Form 5500	Annual Return/Report	of Employee Benefit Plan	ОМВ	Nos. 1210-0110	
		mployee benefit plans under sections 104		1210-0089	
Department of the Treasury Internal Revenue Service		t Income Security Act of 1974 (ERISA) and a) of the Internal Revenue Code (the Code).	2014		
Department of Labor Employee Benefits Security		tries in accordance with	2014		
Administration Pension Benefit Guaranty Corporation	the instruction	is to the Form 5500.			
			This Form is Oper Inspectio		
Part I Annual Report Ider	ntification Information				
For calendar plan year 2014 or fiscal	plan year beginning 01/01/2014	and ending 12/31/20	014		
A This return/report is for:	a multiemployer plan;	a multiple-employer plan (Filers checking participating employer information in acco			
	🗙 a single-employer plan;	a DFE (specify)			
B This return/report is:	the first return/report;	\overline{X} the final return/report;			
	X an amended return/report;	a short plan year return/report (less than 12 months).			
C If the plan is a collectively-bargain	ed plan, check here				
D Check box if filing under:	× Form 5558;	automatic extension;	the DFVC program;		
	special extension (enter description)	—			
Part II Basic Plan Infor	mation—enter all requested informatio	n			
1a Name of plan SIGHTLIFE TAX DEFERRED ANNU	ITY PLAN		1b Three-digit p number (PN	002	
			1c Effective dat 08/01/2002	e of plan	
2a Plan sponsor's name and addres	ss; include room or suite number (employ	ver, if for a single-employer plan)	2b Employer Ide Number (EIN 23-7051021		
1200 6TH AVE, SUITE 300		/E, SUITE 300	2c Plan Sponso number 206-68	·	
SEATTLE, WA 98101	SEATTLE, WA 98101		2d Business con instructions) 621900	,	

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	BRADFORD PARKER	
HERE	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator
SIGN HERE				
	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor
SIGN HERE				
HERE	Signature of DFE	Date	Enter name of individu	al signing as DFE
Prepare	's name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number
BRAD P	ARKER			(optional) 206-414-7126
SIGHTLIFE 200-414-7126				
	H AVE, SUITE 300 E, WA 98101			

3a	Plan administrator's name and address XSame as Plan Sponsor	3b Admir	3b Administrator's EIN		
		3c Admir numb	nistrator's telephone er		
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			
а	Sponsor's name	4c PN			
5	Total number of participants at the beginning of the plan year	5	167		
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)	143		
a(2) Total number of active participants at the end of the plan year	6a(2)	0		
b	Retired or separated participants receiving benefits	6b	0		
С	Other retired or separated participants entitled to future benefits	6c	0		
d	Subtotal. Add lines 6a(2), 6b, and 6c.	6d	0		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0		
f	Total. Add lines 6d and 6e	6f	0		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0		
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		0		
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 Cod 2F 2G 2L 2T	des in the ins	structions:		

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 fu	Inding	arrangement (check all that apply)	9b	Plan ber	nefit	arrangement (check all that apply)
	(1)	X	Insurance		(1)	X	Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)		Trust		(3)		Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	ed, and, w	vhere	e indicated, enter the number attached. (See instructions)
a Pension Schedules			b General Schedules				
	(1)	×	R (Retirement Plan Information)		(1)	X	H (Financial Information)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Π	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)	X	A (Insurance Information)
			actuary		(4)	Х	C (Service Provider Information)
	(3)		SB (Single-Employer Defined Benefit Plan Actuarial		(5)	X	D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(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.)				
If "Yes" is check	ed, 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.)					
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	Α	Insuranc	ce Informatio	n		OM	IB No. 1210-0110
(Form 5500 Department of the Treas Internal Revenue Servi	sury	This schedule is required Employee Retirement Inc					2014
Department of Labor		 File as an attachment to Form 5500. 					
Employee Benefits Security Adu Pension Benefit Guaranty Co		 File as an attachment to Form 5500. Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). 			This For	m is Open to Public Inspection	
For calendar plan year 20	14 or fiscal plar	scal plan year beginning 01/01/2014 and ending 12/			2/31/2014		
A Name of plan SIGHTLIFE TAX DEFERR	RED ANNUITY	PLAN		B Three plan	e-digit number (P	N) 🕨	002
C Plan sponsor's name as shown on line 2a of Form 5500 SIGHTLIFE D Employer Identification Number (EIN) 23-7051021							
on a separat		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
TIAA-CREF	T		1				
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contract	at end of	(f)	From	ontract year (g) To
13-1624203	69345	403291	10	01	01/01/20)14	12/31/2014
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	al commissions paid. L	ist in line 3 t	he agents,	brokers, and c	ther persons in
(a) Total a	amount of comr	missions paid		(b) To	tal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to who	m commissi	ons or fees	s were paid	
(b) Amount of sales ar	nd base	Fee	s and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	(a) Name a	nd address of the agent, broker,	or other person to who	m commissi	ons or fees	s were paid	

(b) Amount of sales and base	F						
commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
For Paparwork Poduction Act Notice	For Panarwork Poduction Act Natics and OMP Control Numbers, soo the instructions for Form 5500						

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

Schedule A (Form 5500) 2014 v. 140124

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

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

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

(b) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					

(b) Amount of sales and base		Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
			l	
			1	

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

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

Schedule A (Form 5500) 2014

Page 3

Part II		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.				
		ent value of plan's interest under this contract in the general account at year			4	0
		ent value of plan's interest under this contract in separate accounts at year e	nd		5	0
Ø		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			ôb	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termir	nating plan, che	ck here		
7	Cont	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	_ ` _ ` _	ate participation	,		
		(3)	•	-		
	b	Balance at the end of the previous year			7b	370167
	С	Additions: (1) Contributions deposited during the year	7c(1)	2	29221	
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year			3433	
		(4) Transferred from separate account			1287	
		(5) Other (specify below)	7c(5)			
		•				
	_	(6)Total additions			c(6)	43941
		Total of balance and additions (add lines 7b and 7c(6)).			7d	414108
	е	Deductions:	70(1)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)	4	25754	
		(2) Administration charge made by carrier(3) Transferred to separate account.	- (2)	38	88354	
		(4) Other (specify below)				
		, ,				
				7.	(5)	44.4400
	f	(5) Total deductions			∋(5) 7f	414108

Schedule A (Form 5500) 2014

Schedule A (Form 5500) 2014	Page 4	
information may be combined for reporting purpose	employees of the same employer(s) or members of the same employee organizations(s) if such contracts are experience-rated as a unit. Where contracts cover individual emp h carrier may be treated as a unit for purposes of this report.	,.
and contract type (check all applicable boxes)		

ð	Benefit and	l contract	type	(checl	k all	app	licable	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	I Indemnity contract

m ☐ Other (specify) ▶

9

Part III

9	Exp	erience-rated contracts:				1
	а	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)	
	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)	
		(4) Claims charged			9b(4)	
	С	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)	
		(2) Dividends or retroactive rate refunds. (These amounts were paid	d in cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provid	de benefits aft	er retirement	9d(1)	
		(2) Claim reserves			9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount ente	red in line 9c()	2) .)	9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	
	b	If the carrier, service, or other organization incurred any specific costs in retention of the contract or policy, other than reported in Part I, line 2 ab			10b	

Specify nature of costs

Part	V Provision of Information			
11 D	d the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X	X No
12 If	he answer to line 11 is "Yes," specify the information not provided.			

