

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. ....	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information				
<b>1a</b> Name of plan SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL EMPLOYEES' 401(K) PROFIT SHARING PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 07/01/1970</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	001	<b>1c</b> Effective date of plan 07/01/1970	
<b>1b</b> Three-digit plan number (PN) ▶	001				
<b>1c</b> Effective date of plan 07/01/1970					
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SPOKANE EYE CLINIC PS   427 SOUTH BERNARD STREET SPOKANE, WA 99204-2509	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) 91-0852217</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number 509-456-0107</td> </tr> <tr> <td><b>2d</b> Business code (see instructions) 621111</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) 91-0852217	<b>2c</b> Plan Sponsor's telephone number 509-456-0107	<b>2d</b> Business code (see instructions) 621111	
<b>2b</b> Employer Identification Number (EIN) 91-0852217					
<b>2c</b> Plan Sponsor's telephone number 509-456-0107					
<b>2d</b> Business code (see instructions) 621111					

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/19/2016	JANIS SIMPSON
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/19/2016	JANIS SIMPSON
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) SCOTT OPPERUD, CPA SCHOEDEL & SCHOEDEL CPAS, PLLC 422 W. RIVERSIDE, SUITE 1420 SPOKANE, WA 99201			Preparer's telephone number (optional) 509-747-2158

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 256
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>  <b>6a(2)</b> 188  <b>6b</b>  <b>6c</b> 27  <b>6d</b> 215  <b>6e</b>  <b>6f</b> 215  <b>6g</b>  <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2R 2T 3D 3H  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

<b>A</b> Name of plan <u>SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL EMPLOYEES' 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) <b>►</b> <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE EYE CLINIC PS</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0852217</u>

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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SPOKANE, WA 99201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	CUSTODIAN / TRUSTEE	36317	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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



**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

<b>A</b> Name of plan <u>SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL EMPLOYEES' 401(K) PROFIT SHARING PLAN</u>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;"> <b>B</b> Three-digit plan number (PN) ►             </td> <td style="width:20%; padding: 5px; text-align: center;"> <u>001</u> </td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>B</b> Three-digit plan number (PN) ►	<u>001</u>		
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE EYE CLINIC PS</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0852217</u>		

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED CAPITAL PRESERVATION FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FEDERATED INVESTORS TRUST CO</u>		
<b>c</b> EIN-PN <u>22-2712853-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1313231</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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 103-12 IE:

**b** Name of sponsor of entity listed in (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)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2014</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>		
<b>A</b> Name of plan <u>SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL EMPLOYEES' 401(K) PROFIT SHARING PLAN</u>		<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE EYE CLINIC PS</u>		<b>D</b> Employer Identification Number (EIN) <u>91-0852217</u>

Part I	Asset and Liability Statement	
<b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	<b>Assets</b>	<div style="display: flex; justify-content: space-between;"> <span><b>(a)</b> Beginning of Year</span> <span><b>(b)</b> End of Year</span> </div>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	419265 177727
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	73300 78604
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	13546 0
<b>(3)</b> Other.....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	1703984 2218815
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	138053 0
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	3595687 2300433
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	290913 23097
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	135730 194047
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1384885 1313231
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	15181100 15253544
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	22936463	21559498

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	6217	42945
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	6217	42945

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	22930246	21516553
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	925559	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	573028	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	67417	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1566004
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	8813	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	1544	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	6457	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		16814
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	73459	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	992006	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1065465
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	7846965	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	6847118	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		999847
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	-1483201	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-1483201

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		12357
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		1567
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		2178853

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3529335	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3529335
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	63211	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		63211
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		3592546

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1413693
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **SCHOEDEL & SCHOEDEL, CPAS PLLC**

(2) EIN: **91-0614823**

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	



	Yes	No	Amount
<b>c</b> 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.) .....		X	
<b>d</b> 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.) .....		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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? .....		X	
<b>h</b> 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? .....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>j</b> 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.) .....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b> 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. ....		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 ☒ No Amount:

