## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	tions to the Form 5500	O-SF.		p
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	13	and ending 12	2/31/2013	3	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descript	tion)				
Part II	Basic Plan Infori	mation—enter all requested inform	mation				
1a Name	of plan					ree-digit	
EYEDENTIT	Y 401(K) PLAN				•	an number	004
				-	,	N) •	001
					IC EII	fective date of 01/01/	
	ponsor's name and addr EN, O.D., INC.	ress; include room or suite number (	(employer, if for a single-	employer plan)	<b>2b</b> Em (El		ication Number 87585
OCZA NODTI	LLNEVEDA CUITE 240					oonsor's telep	
SPOKANE,	H NEVEDA SUITE 210 WA 99218				2d Bu		see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	<b>3b</b> Ad	ministrator's E	
					3c Ad	ministrator's t	elephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the	last roturn/roport filed fo	or this plan, optor the	4h ===	N 04.40	54045
		ber from the last return/report.	e last return/report lileu it	or this plan, enter the	4b EII	N 91-19	51215
	or's nameTEIGEN & GR	•			4c PN	1	001
_		t the beginning of the plan year			5a		11
<b>b</b> Total r	number of participants a	t the end of the plan year			5b		12
		ccount balances as of the end of the	. , ,	•	5c		12
6a Were	all of the plan's assets of	during the plan year invested in eligi	ible assets? (See instruc	tions.)			X Yes No
		the annual examination and report of					X Yes No
		(See instructions on waiver eligibility her line 6a or line 6b, the plan can	•				M Tes ∐ No
-		•			_		Not determined
C ir the p	Dian is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Y e	s Ino I	Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is est	ablished.	
SB or Sche		er penalties set forth in the instructio d signed by an enrolled actuary, as v ete.					
SIGN	Filed with authorized/va	alid electronic signature.	10/06/2015	GENE O. TEIGEN			
HERE	Signature of plan add	ministrator	Date	Enter name of individu	ual signin	g as plan adn	ninistrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signin	g as employe	r or plan sponsor
		me, if applicable) and address; inclu	ide room or suite numbe			<u> </u>	number (optional)
JODI CALH	OUN & HURLEY, INC					509-838	3-5500
	RIVERSIDE, SUITE 160	00					
SPOKANE,				-			

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
a	Total plan assets	7a	54622				(5) =::		602419	9
	Total plan liabilities	7b							2414	1
	Net plan assets (subtract line 7b from line 7a)	7c	54622	1					600005	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total		
	Contributions received or receivable from:		(u) runount				()			
	(1) Employers	8a(1)	4584	7						
	(2) Participants	8a(2)	396	8						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	8508	9						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							134904	ļ
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8038	2						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	73	8						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							81120	)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							53784	4
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2A 3D 2F 2T	feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribution	tions within	the time period described in					AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		X				
I.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Χ				
					X					00000
				10c						60000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	•	,							
	insurance service, or other organization that provides some or all instructions.)			10e		X				
f	<u>'</u>			10f		X				
						X				
<u>9</u>		•	·	10g						
• •	2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the			40:						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	· ·	1.0.4510			0.1		\ /F	1		
<u>11</u>	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		1 -		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Fori	m 5500), and skip to line 13.							
						12b				

Page	3 -	1
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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?	Y	es 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 coof the PBGC?	ontrol		Yes X No
С	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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		identification information	01 /01 /0010		/	
For calend	ar plan year 2013 or ils	scal plan year beginning	01/01/2013	and ending	12/	31/2013
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a	one-participant plan
B This re	turn/report is:	the first return/report	the final return/report			
				n/report (less than 12 m		
C Check	box if filing under:	X Form 5558	automatic extension		☐ DF	FVC program
		special extension (enter desc	ription)			
Part II	Basic Plan Info	rmation—enter all requested inf	ormation			
1a Name	of plan				1b Three	e-digit
Eyeden	tity 401(k) P.	lan			•	number
					(PN)	001
					1c Effec	tive date of plan
					01/0	01/2001
2a Plans	ponsor's name and ad	dress; include room or suite number	er (employer, if for a single-	employer plan)	2b Empl	oyer Identification Number
Gene T	eigen, O.D.,	Inc.			(EIN)	26-4287585
0.554					2c Spor	sor's telephone number
9671 N	ORTH NEVEDA SU	JITE 210			509	-468-2020
					2d Busin	ness code (see instructions)
SPOKAN		WA 99218			621	320
3a Plan a	dministrator's name ar	nd address 🏻 Same as Plan Spons	sor Name XSame as Plar	Sponsor Address	3b Admi	nistrator's EIN
					2	
					3C Admi	nistrator's telephone number
A 1541-						
4 If the i	name and/or EIN of the	e plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	91-1951215
	or's name		Gray, Inc.		4c PN (	001
		at the beginning of the plan year			5a	11
		at the end of the plan year			5b	
		account balances as of the end of			30	12
					5c	12
		during the plan year invested in e				X Yes No
		the annual examination and repor				
under	29 CFR 2520.104-463	? (See instructions on waiver eligib	ility and conditions.)			X Yes No
If you	answered "No" to ei	ther line 6a or line 6b, the plan o	annot use Form 5500-SF	and must instead use	Form 5500.	
		it plan, is it covered under the PBG				
1000						
		or incomplete filing of this return				
SB or Sche	alues of perjury and off edule MB completed ar	ner penalties set forth in the instruc nd signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	oort, includir	g, if applicable, a Schedule
belief, it is	true, correct, and comp	blete.	is well as the electronic ver	sion of this return/report	i, and to the	best of my knowledge and
g State of the sta	11	/	1.//			
SIGN	Lan	losser OD	P/4/2015	GENE O. TEIGE	N	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	s nlan administrator
SIGN		,			aar organing c	o plan administrator
HERE	Ciamatura of annula					
Prenarer's	Signature of emplo	yer/pian sponsor ame, if applicable) and address; in	Date	Enter name of individ		s employer or plan sponsor
Jodi Ca		arrie, ii applicable) ariu address; In	cidde room or suite numbe	(optional)		telephone number (optional)
	l & Hurley, Ir					0000-000
	st Riverside,					
331 WG.	o reversine,	24766 1000				
Const						
Spokane	9	WA 99201				

Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	of Year	
a	Total plan assets	7a		16221					502419
b	Total plan liabilities	7b							2414
С	Net plan assets (subtract line 7b from line 7a)	7c	54	16221	L			(	500005
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
	Contributions received or receivable from:		1		1		()		
	(1) Employers	8a(1)		15847	4_				
	(2) Participants	8a(2)		3968	3				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	3	35089	9				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							134904
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	30382	2				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		738	3				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							81120
i	Net income (loss) (subtract line 8h from line 8c)	8i							53784
j	Transfers to (from) the plan (see instructions)	8j				217/20			
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature code	s from the List of Plan Chara	acterist	ic Co	des in	the instruct	ions:	
b	2E 2G 2J 2A 3D 2F 2T  If the plan provides welfare benefits, enter the applicable welfare fe	antiwa andaa	from the List of Dian Charac	toriotic	Cod	oo in ti	ao inotruotio	ano:	
D	in the plan provides wellare benefits, enter the applicable wellare is	eature codes	TIOTI THE LIST OF PIAIT CHARAC	densu	Cou	es III ແ	ie instructio	JIIS.	
Par	t V Compliance Questions								
10	During the plan year:			Т	Yes	No		Amount	
a	During the plan year.				100	140		AIIIUUIII	
	Was there a failure to transmit to the plan any participant contribution	tions within t	he time period described in						
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t uciary Correc	he time period described in stion Program)	10a		Х			
k	<ul> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	ciary Correct? (Do not inc	ction Program)	10a		Х			
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct? (Do not inc	ction Program)		X				60000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide  Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct (? (Do not inc	cliude transactions reported	10b	X				60000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduments on line 10a.)  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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	fidelity bond	tion Program)	10b 10c 10d	X	Х			60000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity bond	tion Program)	10b 10c	X	X			60000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation 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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity bond	tion Program)	10b 10c 10d	X	Х			60000
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6 6	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond ner persons lof the benef ns of year end (See instruct	tion Program)	10b 10c 10d 10e 10f	Х	X X X			60000
6 6	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly  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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bond ner persons lof the benefin? sof year end (See instruction	ction Program)	10b 10c 10d 10e 10f 10g	X	X X X X			60000
- C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly  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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all 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 a lif 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 2520.10	fidelity bond ner persons lof the benefin? sof year end (See instruction	ction Program)	10b 10c 10d 10e 10f 10g	Х	X X X X			60000
6	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulary  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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a 1 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 2520.10  I VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	fidelity bond fidelity bond finer persons lof the benefiner.  sof year end (See instruction he required require	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schece	X X X X X X Uule SE		☐ Yes	
f Par	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulary  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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all 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 and 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 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond fidelity bond finer persons I of the benef finer so finer persons I of the benef finer pe	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X Uule SE			s No
f G Par 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulary  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 or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all 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 and 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 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond fidelity bond for persons of the benefing sof year end (See instruct) he required r 1-3	cliude transactions reported clude transactions reported that was caused by fraud by an insurance carrier, that under the plan? (See cl.)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X Iule SE			i No
f 9 11 112	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide  Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond fidelity bond finer persons I of the benef finer finer persons	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X Iule SE		Yes	s No
f 9 11 11 11 11 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond fidelity bond finer persons I of the benef fin	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i splete \$ ctions,	Schece	X X X X X Iule SE	ERISA?	☐ Yes	S No
f G G G G G G G G G G G G G G G G G G G	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumentary Fidumenta	fidelity bond fidelity bond fidelity bond finer persons I of the benef finer persons I of the benefit finer p	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i splete \$ ctions,	Schece	X  X  X  X  X  X  Iule SE  11a  302 of	ERISA?	Yes Yes	S No
f G F F F F F F F F F F F F F F F F F F	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond fidelity bond fidelity bond finer persons I of the benefit finer persons I of t	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i plete \$ e or sec etions, th	Schec	X  X  X  X  X  X  Iule SE  11a  302 of	ERISA?	Yes Yes	S No