(Form 5500) Description of the Instruction of the Standard is required to be filed under section 104 of the Employen Description of the Instruction of the Instruction of the Instructions of the Instruction of the I	(Form 5500)	Service Provider	Information	(OMB No. 1210-0110
International statute Retirement Income Security Act of 1974 (ERISA). This Form is Open to Publinspection. Densite Retering Security Afternation > File as an attachment to Form 5500. This Form is Open to Publinspection. Tor calendar plan year 2014 of fiscal plan year beginning0101/2014 and ending12/31/2014 Open of the plan income Security Act of 1974 (ERISA). This Form is Open to Publinspection. SIGHTLIFE TAX DEFERRED ANNUITY PLAN B Three eligit plan number (PN) 002 2 Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 23-7061021 SIGHTLIFE You must complete this Part, in accordance with the instructions, to report the information required for each person who received, directly or indirectly, 3 or more in total compensation (Le, money or anything alse of monetary value) in connection on which the plan received the required disclosures, you are required answer line 't but are not required to Integritized to include that person whon completing the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures for definitions and conditions). Our answered line 1::::::::::::::::::::::::::::::::::::					2014
Dependent of Lawr File as an attachment to Form 5500. This Form is Open to Public Inspection. Previous Brent Quarking Corporation C Previous Brent Quarking Corporation OO2 C Previous Brent Quarking Corporation Corporation Corporation OO2 C Previous Brent Quarking Corporation					
For calendar plan year 2014 or fiscal plan year beginning 01011/2014 and ending 12/31/2014 Name of plan B Three-digit 002 CP lan sponsor's name as shown on line 2a of Form 5500 D Employer identification Number (FIN) 002 Part I Service Provider Information (see instructions) D Employer identification Number (EIN) 23-7051021 23-7051021 23-7051021 You must complete this Part, in accordance with the instructions, to report the information required for each person who received, directly or indirectly, you are required in connection with services redirected to the plan or the person's position n plan during the plan yase. If a person received only eligible indirect compensation for which the plan received the required disclosures, you are required answer line 1 but are not required on induce that person when completing the remainder of this Part. 1 Information on Persons Receiving Only Eligible Indirect Compensation Implementation or difference providers who received the required disclosures (see instructions). Implementation or difference providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions). 0 If you answered line 1a "ves," enter the name and EIN or address of person who provided you disclosures on eligible indirect compensation 10 Deter name and EIN or address of person who provided you disclosure on eligible indirect compensation 11AA 13-1624203	Department of Labor			This F	
A Name of plan B Three-digit 002 SIGHTLIFE TAX DEFERRED ANNUITY PLAN B Three-digit 002 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer identification Number (EIN) 23-7051021 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, 3 or more in total compensation (La, morey or anything else of monetary value) in connection with services rendered to the plan or the person's position or plan during the preson received only eligible indirect compensation for which the plan received the required disclosures, you are required answer line 1 but are not required to include that person from the remainder of this Part. Information on Persons Receiving Only Eligible Indirect Compensation for the instructions, in "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 whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation. I hour make and EIN or address of person who provided you disclosures on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or addres					-
SIGHTLIFE TAX DEFERRED ANNUITY PLAN Implementation (PN) → 002 Plan number (PN) → 002 Employer Identification Number (EIN) 2. Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 23-7051021 23-7051021 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, 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 value in a norter equired disclosures, you are required answer line 1 but are not required to include that person when completing the remainder of this Part. Information on Persons Receiving Only Eligible Indirect Compensation for which the plan received the required disclosures (see instructions for definitions and conditions)	or calendar plan year 2014 or fiscal pla	an year beginning 01/01/2014	and ending 12/3	/2014	
SIGHTLIFE 23-7051021 Part 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, of 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 or plan during the plan year. It appears neceived only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received only eligible indirect compensation for which the plan received disclosures (see instructions). I formation on Persons Receiving Only Eligible Indirect elevations for definitions and conditions). I of you answered line 1a "Yes," enter the name and EIN or address of each person who provided you disclosures on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation (c) Enter name and EIN or address of person who provided you disclosures on eligible indirect c		Y PLAN	-	•	002
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, of 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 or plan during the plan year. It a person received only eligible indirect compensation for which the plan received the required disclosures, you are required answer line 1 but are not required to include that person whone completing the remainder of this Part. Information on Persons Receiving Only Eligible Indirect Compensation Icheck Yee's 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). If you answered line 1a "Yes," enter the name and ElN 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 ElN or address of person who provided you disclosures on eligible indirect compensation ItAA 13-1624203 (b) Enter name and ElN or address of person who provided you disclosures on eligible indirect compensation (b) Enter name and ElN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and ElN or address of person who provided you disclosures on eligible indirect compensation (b) Enter name and ElN or add	•	ne 2a of Form 5500	D Employer Identificat	on Number	(EIN)
You must complete this Part, in accordance with the instructions, to report the information required for each person who received, directly or indirectly, 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 positive of the plan received the required disclosures, you are required answer line 1 but are not required to include that person when completing the remainder of this Part because they received only eligible indirect compensation for which the plan received only eligible indirect compensation of 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)	SIGHTLIFE		23-7051021		
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 y plan during the plan year. If a person received only eligible indirect compensation for which the plan received the required disclosures, you are required answer line 1 but are not required to include that person when completing the remainder of this Part.	Part I Service Provider Info	ormation (see instructions)			
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)	or more in total compensation (i.e., m plan during the plan year. If a persor	noney or anything else of monetary value) in n received only eligible indirect compensation	connection with services rendered to n for which the plan received the req	the plan or	the person's position with th
(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	indirect compensation for which the p If you answered line 1a "Yes," enter	olan received the required disclosures (see in r the name and EIN or address of each perso	structions for definitions and condition providing the required disclosures	ns)	Yes No
(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation		ame and EIN or address of person who provid	ded you disclosures on eligible indire	ct compensa	ation
(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	IIAA				
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation					
	3-1624203				
		ame and EIN or address of person who provid	ded you disclosure on eligible indirec	t compensat	tion
		ame and EIN or address of person who provid	ded you disclosure on eligible indirec	t compensat	tion
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation		ame and EIN or address of person who provid	ded you disclosure on eligible indirec	t compensat	tion
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	(b) Enter na				
(D) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	(b) Enter na				
	(b) Enter na (b) Enter na	me and EIN or address of person who provid	led you disclosures on eligible indired	ct compensa	tion

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

(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).

