Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2002

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

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

2b Employer Identification Number (EIN)
37-0924192

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

2d Business code (see instructions)
621320

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	THOMAS RESTIVO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	ROBERT LEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	296
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	272
a(2) Total number of active participants at the end of the plan year	**6a(2)**	247
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	30
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	277
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	277
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	251
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	27
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2G 2J 3H 2F 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0924192

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	30632	273	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
29070	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29070	0	BROKER COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	17058
c	Additions: (1) Contributions deposited during the year	**7c(1)**	1226		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	293		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	1519
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	18577
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**	110		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	110
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	18467

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0924192

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0924192

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	310	649255
(2) Participant contributions	1b(2)	1	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	61401	61954
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10005972	10693654
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17058	18467
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10084742	11423330
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	61401	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	61401	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10023341	11423330

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	650819	
	(B) Participants	2a(1)(B)	668229	
	(C) Others (including rollovers)	2a(1)(C)	17880	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1336928
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	549223	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		549223

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1886151
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	486162	
(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)		486162
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		486162
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1399989
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: STRIEGEL, KNOBLOCH & CO. LLC **(2)** EIN: 37-1122831

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
GAILEY EYE CLINIC, LTD. 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
37-0924192

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

Financial Statements

December 31, 2014 and 2013

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STRIEGEL KNOBLOCH & COMPANY, L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

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

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

L. Eugene Striegel, CPA
1935-2011

Consultants:
Danny L. Kiedaisch, CPA
Martha E. Ingold, CPA

Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Gailey Eye Clinic, Ltd. 401(k) Retirement Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, and the related statement 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

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.

Auditors' 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 4, which was certified by John Hancock Life Insurance Company (USA), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule listed in the table of contents 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 the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Strieggle Knollock + Company, LLC

Bloomington, Illinois
October 12, 2015

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

Statements of Net Assets Available for Benefits

December 31,

	2014	2013
Assets:		
Cash	$ 61,954	$ 61,401
Guaranteed interest account	18,467	17,058
Investments (Note 4)	10,693,654	10,005,972
Receivables:		
Employer contributions	649,255	310
Employee contributions	-	1
Other contributions	-	-
Total assets	11,423,330	10,084,742
Liabilities:		
Accrued expenses	-	61,401
Net assets reflecting investments at fair value	11,423,330	10,023,341
Adjustment from fair value to contract value for fully benefit – responsive investment contracts	-	-
Net assets available for benefits	$ 11,423,330	$ 10,023,341

The accompanying notes are an integral part of these statements.

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

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,

	2014	2013
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of Investments (Notes 2 and 4)	$ 549,223	$ 1,503,619
Total investment income	549,223	1,503,619
Contributions (Note 1):		
Employer	650,819	310
Participants	668,229	573,538
Other – rollovers	17,880	154,695
Total contributions	1,336,928	728,543
Total additions	1,886,151	2,232,162
Deductions from net assets attributed to:		
Benefits paid to participants	486,162	682,055
Administrative expenses	-	61,401
Total deductions	486,162	743,456
Net increase	1,399,989	1,488,706
Net assets available for benefits:		
Beginning of year	10,023,341	8,534,635
End of year	$ 11,423,330	$ 10,023,341

The accompanying notes are an integral part of these statements.

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

Notes to Financial Statements

December 31, 2014 and 2013

Note 1 – Description of Plan:

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

General

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

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

Contributions

The Plan contains an elective 401(k) deferred compensation component. Each year, participants may contribute up to a maximum allowed contribution ($17,500 for 2014 and 2013). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions ($5,500 for 2014 and 2013). Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants.

The Company determines, at its discretion, the extent to which it will make contributions to the Plan each year. This discretionary contribution is allocated to participants based on a percentage of compensation, as defined by the Plan. For the years ended December 31, 2014 and 2013, the Company's discretionary contributions before the application of forfeitures were $711,209 and $-0-, respectively.

Note 1 – Description of Plan - Continued:

Participant Accounts

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

Vesting

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

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

Participant Loans

The Plan does not allow loans to participants.

Note 1 – Description of Plan - Continued:

Distributions to Participants

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

At December 31, 2014, participants with account balances totaling $925,497 had separated from service but had not withdrawn their vested benefits from the Plan.

