	and	ontor th	a data of the latter ruling	

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		
C 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.)						
1	3c(1) Name of plan(s):         1	3 <b>c(2)</b> El	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
	lame of trust NA INSTITUTE OF WASHINGTON 401(		rust's EIN 63184543			

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hax: (	2571420-45	70   t	tttu: Br	ear	ne	Cree
Form 5500-SF	Short Form Annual F	Return/Report Benefit Plan	of Small Employ	yee		OMB Non, 1210- 1210-
Internal Revenue Service	This form is required to be fil	ed under sections 104	and 4065 of the Employe	HE  -		2014
Department of Labor Employee Remotes Security Administration Plension Remote Guadanty Corporation		nal Revenue Code (th	e Code).			is Open to Pub
	n <u>Complete all entries in acco</u> rt kientification information	rdance with the Insti	uctions to the Form 550	0-SF.	lr 	mpection
For calendar plan year 2014 or	Trademancation information	01/01/2014				
	x a single-employer plan	-	and ending		1/2014	
A This return/report is for:		<sup>1</sup> or baunchannd sub	plan (not multiemployer) ( loyer information in accord	(Filers chac Jance with I	iting this bo The form insi	x must attach =   Iructions)
B This return/report is:	the first return/report	a foreign plan				•
	an amended return/report	] the final return/repo ] a short olan year ret	n um/report (less than 12 m	unotha)		
C Chack box if filing under:	∏ Form 5558	-				
	apecial extension (enter description	] Automatic extension an)		U D	FVC progra	m
Partielle Basic Plan In	formation enter all requested into	-				
1a Name of plan				1b Thre	re-diait	
Retina Institute	of Washington 401(k) F/S P	lan		plan	number	001
				(PN 1C File	clive date o	
22 Pian sponsor's name and					01/2011	
Retina Institute	address; include room of suite number ( of Washington	employer, if for a singl	e-employer plan)			Instion Number
				1	i) 46-14:	
411 64th Avenue NE					risor's telepi 15) - 840-(	tone number
						see instructions
US Medina WA 98039	and address X Same as Plan Sponso			621	111	0
					linistratoris   Vinistratoris t	elephone numbe
4 If the name and/or EIN of t	the plan sponsor has changed since the l	last return/report filed	for this plan, enler the	4b EIN		
a Sponsor's name	umber from the last return/report.	•				
	ts at the beginning of the plan year			4C PN		
b Total number of participant	te at the and of the alon uses	18 222 222 222 222 222 222 222 222 222 2		<u>5a</u> 5b		6
C Number of participants with	h account balances as of the end of the p	olari vear (defined ben	ofit plans do orr	_		5
complete the tem) amount				5c		5
	articipants at the beginning of the plan ye	<b></b>	****	5d(1)		4
<ul> <li>Number of participants the</li> </ul>	articipants at the end of the plan year I terminated employment during the plan			5d(2)		3
e less than 100% vested	r unmanted corporation outry are plan		nents that ware	5e		3
Caution: A penalty for the lat	e or incomplete filing of this return/re	port will be assessed	d uniess researable cau		lished.	
Under perturbities of perjury and	other penalties set forth in the instruction and signed by an enrolled actuary, as w	a I declars that I have	a assessment to a state and so a	بالبريات مرات		bie, a Schedule knowledge and
		T				
HERE Signature of pian ad	ginistrator	Date	Enter name of individua			
IM	WY-	779115	Jark Co.	Muu		
Bignature of employ	eriplension	Date	Enter name of individual		···· /	
Preparer's name (including firm	name, if applicable) and address; includ	la room ar suite numb				r plan sponsor lumber (optional

for Paperwork Reduction Act Notice and ONB Control Numbers, see the instructions for Form 5500-8F.

Form \$500-5F (2014) v.140124

Form	5500-SF	2014
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С

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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)