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
			Yes No	Yes No		Yes 🗌 No 🗌
		(a) Enter name and EIN or	address (see instructions)		
		```				

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

Page <b>3 -</b> 2
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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).

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

(b)	(c)	(d)	(e)	(f)	(g)	(h)			
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	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	by the plan. If none,	(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	formula instead of an amount or estimated amount?
			Yes No	Yes No	(t). It none, enter -0	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
		compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect of	compensation, including any
	formula used to determine	the service provider's eligibility
		ne indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any the service provider's eligibility
		ne indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(C) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect of	compensation, including any
	formula used to determine for or the amount of th	the service provider's eligibility ne indirect compensation.

Page **5-** 1

Pa	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.					
	<b>(a)</b> En	ter 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		
	<b>(a)</b> En	ter 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		
_						
	<b>(a)</b> En	ter 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		
	<b>(a)</b> En	ter 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		
	<b>(a)</b> En	ter 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		
	<b>(a)</b> En	ter 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		

Pa	rt III	Termination Information on Accountants and Enrolled Actuaries (see inst (complete as many entries as needed)	structions)
а	Name		<b>b</b> EIN:
С	Positio	n:	
d Address:		SS:	e Telephone:
Exp	lanatio	n:	

а	Name:	<b>b</b> EIN:	
С	Position:		
d	Address:	<b>e</b> Telephone:	

Explanation:

Name:	<b>b</b> EIN:
Position:	
Address:	e Telephone:
	Position:

Explanation:

а	Name:	<b>b</b> EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	<b>b</b> EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information			OMB No.	1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).			2014	
Department of Labor Employee Benefits Security Administration		File as an attachment to Form 5500.			Open to Public ction.
For calendar plan year 2014 or fiscal	plan year beginning	01/01/2014 and	ending 12/	31/2014	
A Name of plan SIGHTLIFE TAX DEFERRED ANNUL			B Three-digit		
		_	plan numb	er (PN)	002
C Plan or DFE sponsor's name as sh SIGHTLIFE	10wn on line 2a of Form	n 5500	D Employer lo 23-705102	dentification Numbe	r (EIN)
(Complete as many	entries as needed	<b>CTs, PSAs, and 103-12 IEs (to be con</b> to report all interests in DFEs)	pleted by pla	ans and DFEs)	
a Name of MTIA, CCT, PSA, or 103		STATE			
<b>b</b> Name of sponsor of entity listed in	n (a): TIAA-CREF				
<b>C</b> EIN-PN 13-1624203-004	d Entity P code	e Dollar value of interest in MTIA, CCT, PS 103-12 IE at end of year (see instruction			0
a Name of MTIA, CCT, PSA, or 103	3-12 IE:				
<b>b</b> Name of sponsor of entity listed in	ו (a):				
c EIN-PN     d Entity code     e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
a Name of MTIA, CCT, PSA, or 103	3-12 IE:				
<b>b</b> Name of sponsor of entity listed in	ו (a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PS 103-12 IE at end of year (see instruction			
a Name of MTIA, CCT, PSA, or 103	3-12 IE:				
<b>b</b> Name of sponsor of entity listed in	ו (a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PS 103-12 IE at end of year (see instruction			
<b>a</b> Name of MTIA, CCT, PSA, or 103	J-12 IE:				
<b>b</b> Name of sponsor of entity listed in	ו (a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PS 103-12 IE at end of year (see instruction			
<b>a</b> Name of MTIA, CCT, PSA, or 103	J-12 IE:				
<b>b</b> Name of sponsor of entity listed in	ו (a):				
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PS 103-12 IE at end of year (see instruction			
<b>a</b> Name of MTIA, CCT, PSA, or 103	3-12 IE:				
<b>b</b> Name of sponsor of entity listed in	ו (a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PS 103-12 IE at end of year (see instruction			

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

Schedule D (Form 5500) 20	)14	Page <b>2 -</b> 1
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-	12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan na	ie	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ie	
b	Name o plan spo		C EIN-PN
а	Plan na	ie	
b	Name o plan spo		C EIN-PN
а	Plan na	ie	
b	Name o plan spo		C EIN-PN
а	Plan na	le	
b	Name o plan spo		C EIN-PN
а	Plan na	le	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
а	Plan na	ne	
b	Name o plan spo		C EIN-PN
	Plan na		
b	Name o plan spo		C EIN-PN

(Form 5500) Determined of the Tanky         2014           Determined of the Single under section 104 of the Employee Betrement incomes Security Act of 1974 (ERISA), and section 6056(a) of the Instead Revenue Code (inte Code).         This schedule is required to be filed under section 104 of the Employee Betrement incomes Security Act of 1974 (ERISA), and section 6056(a) of the Inspection           Proceeding Jean year 2014 of filed plan year beginning         Other Signal	SCHEDULE H Financial Information						OMB No. 1210-0110					
Determine Statuting         Retirement Income Security Att of 1974 (ERISA), and section 6056(a) of the Intermal Revenue Code (b).         This Form is Open to Public Inspection           Prevenue Code (b) Cadeo).         File as an attachment to Form 5500.         This Form is Open to Public Inspection           Prevenue Code (b) Cadeo).         File as an attachment to Form 5500.         Inspection         1021/2014           A Name of Jano         SIGNTLEF TAX DEFERRED ANNUTY PLAN         Image: Inspection         002           C Plan sponsor's name as shown on line 2a of Form 5500         D         Employeer Identification Number (EIN)         23-7051021           Part I         Asset and Liability Statement         D         Employeer Identification Number (EIN)         23-7051021           Part I         Asset and Liability Statement         D         Employeer Identification Number (EIN)         23-7051021           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 hava as reportable on the value of plan asset to avail to the plan's interest bit (1). Itel, 1:et also do not complete lines is and to 2:et also on complete lines (1). Itel, 1:et also do not complete lin	(Form 5500)							2014				
Employee Belanting Security 2014         Ins Form is Open to Public Inspection           Predict American Lineard Consult         Pile as an attachment to Form 5500.         Inspection           For calendar plan year 2014 or liseal plan year beginning         0.101/2014         and ending         1201/2014           A Name of plan         SIGHTLIFE TAX DEFERRED ANNUTTY PLAN         B         Three-digit         0.02           C Plan sponsor's name as shown on line 2a of Form 5500         D         Employer Identification Number (EIN)         23/7051021           SIGHTLIFE         Asset and Liability Statement         0         Employer Identification Number (EIN)         23/7051021           1         Current subset of plan assets and liabilities at the beginning and and of the plan increase, during this plan years, to pays aspectific dalar the value of plan assets and liabilities at the beginning and and of the plan increase of the plan increase of and plan sasets and that the data Round of a mounts to the nearest of and the ASsets instructions.         (a) Beginning of Year         (b) End of Year           a         Total noninterest-bearing cash.         1a         (b) End of Year         (b) End of Year           3         Other contributions         1b(1)         (c) Engloyer contributions         (b) End of Year           4         Total noninterest-bearing cash.         1a         (c) Beaprinting of Year         (b) End of Year           5 <td></td> <td>Retirement Income Security Act of 1974</td> <td colspan="7">Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the</td>		Retirement Income Security Act of 1974	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the									
For calendar plan year 2014 or fiscal plan year beginning       01/01/2014       and ending       1/23/2014         A Name of plan       B       Three-digit plan number (PN)       002         C Plan sponsor's name as shown on line 2a of Form 5500       D       Employer Identification Number (EIN)         23/061021       23/061021       23/061021         Part I       Asset and Liability Statement       D       Employer Identification Number (EIN)         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 plan on line-by-line basis unless the value in perpetitive data. Round of amounts to the nearest dollar. MTAs, CCTS, PSAs, and 103-121E ad on ot complete lines 1d and 1e. See instructions.         4       Total noninterest-bearing cash       1a         Assets       (a) Beginning of Year       (b) End of Year         3 (d) Other.       1b(1)       1b(2)       1b(2)         (i) Therest-bearing cash (include money market accounts & certificates of deposit).       1b(2)       1b(3)       1c(1)         (i) Coporate dobl interuments (other than employer securities):       1c(3)(A)       1c(4)(A)       1c(4)(A)         (ii) Common       (coperate stocks (other than employer securities):       1c	Employee Benefits Security Administration		,	,			This					
A Name of plan SIGNTLEF TAX DEFERRED ANNULTY PLAN       B       Three-digit plan number (PN)       002         C Plan sponsor's name as shown on line 2a of Form 5500 SIGNTLEF       D       Employer Identification Number (EIN) 23-7051021         Part I       Asset and Liability Statement       D       Employer Identification Number (EIN) 23-7051021         1       Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets he value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 101 reports the value of the plan is neares the value is reportable on lines t(b) through 102 reports the value of the plan is neares the value is reportable on lines to the value of the plan is neares the value is reportable on lines to the value of neares the value is reportable on lines to the value of neares the value of the plan is neares the value is reportable on lines the value of neares the value of neares the value of the plan is neares the value of the plan is neares the value of the plan is neares		plan year beginning 01/01/2014		and e	ending	1 12/31/	2014					
SIGHTLIFE TAX DEFERRED ANNULTY PLAN       plan number (PN) ▶ 002         C Plan sponsor's name as shown on line 2a of Form 5500       D Employer Identification Number (EIN)         23-7051021       23-7051021         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 plans interest in a comminged fund containing the asset of more than one plan on a line by/line basis unless the value is reportable on lines total young the (1). Do are perfected and in surrance contract which guarantees, during this plans value is reportable on lines total young total (1). Do text etter the value of the plans interest total is sterm accurate which guarantees, during the plans value is reportable on lines total young total (1). Total is the real work total accurate which guarantees, during the plans value is reportable on lines total young total (1). Total is the real work total accurate which guarantees, during the plan year (total year beats unless the value is reportable on lines total year). The plans and total is the maintextone.         A Total noninterest-bearing cash       1a       (a) Beginning of Year       (b) End of Year         B Total noninterest-bearing cash (include morey market accounts & certificates of depasis).       1b(1)       (b) End of Year         (c) Optorate socks (other than employer securities):       1b(2)       (c) Parketered       1c(3)(A)         (d) Doronte debt instruments (other than employer securities):       1c(4) (A)       1c(4)(B)       1c(4)(B)	A Name of plan											
SIGHTLIFE       23-7051021         Part I       Asset and Liability Statement       23-7051021         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 is instrance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Remot of amounts to the nearest dollar. MTLAs, CCTL, PSAs, and 103-12 IEs do not complete lines the (1), 1b(2), 1c(8), 1g, 1h, and 11. CCTs, PSAs, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAs, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAs, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAs, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAs, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAs, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAs, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAs, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAS, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAS, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAS, and 103-12 IEs do not complete lines to the nearest dollar. MTLAs, CCTL, PSAS, and 103-12 IEs do not complete lines to the nearest dollar. MTLAS, CCTL, PSAS, and 103-12 IEs do not complete lines to the nearest dollar. MTLAS, DCTL, PSAS, and 103-12 IEs do not complete lines to the nearest dollar. MTLAS, DCTL, PSAS, and 103-12 IES do not complete lines to the nearest dollar. MTLAS, DCTL, DCT	SIGHTLIFE TAX DEFERRED ANNUI	TY PLAN			_	•		•	002			