Forfeited Accounts

At December 31, 2014 and 2013, forfeited non-vested accounts totaled $61,954 and $61,401, respectively. These accounts will be used to reduce the Plan's administrative expenses and Company contributions.

Plan Expenses

The balance in the forfeiture account at December 31, 2014, will be used to reimburse the employer for costs of the Plan incurred during the year. Any additional plan costs will be absorbed by the employer.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 2 – Summary of Significant Accounting Policies:

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are held in a trust. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as accounts payable with a corresponding reduction to contributions. There were no excess contributions for the years ended December 31, 2014 and 2013.

Note 2 – Summary of Significant Accounting Policies – Continued:

Payment of Benefits

Benefits are recorded when paid.

Expenses

All expenses of maintaining the Plan are paid directly by the Company, except those covered by Plan forfeitures as described in Note 1. Investment related expense are included in net appreciation of fair value of investments.

Note 3 – Tax Status:

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

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

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

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

Note 4 – Investments:

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

a. Total cash and investments as shown in the accompanying statements of net assets available for benefits of $10,774,075 and $10,084,431 as of December 31, 2014 and 2013, respectively.

b. Total investment income as shown in the accompanying statements of changes in net assets available for benefits of $549,223 and $1,503,619 for the years ended December 31, 2014 and 2013, respectively.

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

	2014	2013
Mutual investment funds:		
JH Stable Value Fund	$ 1,275,997	$ 644,420
Growth Fund of America	775,602	689,959
Lifestyle Balanced Fund	1,808,632	1,790,521
Lifestyle Growth Fund	1,947,421	1,771,970
Lifestyle Aggressive Fund	< 5%	511,640
American Balanced Fund	626,748	562,096
500 Index Fund	< 5%	604,926

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

	2014	2013
Net appreciation in fair value of investments	$ 549,223	$ 1,503,619

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

Note 5 – Fair Value Measurement:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology 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;
- 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 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Note 5 – Fair Value Measurement - Continued:

The Plan used the following valuation methodology for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual funds: The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

2014	Fair Value	Level 1	Level 2	Level 3
Cash equivalents	$ 18,467	$ 18,467	$ -	$ -
Mutual funds:				
Asset allocation – lifestyle	4,744,240	4,744,240	-	-
Aggressive growth	1,159,405	1,159,405	-	-
Growth	1,476,960	1,476,960	-	-
Growth and income	1,486,266	1,486,266	-	-
Income	550,786	550,786	-	-
Conservative	1,275,997	1,275,997	-	-
	$ 10,712,121	$ 10,712,121	$ -	$ -
2013				
Cash equivalents	$ 17,058	$ 17,058	$ -	$ -
Mutual funds:				
Lifestyle asset allocation	4,596,973	4,596,973	-	-
Aggressive growth	1,031,205	1,031,205	-	-
Growth	1,311,403	1,311,403	-	-
Growth and income	1,924,380	1,924,380	-	-
Income	497,590	497,590	-	-
Conservative	644,421	644,421	-	-
	$ 10,023,030	$ 10,023,030	$ -	$ -

Note 6 – Risks and Uncertainties:

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

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

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

Note 8 – Uncertain Tax Positions:

U.S. generally accepted accounting principles require the Plan's management evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more than likely would not be sustained upon examination by applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosures in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax years prior to 2011 are closed.

Note 9 – Subsequent Events:

No events have occurred subsequent to December 31, 2014, that require disclosure in these financial statements. Subsequent events have been evaluated as of October 12, 2015, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN
EIN: 37-0924192/Plan No. 002
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2014