X Yes 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	Int III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	339,31	L0			412,675
b	Total plan liabilities	7b		0			2,480
С	Net plan assets (subtract line 7b from line 7a)	7c	339,31	0			410,195
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	<b>•</b> (1)					
	(1) Employers	8a(1)	26,02				
	(2) Participants	8a(2)	35,00	0			
b	(3) Others (including rollovers)	8a(3) 8b	17,80	0			
<u>с</u>	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80	17,80				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4,77	73			78,834
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	3,17	76			
a	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7,949
i	Net income (loss) (subtract line 8h from line 8c)	8i					70,885
i	Transfers to (from) the plan (see instructions)	8j		_			
P2	Int IV Plan Characteristics	.,					
b	If the plan provides pension benefits, enter the applicable pension fea <b>2A 2E 2F 2G 2J 2K 3D</b> If the plan provides welfare benefits, enter the applicable welfare fear						
<b>D</b> .							
	Int V Compliance Questions				v		
10	During the plan year:	one within	the time period described in		Yes	No	Amount
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correc	ction Program)	10a	Yes	No x	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ary Correct (Do not in	ction Program)	10a 10b	Yes		Amount
10 a k	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	iary Correc	ction Program)		Yes	x	Amount
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	iary Correct (Do not in idelity bond	ction Program) aclude transactions reported  d, that was caused by fraud	10b	Yes	x x	Amount
10 a k 	During the plan year: Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	idelity bond idelity bond idelity bond idelity bond idelity bond	ction Program) aclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c	Yes	x x x	Amount 5,905
10 a k 	During the plan year:         Was there a failure to transmit to the plan any participant contributi         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         Were there any nonexempt transactions with any party-in-interest?         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?         Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all comparisons to the provides some or allocomparison to the provides to the provides	in the bene	ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x x x	
10 a k c c c	During the plan year:         Was there a failure to transmit to the plan any participant contributi         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         Were there any nonexempt transactions with any party-in-interest?         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?         Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)         Has the plan failed to provide any benefit when due under the plan	idelity bond idelity bond fr persons f the bene	ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e		x x x x	
10 a b c c c f	During the plan year:         Was there a failure to transmit to the plan any participant contributi         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         Were there any nonexempt transactions with any party-in-interest?         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?         Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as	idelity bond idelity bond idelity bond er persons of the bene ? of year er See instruct	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR	10b 10c 10d 10e 10f		x x x x x	
10 a k c c c f	During the plan year:         Was there a failure to transmit to the plan any participant contributi         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         Were there any nonexempt transactions with any party-in-interest?         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?         Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as         If this is an individual account plan, was there a blackout period? (See and the plan base and the plan base and participant plan.	idelity bond idelity bond er persons of the bene ? of year er See instruct e required	ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x x x x	
10 a k c c c c c c f f	During the plan year:         Was there a failure to transmit to the plan any participant contributi         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         Were there any nonexempt transactions with any party-in-interest?         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's f         or dishonesty?         Were any fees or commissions paid to any brokers, agents, or other         instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as         If this is an individual account plan, was there a blackout period? (\$2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the	idelity bond idelity bond er persons of the bene ? of year er See instruct e required	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x	
10 a k c c c c c c f f i	During the plan year:         Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         Were there any nonexempt transactions with any party-in-interest? on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?         Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)         Has the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101         rt VI       Pension Funding Compliance	idelity bond idelity bond er persons of the bene ? of year er See instruct e required -3 	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	x	x x x x x x x x x	5,905
10 a k c c c c f f f i l 20 c c c c c c c c c c c c c c c c c c	During the plan year:         Was there a failure to transmit to the plan any participant contributi         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         Were there any nonexempt transactions with any party-in-interest?         on line 10a.)         Was the plan covered by a fidelity bond?         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?         Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as         If this is an individual account plan, was there a blackout period? (\$2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 <b>rt VI Pension Funding Compliance</b> Is this a defined benefit plan subject to minimum funding requirement	idelity bond idelity bond er persons of the bene ? of year er See instruct e required -3 ents? (If "Y	ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the fes," see instructions and comple	10b 10c 10d 10e 10f 10g 10h 10i	x	x x x x x x x x x	5,905
10 a k c c c c f f f l 11	During the plan year:         Was there a failure to transmit to the plan any participant contributi         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         Were there any nonexempt transactions with any party-in-interest?         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's f         or dishonesty?         Were any fees or commissions paid to any brokers, agents, or othe         instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount as         If this is an individual account plan, was there a blackout period? (\$2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the         exceptions to providing the notice applied under 29 CFR 2520.101 <b>rt VI Pension Funding Compliance</b> Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) <b>a</b> Enter the unpaid minimum required contribution for current year from the set of the	ary Correct (Do not in idelity bon- er persons of the bene ? of year er See instruct e required -3 ents? (If "Y	ction Program) include transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i ete S	x	x x x x x x x u le SB	5,905

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 <b>3-</b>							
If you 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									
е	Will the minimum funding amount reported on line 12d be met by the funding deadli	ine?	•••••		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								
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	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)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)		•		•				
14a Name of trust				14b Trust's EIN					
Retina Institute of Washington 401(				46-3184543					