1 Current value of plan assets and labilities 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 yinters in a commigned fund containing the assets of more than one pelon on a line.b-//interbasis unless the value is periodable on the part interest in a commigned fund containing the assets of more than one pelon on a line.b-//interbasis unless the value is periodable on the part interest in a commission to the nearest values interbasis unless the value of interest in a commission to the nearest value is interbasis on the part interbasis on the value of interbasis on the part interbasis on the		line 2a of Form 5500						ion Number (I	EIN)			
1 Current value of plan assets and labilities 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 commission durates of other than one plan on a line-by-line basis unless the value is reportable on times to (2) through 1c(14). Do not enter the value of that portion of an insurance contract which guaranees, during this plan year, to pay a specific dollar benefit at a thrute date. Round off anounts to the nearest dollar. MTLAS, CCTs, PSAs, and 103-12 IEs also do not complete lines to dollar. MTLAS, CCTs, PSAs, and 103-12 IEs also do not complete lines to the nearest dollar. MTLAS, CCTs, PSAs, and 103-12 IEs also do not complete lines to the plan's interest-bearing cash.       1a         A Total noninterest-bearing cash.       1a       1a         D Receivables (less allowance for doubtful accounts):       1b(1)       1b(2)         (1) Employer contributions.       1b(1)       1b(2)         (2) Participant contributions.       1b(3)       1c(1)         (3) Other.       1b(3)       1c(2)         (4) Croporate dobt instruments (other than employer securities):       1c(2)       1c(3)(A)         (b) Carporate dobt instruments (other than employer securities):       1c(4)(A)       1c(4)(A)         (b) Carporate dobt instruments (other than employer securities):       1c(4)(A)       1c(4)(A)         (b) Common       1c(4)(A)       1c(4)(A)       1c(4)(A)         (c) Carporate atate (other than employer securities):       1c(6)       1c(6)	Part I Asset and Liability	Statement										
a Total noninterest-bearing cash       1a         b Receivables (less allowance for doubtful accounts):       1a         (1) Employer contributions       1b(1)         (2) Participant contributions       1b(2)         (3) Other       1b(3)         (4) Corporate debt instruments (other than employer securities):       1c(1)         (A) Preferred       1c(3)(A)         (B) All other       1c(3)(A)         (B) Common       1c(4)(A)         (B) Common       1c(5)         (A) Preferred       1c(4)(A)         (B) Common       1c(5)         (C) Data of interest in common/collective trusts       1c(7)         (C) Data of interest in common/collective trusts       1c(9)         (1) Value of interest in noster trust investment accounts       1c(1)         (1) Value of interest in noster trust investment accounts       1c(1)         (11) Value of interest in noster trust investment accounts       1c(1)         (12) Value of interest in registered investment accounts       1c(1)         (14) Value of interest in registered investment companies (e.g., mutual funds).       1c(14)         (14) Value of interest in registered investment companies (e.g., mutual funds).       1c(14)         (14) Value of interest in registered investment companies (e.g., mutual funds).       1c(14) <t< th=""><th><ol> <li>Current value of plan assets and li the value of the plan's interest in a lines 1c(9) through 1c(14). Do not benefit at a future date. Round of</li> </ol></th><th>abilities at the beginning and end of the plan a commingled fund containing the assets of m enter the value of that portion of an insuranc f amounts to the nearest dollar. MTIAs, Co</th><th>nore than one e contract wh CTs, PSAs, a</th><th>plan on a l nich guaran nd 103-12</th><th>line-b tees,</th><th>y-line basis during this</th><th>unless tl plan yea</th><th>he value is re r, to pay a sp</th><th>portable on ecific dollar</th></t<>	<ol> <li>Current value of plan assets and li the value of the plan's interest in a lines 1c(9) through 1c(14). Do not benefit at a future date. Round of</li> </ol>	abilities at the beginning and end of the plan a commingled fund containing the assets of m enter the value of that portion of an insuranc f amounts to the nearest dollar. MTIAs, Co	nore than one e contract wh CTs, PSAs, a	plan on a l nich guaran nd 103-12	line-b tees,	y-line basis during this	unless tl plan yea	he value is re r, to pay a sp	portable on ecific dollar			
b       Receivables (less allowance for doubtful accounts):         (1)       Employer contributions.         (2)       Participant contributions.         (3)       Other.         (3)       Other.         (1)       Interest-bearing cash (include money market accounts & certificates of deposit).         (1)       Interest-bearing cash (include money market accounts & certificates of deposit).         (2)       U.S. Government securities         (3)       Corporate debt instruments (other than employer securities):         (A)       Preferred.         (B)       All other         (B)       Common.         (A)       Preferred.         (B)       Common.         (C)       Dearticipant loans.         (a)       Corporate stocks (other than employer securities):         (A)       Preferred.         (B)       Common.         (B)       Common.         (C)       Dearticipant loans.         (C)       Dearticipant loans.         (C)       Dearticipant loans.         (D)       Value of interest in master trust investment accounts.         (11)       Value of interest in companies (e.g., mutual funds).         (12)       Value of interest in 103-12 investment enti	A	ssets		<b>(a)</b> Be	eginni	ng of Year		<b>(b)</b> End	of Year			
(1) Employer contributions       1b(1)         (2) Participant contributions       1b(2)         (3) Other       1b(3)         (3) Other       1b(3)         (1) Interest-bearing cash (include money market accounts & certificates of deposit)       1c(1)         (2) U.S. Government securities       1c(2)         (3) Corporate debt instruments (other than employer securities):       1c(3)(A)         (A) Preferred       1c(3)(B)         (4) Corporate stocks (other than employer securities):       1c(4)(A)         (b) Common       1c(4)(B)         (c) Real estate (other than employer real property)       1c(6)         (7) Loans (other than to participants)       1c(7)         (9) Value of interest in common/collective trusts       1c(9)         (10) Value of interest in master trust investment accounts       1c(1)         (11) Value of interest in master trust investment accounts       1c(1)         (12) Value of interest in master trust investment accounts       1c(11)         (14) Value of interest in master trust investment companies (e.g., mutual funds)       19/12681       0         (14) Value of interest in negistered investment companies (e.g., mutual funds)       19/12681       0         (14) Value of interest in registered investment companies (e.g., mutual funds)       19/12681       0	<b>a</b> Total noninterest-bearing cash		1a									
(1)       Participant contributions         (3)       Other         (3)       Other         (1)       Interest-bearing cash (include money market accounts & certificates of deposit)         (2)       U.S. Government securities         (3)       Corporate debt instruments (other than employer securities):         (4)       Corporate debt instruments (other than employer securities):         (A)       Preferred         (B)       All other         (B)       Corporate stocks (other than employer securities):         (A)       Preferred         (B)       Corporate stocks (other than employer securities):         (A)       Preferred         (B)       Common         (B)       Common         (B)       Common         (C)       Corporate stocks (other than employer securities):         (A)       Preferred         (B)       Common         (B)       Common         (C)       Common	<b>b</b> Receivables (less allowance for de	oubtful accounts):										
(3) Other       1b(3)         (3) Other       1b(3)         (4) Interest-bearing cash (include money market accounts & certificates of deposit).       1c(1)         (3) Corporate debt instruments (other than employer securities):       1c(2)         (4) Corporate stocks (other than employer securities):       1c(3)(A)         (4) Corporate stocks (other than employer securities):       1c(4)(A)         (6) All other       1c(4)(A)         (7) Loans (other than to participants)       1c(6)         (8) Participant loans.       1c(6)         (9) Value of interest in common/collective trusts       1c(1)         (10) Value of interest in naster trust investment accounts       1c(1)         (11) Value of interest in naster trust investment accounts       1c(1)         (12) Value of interest in naster trust investment accounts       1c(1)         (14) Value of interest in naster trust investment accounts (unallocated contracts).       1c(14)         (14) Value of interest in registered investment companies (e.g., mutual funds).       0         (14) Value of interest in naster company general account (unallocated contracts).       0	(1) Employer contributions		. ,									
c General investments:       (1) Interest-bearing cash (include money market accounts & certificates of deposit)	(2) Participant contributions		1b(2)									
(1) Interest-bearing cash (include money market accounts & certificates of deposit).       1c(1)         (2) U.S. Government securities       1c(2)         (3) Corporate debt instruments (other than employer securities):       1c(3)(A)         (A) Preferred       1c(3)(A)         (B) All other       1c(3)(B)         (4) Corporate stocks (other than employer securities):       1c(4)(A)         (A) Preferred       1c(4)(A)         (B) Common       1c(4)(B)         (5) Partnership/joint venture interests       1c(6)         (6) Real estate (other than employer real property)       1c(6)         (7) Loans (other than to participant)       1c(7)         (8) Participant loans       1c(9)         (10) Value of interest in common/collective trusts       1c(9)         (11) Value of interest in master trust investment accounts       1c(11)         (12) Value of interest in registered investment companies (e.g., mutual funds)       1c(12)         (14) Value of interest in registered investment companies (e.g., mutual funds)       1c(14)       370167         (14) Value of interest in registered investment companies (e.g., mutual funds)       1c(14)       370167       0	(3) Other		1b(3)									
(2) U.S. Government securities       1c(2)         (3) Corporate debt instruments (other than employer securities):       1c(3)(A)         (A) Preferred       1c(3)(A)         (B) All other       1c(3)(B)         (4) Corporate stocks (other than employer securities):       1c(4)(A)         (A) Preferred       1c(4)(A)         (B) Common       1c(4)(B)         (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(9)         (10) Value of interest in common/collective trusts       1c(10)         (11) Value of interest in naster trust investment accounts       1c(11)         (12) Value of interest in registered investment companies (e.g., mutual funds)       1c(13)         (14) Value of funds held in insurance company general account (unallocated contracts)       0         (14) Value of funds held in insurance company general account (unallocated contracts)       0	(1) Interest-bearing cash (includ		1c(1)									
(3) Corporate debt instruments (other than employer securities):       1c(3)(A)         (A) Preferred       1c(3)(A)         (B) All other       1c(3)(A)         (4) Corporate stocks (other than employer securities):       1c(3)(B)         (A) Preferred       1c(3)(B)         (B) Common       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 master trust investment accounts       1c(10)         (11) Value of interest in registered investment companies (e.g., mutual funds)       1c(13)         (14) Value of funds held in insurance company general account (unallocated contracts)       1c(14)         (14) Value of funds held in insurance company general account (unallocated contracts)       1c(14)	. ,		1c(2)									