(a) Party in-Interest Identification	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
*	John Hancock:		
	Stable Value Fund	Mutual fund	$ 1,275,997
	American Balanced Fund	Mutual fund	626,748
	Washington Mutual Investors	Mutual fund	504,360
	Investment Company of America	Mutual fund	191,172
	Growth Fund of America	Mutual fund	775,602
	Europacific Growth Fund	Mutual fund	208,155
	Lifestyle Conservative Fund	Mutual fund	134,033
	Lifestyle Moderate Fund	Mutual fund	316,064
	Lifestyle Balanced Fund	Mutual fund	1,808,632
	Lifestyle Growth Fund	Mutual fund	1,947,421
	Lifestyle Aggressive Fund	Mutual fund	538,089
	Total Return Fund	Mutual fund	169,494
	Investment Qual Bond Fund	Mutual fund	83,638
	Active Bond Fund	Mutual fund	163,534
	Global Bond Fund	Mutual fund	30,217
	Strategic Income Opportunities Fund	Mutual fund	15,774
	Equity Income Fund	Mutual fund	116,375
	New World Fund	Mutual fund	11,225
	500 Index Fund	Mutual fund	26,972
	Utilities Fund	Mutual fund	91,833
	Mid Value Fund	Mutual fund	113,297
	Small Company Value Fund	Mutual fund	124,084
	Real Estate Securities Fund	Mutual fund	273,858
	DFA US Small Cap Fund	Mutual fund	47,590
	Total Stock Market Index Fund	Mutual fund	10,281
	Capital Appreciation Fund	Mutual fund	55,102
	Mid Cap Index Fund	Mutual fund	154,477
	International Value Fund	Mutual fund	28,547
	Financial Services Fund	Mutual fund	15,487
	Mid Cap Stock Fund	Mutual fund	201,354
	Income Fund of America	Mutual fund	16,231
	Small Cap Index Fund	Mutual fund	22,163
	Davis New York Venture Fund	Mutual fund	60,496
	T. Rowe Price Health Sciences Fund	Mutual fund	76,546

- Continued -

GAILEY EYE CLINIC, LTD.
401(k) RETIREMENT SAVINGS PLAN
EIN: 37-0924192/Plan No. 002
Schedule H, Line 4i
Schedule of Assets (Held at End of Year) - Continued
December 31, 2014

(a) Party in-Interest Identification	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Natural Resources Fund	Mutual fund	$ 17,041
	High Yield Fund	Mutual fund	87,200
	New Perspective Fund	Mutual fund	4,863
	International Equity Index Fund	Mutual fund	28,539
	Blue Chip Growth Fund	Mutual fund	102,825
	Science and Technology Fund	Mutual fund	20,314
	Small Cap Growth Index Fund	Mutual fund	84,502
	Small Cap Value Fund	Mutual fund	33,778
	Fundamental Investors Fund	Mutual fund	9,039
	U.S. Government Securities Fund	Mutual fund	696
	Capital World Growth & Income Fund	Mutual fund	4,250
	Capital Income Builder Fund	Mutual fund	4,150
	All Cap Core Fund	Mutual fund	2,267
	Capital World Bond Fund	Mutual fund	233
	U.S. Equity Fund	Mutual fund	258
	Fundamental All Cap Core Fund	Mutual fund	58,851
			10,693,654
	10-Year Comp Fund Cash Equivalent		18,467
			$ 10,712,121

Cost information has been omitted from this schedule because all investments are maintained under an individual account plan. All accounts are participant-directed.



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

JANUARY 9, 2015

Dear Plan Administrator:

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

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

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

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

The attached statement shows the appropriate sub-account values as of December 31, 2014 (our most recent fiscal year). This statement must be used to complete your plan's 2014 Form 5500 series filing.

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



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
JH Thru 2055 Active Strategy	$ 14738407.95	.000000	$ 0.00
JH Thru 2050 Active Strategy	$ 229170260.81	.000000	$ 0.00
JH Thru 2045 Active Strategy	$ 697222309.12	.000000	$ 0.00
JH Thru 2040 Active Strategy	$ 729789254.86	.000000	$ 0.00
JH Thru 2035 Active Strategy	$ 957590616.04	.000000	$ 0.00
JH Thru 2030 Active Strategy	$ 1157157846.16	.000000	$ 0.00
JH Thru 2025 Active Strategy	$ 1302199470.75	.000000	$ 0.00
JH Thru 2020 Active Strategy	$ 1075797234.19	.000000	$ 0.00
JH Thru 2015 Active Strategy	$ 546902170.66	.000000	$ 0.00
JH Thru 2010 Active Strategy	$ 302700010.86	.000000	$ 0.00
JH Thru 2055 Managed Port	$ 1511072.90	.000000	$ 0.00
JH Thru 2050 Managed Port	$ 4717953.84	.000000	$ 0.00
JH Thru 2045 Managed Port	$ 8926999.30	.000000	$ 0.00
JH Thru 2040 Managed Port	$ 9739564.04	.000000	$ 0.00
JH Thru 2035 Managed Port	$ 15621683.33	.000000	$ 0.00
JH Thru 2030 Managed Port	$ 23874188.73	.000000	$ 0.00
JH Thru 2025 Managed Port	$ 24394427.08	.000000	$ 0.00
JH Thru 2020 Managed Port	$ 18326733.32	.000000	$ 0.00
JH Thru 2015 Managed Port	$ 7542619.39	.000000	$ 0.00
JH Thru 2010 Managed Port	$ 7685670.62	.000000	$ 0.00
JH Ret To 2055 Managed Port	$ 18969976.11	.000000	$ 0.00
JH Ret To 2050 Managed Port	$ 362900969.45	.000000	$ 0.00
JH Ret To 2045 Managed Port	$ 491938413.30	.000000	$ 0.00
JH Ret To 2040 Managed Port	$ 658586759.09	.000000	$ 0.00
JH Ret To 2035 Managed Port	$ 920153806.28	.000000	$ 0.00
JH Ret To 2030 Managed Port	$ 1141179627.17	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2014
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
JH Ret To 2025 Managed Port	$ 1225984462.57	.000000	$ 0.00
JH Ret To 2020 Managed Port	$ 881270224.94	.000000	$ 0.00
JH Ret To 2015 Managed Port	$ 403841668.73	.000000	$ 0.00
JH Ret To 2010 Managed Port	$ 239928545.30	.000000	$ 0.00
American Century 2055	$ 2212634.99	.000000	$ 0.00
American Century 2050	$ 5925984.67	.000000	$ 0.00
American Century 2045	$ 10760961.90	.000000	$ 0.00
American Century 2040	$ 13094146.91	.000000	$ 0.00
American Century 2035	$ 17682543.02	.000000	$ 0.00
American Century 2030	$ 24584350.56	.000000	$ 0.00
American Century 2025	$ 23073478.89	.000000	$ 0.00
American Century 2020	$ 18962797.62	.000000	$ 0.00
American Century 2015	$ 13189780.71	.000000	$ 0.00
American Century In Retirement	$ 4390557.09	.000000	$ 0.00
T. Rowe Price Retirement 2055	$ 4068344.30	.000000	$ 0.00
T. Rowe Price Retirement 2050	$ 7834532.88	.000000	$ 0.00
T. Rowe Price Retirement 2045	$ 14390429.80	.000000	$ 0.00
T. Rowe Price Retirement 2040	$ 14665368.93	.000000	$ 0.00
T. Rowe Price Retirement 2035	$ 17881733.78	.000000	$ 0.00
T. Rowe Price Retirement 2030	$ 22638528.41	.000000	$ 0.00
T. Rowe Price Retirement 2025	$ 24163857.13	.000000	$ 0.00
T. Rowe Price Retirement 2020	$ 19487624.91	.000000	$ 0.00
T. Rowe Price Retirement 2015	$ 7222748.85	.000000	$ 0.00
T. Rowe Price Retirement 2010	$ 5792591.72	.000000	$ 0.00
JH LS Agg Active Strategy	$ 3815637167.43	27227.024022	$ 538089.45
JH LS Grow Active Strategy	$ 11195046851.54	94472.095957	$ 1947421.01

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
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401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
JH LS Bal Active Strategy	$ 11622423003.31	90295.066537	$ 1808632.44
JH LS Mod Active Strategy	$ 3320282846.02	16513.212887	$ 316064.40
JH LS Con Active Strategy	$ 2483853468.69	7169.103791	$ 134032.65
JH LS Agg Managed Portfolio	$ 15176667.16	.000000	$ 0.00
JH LS Grow Managed Portfolio	$ 30547859.87	.000000	$ 0.00
JH LS Bal Managed Portfolio	$ 38882872.24	.000000	$ 0.00
JH LS Mod Managed Portfolio	$ 14040600.81	.000000	$ 0.00
JH LS Con Managed Portfolio	$ 7774203.46	.000000	$ 0.00
JH LS Agg Managed Volatility	$ 2203176.70	.000000	$ 0.00
JH LS Grow Managed Volatility	$ 5340657.19	.000000	$ 0.00
JH LS Bal Managed Volatility	$ 4708686.07	.000000	$ 0.00
JH LS Mod Managed Volatility	$ 2614947.06	.000000	$ 0.00
JH LS Con Managed Volatility	$ 4037122.35	.000000	$ 0.00
Russell Equity Growth	$ 37844564.30	.000000	$ 0.00
Russell Growth	$ 101850264.59	.000000	$ 0.00
Russell Balanced	$ 112492496.91	.000000	$ 0.00
Russell Moderate	$ 23319751.60	.000000	$ 0.00
Russell Conservative	$ 12866513.30	.000000	$ 0.00
Tocqueville Gold Fund	$ 61902522.45	.000000	$ 0.00
Natural Resources Fund	$ 85364031.51	775.382151	$ 17041.18
DFA Emerging Markets Value	$ 187151325.14	.000000	$ 0.00
Royce Opportunity	$ 170745770.67	.000000	$ 0.00
Vanguard Energy Fund	$ 389335574.49	.000000	$ 0.00
iShares Gold Trust ETF	$ 4404184.19	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 73667369.60	.000000	$ 0.00
DFA International Value	$ 82609718.57	.000000	$ 0.00