(A) Preferred1c(3)(A)(B) All other1c(3)(B)(4) Corporate stocks (other than employer securities):1c(3)(B)(A) Preferred1c(4)(A)(B) Common1c(4)(B)(B) Common1c(4)(B)(5) Partnership/joint venture interests1c(5)(6) Real estate (other than employer real property)1c(6)(7) Loans (other than to participants)1c(7)(8) Participant loans1c(8)(9) Value of interest in common/collective trusts1c(9)(10) Value of interest in master trust investment accounts1c(10)(12) Value of interest in 103-12 investment entities.1c(12)(13) Value of funds held in insurance company general account (unallocated contracts)1c(14)(14) Value of funds held in insurance company general account (unallocated contracts)1c(14)												
(B) All other.1c(3)(B)(4) Corporate stocks (other than employer securities):1c(3)(B)(A) Preferred1c(4)(A)(B) Common1c(4)(B)(5) Partnership/joint venture interests1c(4)(B)(6) Real estate (other than employer real property)1c(6)(7) Loans (other than to participants)1c(7)(8) Participant loans1c(8)(9) Value of interest in common/collective trusts1c(9)(10) Value of interest in pooled separate accounts1c(10)(11) Value of interest in naster trust investment accounts1c(11)(12) Value of interest in registered investment companies (e.g., mutual funds)1c(13)(14) Value of funds held in insurance company general account (unallocated contracts)01c(14)3701670		, , , , , , , , , , , , , , , , , , ,	1c(3)(A)									
(4) Corporate stocks (other than employer securities):       1         (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(7)         (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 103-12 investment accounts       1c(11)         (12) Value of interest in registered investment companies (e.g., mutual funds)       1c(13)         (14) Value of funds held in insurance company general account (unallocated contracts)       0         1c(14)       370167	. ,											
(A) Preferred1c(4)(A)(B) Common1c(4)(B)(5) Partnership/joint venture interests1c(4)(B)(6) Real estate (other than employer real property)1c(5)(7) Loans (other than to participants)1c(6)(7) Loans (other than to participants)1c(7)(8) Participant loans1c(8)(9) Value of interest in common/collective trusts1c(9)(10) Value of interest in pooled separate accounts1c(10)(11) Value of interest in master trust investment accounts1c(11)(12) Value of interest in registered investment companies (e.g., mutual funds)1c(13)(14) Value of funds held in insurance company general account (unallocated contracts)0(14) Value of funds held in insurance company general account (unallocated contracts)0												
(B) Common		· · ·	1c(4)(A)									
(c)Partnership/joint venture interests(f)Partnership/joint venture interests(f)Real estate (other than employer real property)(f)Loans (other than to participants)(f)Loans (other than to participants)(g)Value of interest in common/collective trusts(f)Value of interest in pooled separate accounts(f)Value of interest in pooled separate accounts(f)Value of interest in master trust investment accounts(f)Value of interest in 103-12 investment entities(f)Value of interest in registered investment companies (e.g., mutual funds)(f)Value of funds held in insurance company general account (unallocated contracts)(f)Value of funds held in insurance company general account (unallocated contracts)			-									
1c(6)(6) Real estate (other than employer real property)(7) Loans (other than to participants)(8) Participant loans(9) Value of interest in common/collective trusts(10) Value of interest in pooled separate accounts(11) Value of interest in master trust investment accounts(12) Value of interest in registered investment companies (e.g., mutual funds)(14) Value of funds held in insurance company general account (unallocated contracts)			1c(5)									
(7) Loans (other than to participants)1c(7)(8) Participant loans1c(8)(9) Value of interest in common/collective trusts1c(9)(10) Value of interest in pooled separate accounts1c(10)(11) Value of interest in master trust investment accounts1c(10)(12) Value of interest in 103-12 investment entities1c(12)(13) Value of interest in registered investment companies (e.g., mutual funds)1c(13)(14) Value of funds held in insurance company general account (unallocated contracts)01c(14)3701671c(15)	., .,		1c(6)									
(8) Participant loans			1c(7)									
(9) Value of interest in common/collective trusts1c(9)(10) Value of interest in pooled separate accounts1c(10)(11) Value of interest in master trust investment accounts1c(10)(12) Value of interest in 103-12 investment entities1c(11)(13) Value of interest in registered investment companies (e.g., mutual funds)1c(13)(14) Value of funds held in insurance company general account (unallocated contracts)01c(14)3701671c(15)		,										
(10) Value of interest in pooled separate accounts       1c(10)       164635       0         (11) Value of interest in master trust investment accounts       1c(11)       1c(11)         (12) Value of interest in 103-12 investment entities       1c(12)       1c(12)         (13) Value of interest in registered investment companies (e.g., mutual funds)       1c(13)       1912681       0         (14) Value of funds held in insurance company general account (unallocated contracts)       1c(14)       370167       0												
(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)       1912681       0         (14) Value of funds held in insurance company general account (unallocated contracts)       1c(14)       370167       0	.,					164	635		0			
(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)         (14) Value of funds held in insurance company general account (unallocated contracts).       1c(14)												
(13) Value of interest in registered investment companies (e.g., mutual funds)												
(14) Value of funds held in insurance company general account (unallocated contracts)       1c(14)       370167       0	(13) Value of interest in registered	d investment companies (e.g., mutual				1912	2681		0			
(15) Other 1c(15)	(14) Value of funds held in insuration	nce company general account (unallocated				370	)167		0			
	(15) Other		1c(15)									

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

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Schedule H	(⊢orm	5500	2014 (

Page 2

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2447483	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	2447483	0
D	art II Income and Expanse Statement			

## Part II Income and Expense Statement

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
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	369324	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		369324
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)	13433	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13433
	(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)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

			(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)			20660
	(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)			144364
С	Other income	2c			
d	Total income. Add all income amounts in column (b) and enter total	2d			547781
	Expenses	· · · · ·		·	
е	Benefit payment and payments to provide benefits:				
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	120	251	
	(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)	<b>a</b> (4)			120251
f	Corrective distributions (see instructions)				
g	Certain deemed distributions of participant loans (see instructions)				
h	Interest expense				
i	Administrative expenses: (1) Professional fees	0.14)			
-	(2) Contract administrator fees	0:(0)			
	(3) Investment advisory and management fees	0:(0)			
	(4) Other	0.(1)			
	<ul><li>(5) Total administrative expenses. Add lines 2i(1) through (4)</li></ul>	0.(2)			0
i	Total expenses. Add all <b>expense</b> amounts in column (b) and enter total				120251
,	Net Income and Reconciliation				
k	Net income (loss). Subtract line <b>2j</b> from line <b>2d</b>	2k			427530
1	Transfers of assets:				
-	(1) To this plan	21(1)			
	(2) From this plan	01(0)			2875013
Pa	rt III Accountant's Opinion				
	Complete lines 3a through 3c if the opinion of an independent qualified public a attached.	accountant is at	tached to this Form 550	0. Complete line 3d if a	n opinion is not
a	The attached opinion of an independent qualified public accountant for this pla	in is (see instruc	tions):		
	(1) Unqualified (2) Qualified (3) X Disclaimer (4)	Adverse			
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 103-1	I2(d)?	× Yes	No
С	Enter the name and EIN of the accountant (or accounting firm) below:				
	(1) Name: CLARK NUBER P.S.		(2) EIN: 91-1194016		
ď	The opinion of an independent qualified public accountant is <b>not attached</b> be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		Form 5500 pursuant to	29 CFR 2520.104-50.	
Ра	Int IV Compliance Questions				
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		es 4a, 4e, 4f, 4g, 4h, 4k	4m, 4n, or 5.	
	During the plan year:		Yes	No Am	ount
а	Was there a failure to transmit to the plan any participant contributions within	n the time			
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any puntil fully corrected. (See instructions and DOL's Voluntary Fiduciary Correct			x	
b	Were any loans by the plan or fixed income obligations due the plan in defa				
	close of the plan year or classified during the year as uncollectible? Disrega secured by participant's account balance. (Attach Schedule G (Form 5500)		ans		
	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		×	
е	Was this plan covered by a fidelity bond?	4e	Х		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		Х	
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		×	
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	Х		
Ι	Has the plan failed to provide any benefit when due under the plan?	41		Х	
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		X	
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes	s 🗙 No	Amou	nt:

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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SIGHTLIFE DEFINED CONTRIBUTION RETIREMENT PLAN	23-7051021	001
5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERIS	A section 4021)? Yes 🛛 No 📋 No	ot determined
Part V Trust Information (optional)		

6b Trust's EIN

6a Name of trust

(Form 5500)       Determined the Testary       This schedule is required to be filled information filled in the section filled in the section filled in the section filled in the section filled information and section and sectin and sectin and sectin and sectin and sectin and section and sec		SC		R	etirement Plar	h Informat	tion			0	MB No.	1210-01	10	
bestement if the Theory Titles Annual Beavier         This Schedule is required to be filled under section 14 and 4065 of the Internal Revenue Code (the Code).         This Schedule is required to be filled under section 14 and 4065 of the Internal Revenue Code (the Code).           Decomposed by the Code of the Internal Revenue Code (the Code).         Price as an attachment to Form 5500.         This Form is Open to Public Inspection.           Provide the The Schedule Beavier Code (the Code).         Price as an attachment to Form 5500.         Decomposed (the Internal Revenue Code (the Code).           C Plan sponsof: name as shown on line 2a of Form 5500         Decomposed (the Internal Revenue Code (the Code).         0.02           C Plan sponsof: name as shown on line 2a of Form 5500         Decomposed (the Internal Revenue Code (the Code).         0.02           C Plan sponsof: name as shown on line 2a of Form 5500         Decomposed (the Internal Revenue Code ot							-	2014						
Dependent of Links         EDS(R) of the Internal Revenue Code (the Code).         This Form is Open to Public inspection.           Previous NewL Coarsevy Corporation.         > File as an attachment to Form 5500.         This Form is Open to Public inspection.           Previous NewL Coarsevy Corporation.         0 (101/2014         and ending         1201/2014           A Name of plan.         SIGHTLIFE         Distributions         Distributions         Distributions           C. Plan sponsor's name as shown on line 2a of Form 5500         D         Employer Identification Number (EIN)           26. Filter the EIN(s) of payor(s) who paid branchis or benefits during the plan year.         0         Employer Identification Number (EIN)           21. Total value of distributions paid in property other than in cash or the forms of property specified in the instructions goal the greatest of an anounts of benefits.         0           Profit-sharing plans. ISBOPs, and stock bonus plans, skip line 3.         3         0           7 total value of the minimum funding standard for a poirs year is stop with whose benefits were distributed in a single sum, during the plan         3         0           Part II         Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERSA section 322 (b) (b) Pau)         3         0           Part II         Funding Information (If the plan is not subject to the minimum funding requirements of section 412 (c) (c) ori		Depar	ment of the Treasury											
Image: Sevent General Constraint         > File as an attachment to Form 5500.           Processing year 2014 or fiscal plan year beginning         01/01/2014         and ending         12/31/2014           Name of Pain         Pain Common plan number         Pain Number of Pain Number (EIN)         00/01/2014         Description         00/01/2014           OPHILIFE         Tools explore the number of Pain Number (EIN)         00/01/2014         Description         00/01/2014           Part II         Distributions         Description         Description         00/01/2014         00/01/2014           Part II         Distributions relate only to payments of benefits during the plan year.         1         0         0           1         Total value of distributions relate only to payments of benefits during the plan year.         1         0         0           2         Further EINs of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (f more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits were distributed in a single sum, during the plan         3         0           Profit=Bahring Dians, ESOPs, and stock bonus plans, skip line 3.         3         Number of participants (Iving or deceased) whose benefits were distributed in a single sum, during the plan         3         0           Part III         Flunding Information (It the plan is not subject to the minimum fundin		De	partment of Labor						Т	his Fo			Pub	lic
For calendar plan year 2014 or filescal plan year beginning       01/01/2014       and ending       12/2014         A Name of plan       B       Three-digit plan number       0.02         C Plan sponsor's name as shown on line 2a of Form 5500       D       Employer identification Number (EIN)         23/20121       Distributions       All references to distributions relate only to payments of benefits during the plan year.       1       1       0         2 First 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 benefits):       EIN(s):       13/16/24/20         Part II       Distributions plans, skip line 3.       0         2 First the EIN(s) of payor(s) who paid benefits on subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or EIN(s):       13/16/24/203         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 EINS section 302(d)(2) or ERISA section 30	E				File as an attachm	ent to Form 550	00.				mspe	cuon.		
SIGHTLIFE TAX DEFERRED ANNUITY PLAN       plan number (PN)       0.02         C Plan sponsor's name as shown on line 2a of Form 5500       D       Employer Identification Number (EIN) 23-7001021         Part I       Distributions       Employer Identification Number (EIN) 23-7001021       0.02         Part I       Distributions rolate only to payments of bonefits during the plan year.       1       1       0         1       Total value of distributions rolate only to payments of bonefits during the plan year.       1       0         2       Enter the EIN(s) of payor(s) who paid benefits on behaf of the plan to participants or beneficiaries during the year (If more than two, enter EINs of the two payors who paid the gravatal for additionar outs of benefits:       0         Part II       Funding Information (If the plan is not subject to the minimum funding the plan year       3       0         Part II       Funding Information (If the plan is not subject to the minimum funding trequirements of section of 412 of the Internal Revenue Code or If the plan is a defined benefit plan, go to line 8.       1       N/A         5       If a walver of the minimum funding standards for a piror year is baing anotized in this plan year, see instructions and enter the date of the plan to of Schedule MB and do not complete the remainder of this schedule.       6         6       Enter the minimum funding standards for a piror year in baing anotized in this plan year, cee instructions and enter the date of the plan tor this plan year.	For			olan year beginning	01/01/2014		and endin	g 12/3	1/20	14				
C Plan sponsor's name as shown on line 2a of Form 5500       D Employer Identification Number (EIN)         281CHTLEE       D Employer Identification Number (EIN)         Part I       D Employer Identification Number (EIN)         2.37-051021       D Employere Identification Number (EIN) <td>A N</td> <td>lame of p</td> <td>lan AX DEFERRED ANNUIT</td> <td>Y PLAN</td> <td></td> <td></td> <td>В</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	A N	lame of p	lan AX DEFERRED ANNUIT	Y PLAN			В							
SIGHTLIFE       23-7051021         Part I       Distributions         All references to distributions relate only to payments of benefits during the plan year.       1         1       Total value of distributions relate only to payments of benefits during the plan year.       1         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 greated dular amounts of benefits.       0         Profit-sharing plane, ESOPs, and stock bonus plans, skip line 3.       0         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 EIRSA section 302.       0         Part II       First section 302.       Year       Day       Year         If to vaiver of the minimum funding standard for a prior year is being amotized in this plan year, see instructions and enter the date of the ruing letter graning the waiver.       Day       Year       Year         If voic completed line 5, and 9.       9.       9.       9.       No       NA         6       a Enter the amount contributed by the engloyer to the plan for this plan year.       6b       6c       6a         7       Will the minimum funding amount reported on line 6: be met by the funding deadline?       Yes       No       NA         16       a	0.01										00	)2		
SIGHTLIFE       23-7051021         Part I       Distributions         All references to distributions relate only to payments of benefits during the plan year.       1         1       Total value of distributions relate only to payments of benefits during the plan year.       1         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 greated dular amounts of benefits.       0         Profit-sharing plane, ESOPs, and stock bonus plans, skip line 3.       0         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 EIRSA section 302.       0         Part II       First section 302.       Year       Day       Year         If to vaiver of the minimum funding standard for a prior year is being amotized in this plan year, see instructions and enter the date of the ruing letter graning the waiver.       Day       Year       Year         If voic completed line 5, and 9.       9.       9.       9.       No       NA         6       a Enter the amount contributed by the engloyer to the plan for this plan year.       6b       6c       6a         7       Will the minimum funding amount reported on line 6: be met by the funding deadline?       Yes       No       NA         16       a														
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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	Pa	rt I [	Distributions											
instructions.       1       0         2       Enter the EIN(s) of payor(s) who paid begretates dollar amounts of benefits:       0         EIN(s):       13-1624203       Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.         3       Number of participants (iving or deceased) whose benefits were distributed in a single sum, during the plan year.       3       0         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 ENISA section 302, skip this Pan).       0       NVA         4       Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?       Ves       No       NVA         5       If a waiver of the minimum funding standard for a prior year is being amotized in this plan year, see instructions and enter the date of the ruling letter granting the waiver.       Date:       Month       Day       Year				e only to payments	of benefits during the	plan year.								
instructions.       1       0         2       Enter the EIN(s) of payor(s) who paid begretates dollar amounts of benefits:       0         EIN(s):       13-1624203       Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.         3       Number of participants (iving or deceased) whose benefits were distributed in a single sum, during the plan year.       3       0         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 ENISA section 302, skip this Pan).       0       NVA         4       Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?       Ves       No       NVA         5       If a waiver of the minimum funding standard for a prior year is being amotized in this plan year, see instructions and enter the date of the ruling letter granting the waiver.       Date:       Month       Day       Year	1	Total va	lue of distributions paid in	n property other thar	n in cash or the forms of	property specifie	ed in the							
payors who paid the greatest dollar amounts of benefits):         EIN(s):       13-1624203         Profit-sharing plans, ESOPs, and stock borus plans, skip line 3.       0         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(d)(2)?       14         Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?       14       15 wold in 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 amotized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month								1						0
Profits-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 supervised in this plan year, see instructions and enter the date of the ruling letter granting the waiver.       Yes       No       N/A         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	2					pants or beneficia	aries during t	he year (if r	nore	than t	wo, ent	er EINs	of the	e two
3       Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan       3       0         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).       Yes       No       N/A         4       Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?       Yes       No       N/A         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		EIN(s)	13-1624203		_									
year.       3       0         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)       Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?       Yes       No       N/A         4       Is the plan is a defined benefit plan, go to line 8.       No       N/A       Yes       No       N/A         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		Profit-s	haring plans, ESOPs, ar	nd stock bonus pla	ans, skip line 3.									
ERISA section 302, skip this Part)       Yes       No       N/A         4       Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	3								;					0
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         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	Pa	art II			ot subject to the minimu	m funding requir	ements of se	ction of 412	2 of t	he Inte	rnal Re	evenue (	Code	or
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.       6a         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.       Yes	4	Is the pla	an administrator making an	n election under Code	section 412(d)(2) or ERI	SA section 302(d)	(2)?			Yes		No		N/A
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.       6a         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.       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 autinority 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         9       If this is a defined benefit pension plan, were any amendments adopted during this plan year parsuant to a repay or parse part increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.       No       N/A         Part III       Amendments       Increase       Decrease       Both       No         Part III       Amendments       Increase or part andincreased or decreased the value of benefits? If yes,		If the pl	an is a defined benefit p	plan, go to line 8.										
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       6c         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       6c         If you completed line 6c, skip lines 8 and 9.       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?       No       N/A         9       If this is a defined benefit pension plan, were any amendments adopted during this plan year during this plan year this 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.       No       Yes       No         10       Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	5						a. Month		Dev			Voor		
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       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       6c         If you completed line 6c, skip lines 8 and 9.       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         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.       No       No         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       No         b												rear_		