*Assets = Liabilities



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401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Northern EM Equity Index Fund	$ 930327.81	.000000	$ 0.00
International Value Fund	$ 215533759.01	1532.699221	$ 28546.85
PIMCO Commodity Real Return	$ 12509592.04	.000000	$ 0.00
DFA US Targeted Value Fund	$ 105606781.12	.000000	$ 0.00
Keeley Small Cap Value	$ 34209498.78	.000000	$ 0.00
Dodge & Cox International St	$ 65702805.76	.000000	$ 0.00
iShares MSCI EAFE Value ETF	$ 995160.38	.000000	$ 0.00
International Core Fund	$ 35820549.37	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 409915729.34	.000000	$ 0.00
Aston/Fairpointe Mid Cap Fund	$ 96883806.20	.000000	$ 0.00
Small Cap Opportunities Fund	$ 65675360.67	.000000	$ 0.00
Intl Small Cap Fund	$ 92086264.30	.000000	$ 0.00
Vanguard Small Cap Grow Index	$ 399409379.63	2380.941133	$ 84502.37
Undiscovered Mgr Behavioral	$ 10877.49	.000000	$ 0.00
Small Cap Growth Fund	$ 108892816.83	.000000	$ 0.00
Intl Equity Index Fund	$ 224720847.12	1394.662808	$ 28538.59
DFA U.S. Small Cap Fund	$ 227084654.01	1320.765091	$ 47590.39
Mid Cap Stock Fund	$ 335554153.43	7175.870467	$ 201354.30
Small Cap Index Fund	$ 255787659.14	938.813182	$ 22163.26
Science & Technology Fund	$ 277774104.65	732.970009	$ 20313.94
iShares MSCI EAFE Growth ETF	$ 1657327.78	.000000	$ 0.00
Harbor Mid Cap Value Fund	$ 138912.15	.000000	$ 0.00
Vanguard Explorer Fund	$ 78711538.56	.000000	$ 0.00
Franklin Small-Mid Growth	$ 184589841.68	.000000	$ 0.00
Oppenheimer Global	$ 225783143.84	.000000	$ 0.00
Templeton World	$ 163991316.55	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
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FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
EuroPacific Growth Fund	$ 726885130.67	3886.418155	$ 208155.05
Legg Mason ClearBr Agg Growth	$ 273507080.95	.000000	$ 0.00
Royce Pennsylvania Mutual Fund	$ 8600116.02	.000000	$ 0.00
Thornburg International Value	$ 0.00	.000000	$ 0.00
Oppenheimer Intl Growth Fund	$ 156387649.40	.000000	$ 0.00
Small Company Value Fund	$ 96213334.11	3073.603827	$ 124083.46
Invesco Small Cap Growth	$ 181744252.02	.000000	$ 0.00
SMALLCAP World Fund	$ 51251004.62	.000000	$ 0.00
American Century Heritage	$ 259663433.14	.000000	$ 0.00
Vanguard Mid-Cap Growth ETF	$ 90638466.68	.000000	$ 0.00
New World Fund	$ 61979542.29	182.492811	$ 11225.06
Real Est. Securities Fund	$ 581493321.64	11882.073687	$ 273858.40
T. Rowe Price Health Sci	$ 1034523871.88	870.349581	$ 76545.70
Financial Industries Fund	$ 108268016.91	849.599430	$ 15486.60
Ivy Asset Strategy Fund	$ 207689100.51	.000000	$ 0.00
WisdomTree MC Earnings ETF	$ 2211586.79	.000000	$ 0.00
Vanguard Small Cap Value Index	$ 131247781.26	.000000	$ 0.00
Lord Abbett Value Opps Fund	$ 39905415.99	.000000	$ 0.00
JPMorgan Intrepid Mid Cap	$ 16009.59	.000000	$ 0.00
Aberdeen International Equity	$ 3886884.88	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 154253250.71	2370.380200	$ 58851.18
T. Rowe Price Sml Cap Val	$ 189701200.24	.000000	$ 0.00
John Hancock Intl Growth	$ 14985348.86	.000000	$ 0.00
Mid Cap Index Fund	$ 593237293.27	5033.594148	$ 154476.62