deficiency not waived)	6	-				-				ouulo				
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.       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?       No       N/A         Part III       Amendments       Yes       No       N/A         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.       Yes       No         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?       Yes       No		defi	ciency not waived)					68	a					
(enter a minus sign to the left of a negative amount)       6c         If you completed line 6c, skip lines 8 and 9.       Yes         7       Will the minimum funding amount reported on line 6c be met by the funding deadline?       Yes         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?       No       N/A         Part III       Amendments       Yes       No       N/A         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         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?       Yes       No		<b>b</b> Ente	er the amount contributed	by the employer to	the plan for this plan yea	ar		61	b					
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?														
<ul> <li>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</li></ul>		•	•	-	nt)			60	C					
<ul> <li>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 Yes No NVA</li> <li>Part III Amendments</li> <li>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</li></ul>	7	•	•		be met by the funding c	leadline?			п.	<b>1</b>		N -		N// A
authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan       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?       Yes       No					,				Ц Ì	res		NO		N/A
administrator agree with the change?       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?       Yes       No	8													
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?       Yes       No		-	1 0 11	0	0 /				Ū '	Yes		No		N/A
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?       Yes       No	Ра	art III	Amendments											
year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box				n plan, were any am	endments adopted durir	o this plan								
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?       Yes       No	-	year tha	t increased or decreased	the value of benefit	ts? If yes, check the app	ropriate	Increase	De	ecrea	se	В	oth		No
11       a       Does the ESOP hold any preferred stock?       If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan?       Yes       No         See instructions for definition of "back-to-back" loan.)       Yes       No	Pa	rt IV		ructions). If this is no	ot a plan described under	r Section 409(a)	or 4975(e)(7)	of the Inte	rnal	Reven	ue Cod	le,		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan?	10	Were ur	nallocated employer secu	irities or proceeds fro	om the sale of unallocate	ed securities use	d to repay an	y exempt lo	ban?			Yes		No
(See instructions for definition of "back-to-back" loan.)	11		, ,									Yes		No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		(Se	e instructions for definition	on of "back-to-back"	loan.)							Yes		No
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schedule R (Form 5500) 2014			-	-										

v. 1́40124

Pa	rt 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 deliver). See instructions complete as many antrice as needed to report all applicable ampletors.								
	a	dollars). See instructions. Complete as many entries as needed to report all applicable employers. Name of contributing employer							
	_								
	<u>b</u>	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	Contr	pution rate information (If more than one rate applies, check this box ] and see instructions regarding required attachment. Otherwise,						
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)						
		• •	Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires ( <i>If employer contributes under more than one collective bargaining agreement, check box</i>						
	е		bution rate information (If more than one rate applies, check this box $\square$ and see instructions regarding required attachment. Otherwise,						
	•	comp	ete lines 13e(1) and 13e(2).)						
		• •	Contribution rate (in dollars and cents)						
		.,							
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е		oution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,						
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)						
			Base unit measure: Hourly Weekly Unit of production Other (specify):						
	_								
	<u>а</u> ь		of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е		bution rate information (If more than one rate applies, check this box ] and see instructions regarding required attachment. Otherwise,						
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)						
		. ,	Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
			e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е		oution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,						
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)						
		• •	Base unit measure: Hourly Weekly Unit of production Other (specify):						
		. ,							
	a L		of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е		pution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,						
			ete lines 13e(1) and 13e(2).)						
			Base unit measure: Hourly Weekly Unit of production Other (specify):						

	participant for:		F
	a The current year	14a	
	<b>b</b> The plan year immediately preceding the current plan year	14b	
	<b>C</b> 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 ma employer contribution during the current plan year to:	ake an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	<b>b</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>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, o supplemental information to be included as an attachment.		° •
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	nstructior	ns regarding supplemental
19	<ul> <li>If the total number of participants is 1,000 or more, complete lines (a) through (c)</li> <li>a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:</li> <li>b Provide the average duration of the combined investment-grade and high-yield debt:</li> </ul>	_% Oth	ner:%

**Financial Statements** 

For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, and 2012

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## Clark Nuber PS

**Independent Auditor's Report** 

To the Finance/Audit Committee SightLife Tax-Deferred Annuity Plan Seattle, Washington

#### **REPORT ON THE FINANCIAL STATEMENTS**

We were engaged to audit the accompanying financial statements of the SightLife Tax-Deferred Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of January 1, 2015, December 31, 2014, 2013, 2012, and 2011, and the related statements of changes in net assets available for benefits for the period ended January 1, 2015 and years ended December 31, 2014, 2013, and 2012, 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.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 (DOL) 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 5, which was certified by Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that TIAA-CREF holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from TIAA-CREF as of December 31, 2014, 2013, 2012, and 2011, and for the years ended December 31, 2014, 2013, and 2012, that the information provided to the plan administrator by TIAA-CREF is complete and accurate.



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#### **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.

#### **Emphasis-of-Matter - Plan Merger**

As discussed in Note 1 to the financial statements, the Plan merged with and into the SightLife Defined Contribution Retirement Plan (the DC Plan) effective January 1, 2015. On that date, the Plan's net assets totaling \$2,875,013 were transferred to the DC Plan.

#### **Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary information, as listed in the accompanying 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. The supplementary information is the responsibility of management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary information.

### 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 supplementary information, other than that derived from the information certified by TIAA-CREF, 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.

Clark Nuber P.S.

Certified Public Accountants October 12, 2015

## Statements of Net Assets Available for Benefits January 1, 2015 and December 31, 2014, 2013, 2012, and 2011

	 2015	 2014	 2013	 2012	 2011
Assets: Investments at fair value Investments at contract value	\$ -	\$ 2,486,785 388,228	\$ 2,077,316 370,167	\$ 1,480,322 347,153	\$ 1,079,890 315,655
Net Assets Available for Benefits	\$ -	\$ 2,875,013	\$ 2,447,483	\$ 1,827,475	\$ 1,395,545

## Statements of Changes in Net Assets Available for Benefits For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, and 2012

	2015	2014	2013	2012
Additions to Net Assets: Contributions- Employee	\$-	\$ 369,324	\$ 303,109	\$ 292,796
Rollover	ې	J 309,324	Ş 505,109	17,587
Total contributions		369,324	303,109	310,383
Investment income- Net appreciation in fair value of investments Interest		165,260 13,197	344,994 12,777	162,174 11,850
Net investment income		178,457	357,771	174,024
Total Additions to Net Assets		547,781	660,880	484,407
<b>Deductions From Net Assets:</b> Benefits paid to participants		120,251	40,872	52,477
Total Deductions From Net Assets		120,251	40,872	52,477
Net Increase in Net Assets Available for Benefits		427,530	620,008	431,930
Transfer of net assets due to merger (see Note 1)	(2,875,013)			
Net Assets Available for Benefits: Beginning of year	2,875,013	2,447,483	1,827,475	1,395,545
End of Year	<u>\$</u> -	\$ 2,875,013	\$ 2,447,483	\$ 1,827,475

## Notes to Financial Statements For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, 2012

#### Note 1 - Description of the Plan

The following description of the SightLife Tax-Deferred Annuity Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a tax-deferred annuity plan that was established by SightLife (the Sponsor) to provide retirement benefits to employees. The Plan is intended to be a plan that meets requirements under Section 403(b) of the Internal Revenue Code (IRC). Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF) is the Plan's recordkeeper and asset custodian. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Plan Merger** - Effective January 1, 2015, the Plan merged with and into the SightLife Defined Contribution Retirement Plan (the DC Plan), so that only the DC Plan remains. The Plan's net assets totaling \$2,875,013 were transferred to the DC Plan. Effective January 1, 2015, the DC Plan was amended and restated and renamed the SightLife 403(b) Plan.

Eligibility - All employees are eligible to make pre-tax salary deferrals to the Plan upon being hired.

**Contributions** - Participants may contribute to the Plan through voluntary deferrals of earned compensation. Employees may contribute up to 100% of their eligible compensation to the Plan, not to exceed annual limitations under the IRC. The Plan allows certain participants to make an additional catch-up contribution if they have attained age 50 before the end of the plan year. Participants may also contribute amounts representing distributions from other eligible plans (rollovers).

**Participant Accounts** - Participants are allowed to direct the investment of all contributions into various investment options that offer a diversity of investment risk and return. Each participant's account is credited with any contributions made to the account as well as allocations of investment earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100% vested in all contributions and actual earnings thereon.

**Payment of Benefits** - For termination of service due to any reason, a participant may elect to receive the value of his or her account as a lump sum payment, partial payment, installment payments, or may use their account to purchase an annuity contract. Benefit payments are also allowed after attainment of age 59 ½ or under certain hardship circumstances.

**Plan Loans** - The Plan provides for loans which are funded from the general assets of TIAA-CREF. Adequate security is required and a portion of the participant's account is reserved, or held as collateral, to cover 110% of the outstanding loan balance in case of default. The interest rate for plan loans may be fixed or variable and the initial rate is determined by the terms of the controlling contract. Principal and interest is paid directly to TIAA-CREF. Accordingly, participant loans are not reported on the statements of net assets available for benefits and related interest income is not reported on the statements of changes in net assets available for benefits.

Participants may borrow a minimum of \$1,000 and a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to ten years for the purchase of a primary residence. As of December 31, 2014, 2013, 2012, and 2011, outstanding loans totaled \$27,956, \$33,857, \$16,363, and \$13,043, respectively. As of December 31, 2014, 2013, 2012, and 2011, outstanding loans in default totaled \$5,040, \$4,804, \$4,130, and \$3,931, respectively.