Northern Small Cap Value Fund	$ 73487.61	.000000	$ 0.00
Diamond Hill Small-Mid Cap	$ 1023.64	.000000	$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Dodge & Cox Stock Fund	$ 81156172.70	.000000	$ 0.00
Victory Diversified Stock	$ 13638603.74	.000000	$ 0.00
JH Disciplined Value Mid Cap	$ 39238950.45	.000000	$ 0.00
Small Cap Value Fund	$ 330593975.55	1056.760033	$ 33777.93
Invesco International Growth	$ 51623814.38	.000000	$ 0.00
Vanguard Tot Wld Stk Index ETF	$ 3747977.51	.000000	$ 0.00
BlackRock Basic Value	$ 34991865.66	.000000	$ 0.00
Value Fund	$ 458145234.47	.000000	$ 0.00
Capital World Growth & Income	$ 175922563.14	78.381353	$ 4249.74
All Cap Core Fund	$ 21510107.85	76.368065	$ 2266.63
John Hancock Disciplined Value	$ 635224716.37	.000000	$ 0.00
Blue Chip Growth Fund	$ 856394479.86	2730.490063	$ 102825.35
Vanguard Mid-Cap Value ETF	$ 80439549.01	.000000	$ 0.00
New Perspective Fund	$ 125974093.99	103.497301	$ 4862.50
Fundamental Value Fund	$ 0.00	.000000	$ 0.00
Capital Appreciation Fund	$ 544646809.00	2793.921922	$ 55102.45
John Hancock Select Growth	$ 2607245.80	.000000	$ 0.00
Mid Value Fund	$ 249877993.07	5970.437658	$ 113297.14
WisdomTree SC Dividend ETF	$ 433781.26	.000000	$ 0.00
Massachusetts Investors Fund	$ 69580717.93	.000000	$ 0.00
The Growth Fund of America	$ 931961960.31	15278.192397	$ 775601.62
Fidelity Adv Diversified Stock	$ 115031.10	.000000	$ 0.00
Fundamental Investors	$ 264556852.36	146.459609	$ 9038.67
JPMorgan Large Cap Growth	$ 28300214.34	.000000	$ 0.00
Davis New York Venture	$ 501690572.93	1114.161385	$ 60496.18
Baird MidCap Fund	$ 9954.72	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Domini Social Equity	$ 76374871.42	.000000	$ 0.00
Vanguard Growth Index Fund	$ 263352970.33	.000000	$ 0.00
Total Stock Market Index Fund	$ 420694148.30	490.893182	$ 10280.99
WisdomTree MC Dividend ETF	$ 3527711.24	.000000	$ 0.00
Utilities Fund	$ 393842439.92	4358.677657	$ 91833.03
Equity Income Fund	$ 337188765.46	4293.796772	$ 116374.83
Vanguard Value Index Fund	$ 165244328.95	.000000	$ 0.00
T. Rowe Price Equity Inc	$ 549194708.09	.000000	$ 0.00
500 Index Fund	$ 1720868563.21	1379.542483	$ 26972.12
FT Founding Funds Allocation	$ 40270913.87	.000000	$ 0.00
Investment Company of America	$ 308196304.87	3847.657455	$ 191171.94
Franklin Mutual Beacon Fund	$ 320346937.30	.000000	$ 0.00
Fidelity ContraFund	$ 550806104.73	.000000	$ 0.00
Fidelity Adv New Insights	$ 100582146.31	.000000	$ 0.00
Mutual Global Discovery	$ 437895226.29	.000000	$ 0.00
Sit Dividend Growth Fund	$ 476120.67	.000000	$ 0.00
Parnassus Core Equity Fund	$ 181100656.24	.000000	$ 0.00
Pax World Balanced Fund	$ 3052872.68	.000000	$ 0.00
Washington Mutual Investors	$ 444089819.73	9723.045483	$ 504359.81
BlackRock Global Allocation	$ 435793983.24	.000000	$ 0.00
U.S. Equity Fund	$ 55083239.03	11.993857	$ 258.20
T. Rowe Price Cap Appreciation	$ 100752196.00	.000000	$ 0.00
PIMCO All Asset All Authority	$ 14430619.47	.000000	$ 0.00
American Balanced Fund	$ 691040428.68	21195.347715	$ 626748.28
Capital Income Builder	$ 79969209.30	53.643415	$ 4150.26
Fidelity Advisor Gold Fund	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

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FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Income Fund of America	$ 92284829.50	586.948790	$ 16230.48
SSgA Mid Growth Index Fund	$ 0.00	.000000	$ 0.00
PIMCO All Asset	$ 159161076.52	.000000	$ 0.00
SSgA Mid Value Index Fund	$ 0.00	.000000	$ 0.00
Fundamental Large Cap Value	$ 251276389.86	.000000	$ 0.00
Columbia Mid Cap Value	$ 0.00	.000000	$ 0.00
Alternative Asset Allocation	$ 12565392.55	.000000	$ 0.00
Eaton Vance Large-Cap Value	$ 0.00	.000000	$ 0.00
Columbia Equity Value	$ 0.00	.000000	$ 0.00
Templeton Global Bond Fund	$ 141033509.50	.000000	$ 0.00
Core Global Diversification	$ 0.00	.000000	$ 0.00
Oppenheimer Intl Bond	$ 76578271.08	.000000	$ 0.00
MFS Emerging Markets Debt	$ 8708047.51	.000000	$ 0.00
Core Diversified Grwth & Inc	$ 0.00	.000000	$ 0.00
High Yield Fund	$ 415736544.46	5557.059405	$ 87199.78
Strategic Income Opp Fund	$ 334314713.17	706.750642	$ 15774.02
Core Fundamental Holdings	$ 0.00	.000000	$ 0.00
PIMCO Global Bond	$ 126955778.68	.000000	$ 0.00
Global Bond Fund	$ 58830328.11	1489.961434	$ 30216.88
Federated High Yield Bond	$ 61795164.39	.000000	$ 0.00
Real Return Bond Fund	$ 88645799.49	.000000	$ 0.00
PIMCO Real Return	$ 196752936.90	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 31880200.77	.000000	$ 0.00
Capital World Bond Fund	$ 18794237.04	9.502900	$ 232.70
U.S. High Yield Bond Fund	$ 85258977.13	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 208118950.61	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 30632 THE TRUSTEES OF GAILEY EYE CLINIC, LTD.
401(K) RETIREMENT SAVINGS PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF GAILEY EYE CLINIC, LTD. 401(K) RETIREMENT SAVINGS PLAN Total No of Units	Total Value
Floating Rate Income Fund	$ 26422099.38	.000000	$ 0.00
PIMCO Total Return	$ 991782597.41	.000000	$ 0.00
Investment Qual Bond Fund	$ 58002680.20	5093.950922	$ 83638.21
Total Return Fund	$ 267765632.68	8245.479887	$ 169494.00
Active Bond Fund	$ 145615181.64	11393.990206	$ 163534.45
Payden/Kravitz Cash Balance	$ 25743822.49	.000000	$ 0.00
Core Bond Fund	$ 109963714.70	.000000	$ 0.00
Total Bond Market Fund	$ 125709902.57	.000000	$ 0.00
US Government Securities	$ 55267549.39	40.965471	$ 696.12
Vanguard Short-Term Federal	$ 329396893.22	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 49945263.99	.000000	$ 0.00
Money Market Fund	$ 1585159848.27	.000000	$ 0.00
John Hancock Stable Val	$ 1887225949.98	1127335.017105	$ 1275997.17

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

Peter Gordon
President, Retirement Plan Services

Production Date(R): JAN/09/2015