## Notes to Financial Statements For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, 2012

#### **Note 2 - Summary of Significant Accounting Policies**

Basis of Accounting - The financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**Use of Estimates** - The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Benefits Paid to Participants - Benefits paid to participants are recognized and recorded when they are paid.

**Investment Valuation and Income Recognition** - The Plan's investments are reported at fair value (except for fully benefitresponsive investment contracts, which are reported at contract value). 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. See Note 3 for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation or depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Administrative Expenses** - Investments are subject to management and administrative fees based on a percentage of invested assets. All such fees are charged directly against the investment's performance and are not separately disclosed in the accompanying financial statements. The Plan's other administrative expenses are paid by the Sponsor.

**Recently Adopted Accounting Standards** - In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share (or its equivalent) practical expedient. In July 2015, the FASB issued ASU No. 2015-12, which designates contract value as the only required measure for fully benefit-responsive investment contracts and simplifies certain investment disclosures. The new guidance has been applied retrospectively and had no impact to the Plan's net assets available for benefits.

**Subsequent Events** - The Plan's management has evaluated subsequent events through October 12, 2015, the date on which the Plan's financial statements were available to be issued.

#### Note 3 - Fair Value Measurements

U.S. GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

## Notes to Financial Statements For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, 2012

#### Note 3 - Continued

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

Level 1 - Unadjusted quoted prices available in active markets for identical assets or liabilities;

<u>Level 2</u> - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

Level 3 - Unobservable inputs that are significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014, 2013, 2012, and 2011.

<u>Variable Annuity Accounts</u> - College Retirement Equities Fund (CREF) is a registered investment company. CREF consists of eight investment accounts which fund variable annuity accounts issued by CREF. The fair values of accumulation units held in CREF accounts are based on each account's daily NAV. The NAV is based on the market value of its underlying securities determined by market quotations or prices obtained from independent pricing sources. The CREF Money Market Account is valued at amortized cost, which approximates fair value.

<u>Pooled Separate Account</u> - The Teachers Insurance and Annuity Association (TIAA) Real Estate Account is a pooled separate account which funds variable annuity contracts issued by TIAA. The fair value of accumulation units held in the TIAA Real Estate Account is based on market values of the underlying real estate properties determined by external appraisals, which are estimates of property values based on a professional's opinion. The TIAA Real Estate Account may also hold real estate-related marketable securities which are valued using independent pricing sources.

The valuation methodologies used by the Plan may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## Notes to Financial Statements For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, 2012

#### Note 3 - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014, 2013, 2012, and 2011:

	Fair Val	ue Me	asurements	as of I	December 3	31, 20	014
	 Level 1		Level 2		Level 3		Total
Investments in the fair value hierarchy	\$ 	\$		\$		\$	-
Investments measured at net asset value	 	-					2,486,785
Investments at Fair Value	\$ 	\$		\$		\$	2,486,785
	Fair Val	ue Me	asurements	as of I	December 3	31. 20	013
	 Level 1		Level 2		Level 3		Total
Investments in the fair value hierarchy	\$ -	\$	-	\$		\$	-
Investments measured at net asset value	 						2,077,316
Investments at Fair Value	\$ -	\$	-	\$	-	\$	2,077,316
	 Fair Val	ue Mea	asurements Level 2	as of I	Level 3	31, 20	012 Total
	 Level 1		Leverz		Levers		Total
Investments in the fair value hierarchy	\$ 	\$	-	\$		\$	-
Investments measured at net asset value	 						1,480,322
Investments at Fair Value	\$ 	\$		\$		\$	1,480,322
		ue Mea	asurements	as of I		81, 20	
	 Level 1		Level 2		Level 3		Total
Investments in the fair value hierarchy	\$ 	\$	-	\$	-	\$	
Investments measured at net asset value	 						1,079,890
Investments at Fair Value	\$ -	\$	-	\$	-	\$	1,079,890

#### Notes to Financial Statements For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, 2012

#### Note 3 - Continued

The following table provides redemption information and additional disclosures of the Plan's investments, whose fair value is measured using the NAV per share (or its equivalent) practical expedient, as of December 31:

	2014 Fair Value	2013 Fair Value	2012 Fair Value	Fair	2011 Value	Redemption Frequency	Redemption Notice Period
Variable annuity accounts (a)	\$ 2,297,667	\$ 1,912,681	\$ 1,360,089	\$ 980	6,232	Daily	1 day
Pooled separate account (b)	189,118	164,635	120,233	93	3,658	Quarterly	1 day

- (a) Variable annuity accounts consist of CREF accounts. Accumulation units in CREF accounts are available for transactions at the closing accumulation unit value on any day the New York Stock Exchange (NYSE) is open for business. In an effort to reduce market timing and excessive trading, shareholders will not be permitted to make electronic transfers (i.e., transfers over the Internet, by telephone or by fax) back into that same CREF account through a purchase or exchange for 90 calendar days, if a purchase, sale and repurchase within that CREF account is made within a sixty-day period, other than for the CREF Money Market Account. The Plan holds a variety of variable annuity accounts, each with specific investment strategies disclosed in the applicable prospectus.
- (b) The TIAA Real Estate Account (RE account) is a pooled separate account. Accumulation units in the RE account are available for transactions at the closing accumulation unit value on any day the NYSE is open for business. Transfers out of the RE account are limited to one per calendar quarter. Although the underlying assets of the RE account cannot be quickly sold and converted to liquid assets, the TIAA general account provides the RE account with a liquidity guarantee, meaning TIAA ensures that the RE account has funds available to meet participant redemption, transfer or cash withdrawal requests executed at quoted unit values. The RE account seeks favorable long-term returns primarily through rental income and appreciation of real estate investments owned by the RE account.

#### Note 4 - Fully Benefit-Responsive Investment Contracts

The TIAA Traditional Annuity is a guaranteed investment contract (fixed annuity contract) available as an investment option to participants. Each contract is fully and unconditionally guaranteed by TIAA. As an insurance company, TIAA is required to maintain contingency reserves to ensure that it will be able to fulfill its contractual obligations to policyholders.

The TIAA Traditional Annuity is offered to participants through Group Supplemental Retirement Annuity (GSRA) contracts. GSRA contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

## Notes to Financial Statements For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, 2012

#### Note 4 - Continued

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, is guaranteed by TIAA's claims-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities, and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the crediting interest rate.

#### Note 5 - Certified Investment Information

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosing under ERISA. The following information included in the accompanying financial statements and supplementary information was obtained from information that has been prepared and certified as complete and accurate by TIAA-CREF.

- Fair value and, if applicable, contract value of investments as of December 31, 2014, 2013, 2012, and 2011;
- Investment income earned for the years ended December 31, 2014, 2013, and 2012; and
- Investment transactions for the years ended December 31, 2014, 2013, and 2012.

#### **Note 6 - Party-in-Interest Transactions**

The Plan's investments include fixed and variable annuity contracts issued by TIAA-CREF. Therefore, transactions with these investments and fees paid by the Plan to TIAA-CREF qualify as party-in-interest transactions which are exempt from prohibited transaction rules.

#### Note 7 - Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). During 2015, management discovered certain plan document failures and, pursuant to Rev. Proc. 2013-12, has filed a Voluntary Correction Program submission with the IRS to correct these failures.

The Plan is subject to audits by the IRS; however, there are currently no audits for any tax periods in progress.

#### Note 8 - Termination of the Plan

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. As described in Note 1, the Plan merged into the SightLife Defined Contribution Retirement Plan effective January 1, 2015.

## Notes to Financial Statements For the Period Ended January 1, 2015 and Years Ended December 31, 2014, 2013, 2012

#### Note 9 - Risks and Uncertainties

The Plan allows participants to direct contributions into various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 10 - Reconciliation to Form 5500

The Form 5500 has certain items that differ from the amounts shown on the accompanying statements of changes in net assets available for plan benefits. These differences relate to classification only and have no effect upon net assets available for benefits.

As described in Note 1, the Plan was merged into another 403(b) plan sponsored by the Sponsor effective January 1, 2015. The Plan's 2014 Form 5500 reflects the merger and transfer of net assets as of December 31, 2014 and was filed as a final return with zero net assets reflected on Schedule H. The accompanying financial statements reflect the merger and transfer of net assets on January 1, 2015.

SUPPLEMENTARY INFORMATION

## Attachment to Form 5500, Schedule H, Line 4(i) Schedule of Assets Held as of December 31, 2013 and 2012

## Schedule of Assets Held as of December 31, 2013

Employer: SightLife EIN: 23-7051021 Plan No.: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Various	403(b) fixed and variable annuity contracts	**	\$ 2,447,483
				\$ 2,447,483

* Party-in-interest as defined by section 3(14) of ERISA.

** Historical cost information omitted with respect to assets held for investment purposes on participant-directed individual account balances.

#### Schedule of Assets Held as of December 31, 2012

Employer: SightLife EIN: 23-7051021 Plan No.: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(6	e) Current Value
*	Various	403(b) fixed and variable annuity contracts	**	\$	1,827,475
				\$	1,827,475

* Party-in-interest as defined by section 3(14) of ERISA.

** Historical cost information omitted with respect to assets held for investment purposes on participant-directed individual account balances.



## SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

## SIGHTLIFE

## Activity for the Reporting Period: 01/01/2014 to 12/31/2014

(A)	(B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive	\$335,788.61	\$383,187.38
	College Retirement Equities Fund variable annuities	Plan Loan Default Fund	\$5,040.18	\$5,040.18
*	College Retirement Equities Fund variable annuities	TIAA Real Estate	\$153,557.05	\$189,117.97
*	College Retirement Equities Fund variable annuities	CREF Stock	\$364,124.39	\$611,293.89
*	College Retirement Equities Fund variable annuities	CREF Money Market	\$163,997.05	\$163,998.20
*	College Retirement Equities Fund variable annuities	CREF Social Choice	\$55,847.99	\$83,858.33
*	College Retirement Equities Fund variable annuities	CREF Bond Market	\$176,339.44	\$198,391.19
*	College Retirement Equities Fund variable annuities	CREF Global Equities	\$339,132.06	\$492,338.94
*	College Retirement Equities Fund variable annuities	CREF Growth	\$190,229.49	\$370,229.06
*	College Retirement Equities Fund variable annuities	CREF Equity Index	\$214,437.96	\$341,133.17
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond	\$35,503.58	\$36,423.94