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

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

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

## Part V Trust Information (optional)

<b>6a</b> Name of trust	<b>6b</b> Trust's EIN

**SPOKANE EYE CLINIC, P.S.  
AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN**  
Spokane, Washington

**FINANCIAL STATEMENTS WITH  
INDEPENDENT AUDITOR'S REPORT**  
June 30, 2015 and 2014

**SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN**  
Spokane, Washington

AUDITED FINANCIAL STATEMENTS  
June 30, 2015 and 2014

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PATRICK A. TERHAAR, C.P.A.  
JAMES R. HARLESS, C.P.A.  
DARCY A. SKJOTHAUG, C.P.A.  
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## INDEPENDENT AUDITOR'S REPORT

To the Trustees of the  
Spokane Eye Clinic, P.S. and Inland Empire Optical  
Employees' 401(k) Profit Sharing Plan  
Spokane, Washington

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Spokane Eye Clinic, P.S. and Inland Empire Optical Employees' 401(k) Profit Sharing Plan (the Plan), which are comprised of the statements of net assets available for benefits as of June 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Washington Trust Bank, a custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Washington Trust Bank as of and for the years ended June 30, 2015 and 2014 that the information provided to the plan administrator by the custodian is complete and accurate.

## INDEPENDENT AUDITOR'S REPORT (CONTINUED)

### **Disclaimer of Opinion**

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

### **Other Matter**

The supplemental Schedule of Assets (Held at End of Year) as of the year ended June 30, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

### **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Washington Trust Bank, 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.



Spokane, Washington  
February 19, 2016

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
As of June 30, 2015 and 2014

2015				
	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	\$ 9,787,979	\$ 11,498,868	\$ -	\$ 21,286,847
Employer contributions receivable	24,200	54,404	-	78,604
Participant notes receivable	-	-	194,047	194,047
Total assets	9,812,179	11,553,272	194,047	21,559,498
LIABILITIES:				
Deferred contributions	42,945	-	-	42,945
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,769,234</u>	<u>\$ 11,553,272</u>	<u>\$ 194,047</u>	<u>\$ 21,516,553</u>
2014				
	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	\$ 9,685,924	\$ 13,027,963	\$ -	\$ 22,713,887
Employer contributions receivable	-	73,300	-	73,300
Participant contributions receivable	13,546	-	-	13,546
Participant notes receivable	-	-	135,730	135,730
Total assets	9,699,470	13,101,263	135,730	22,936,463
LIABILITIES:				
Deferred contributions	6,217	-	-	6,217
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,693,253</u>	<u>\$ 13,101,263</u>	<u>\$ 135,730</u>	<u>\$ 22,930,246</u>

The accompanying notes are an integral part of these financial statements.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended June 30, 2015

	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:				
Employer contributions	\$ 520,005	\$ 405,554	\$ -	\$ 925,559
Participant contributions	288,028	285,000	-	573,028
Rollover contributions	67,417	-	-	67,417
Net appreciation (depreciation) in fair value of investments	(331,134)	(152,220)	-	(483,354)
Other investment income, net	653,935	435,811	6,457	1,096,203
Transfers and exchanges	(15,259)	(44,298)	59,557	-
Total additions	<u>1,182,992</u>	<u>929,847</u>	<u>66,014</u>	<u>2,178,853</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:				
Distributions to or for participants	1,070,397	2,451,241	7,697	3,529,335
Investment and trust fees	<u>36,614</u>	<u>26,597</u>	<u>-</u>	<u>63,211</u>
Total deductions	<u>1,107,011</u>	<u>2,477,838</u>	<u>7,697</u>	<u>3,592,546</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS DURING THE YEAR	75,981	(1,547,991)	58,317	(1,413,693)
NET ASSETS AVAILABLE FOR BENEFITS:				
As of June 30, 2014	<u>9,693,253</u>	<u>13,101,263</u>	<u>135,730</u>	<u>22,930,246</u>
As of June 30, 2015	<u>\$ 9,769,234</u>	<u>\$ 11,553,272</u>	<u>\$ 194,047</u>	<u>\$ 21,516,553</u>

The accompanying notes are an integral part of these financial statements.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended June 30, 2014

	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ADDITIONS TO NET ASSETS				
ATTRIBUTED TO:				
Employer contributions	\$ 420,616	\$ 404,750	\$ -	\$ 825,366
Participant contributions	317,750	346,700	-	664,450
Rollover contributions	4,723	-	-	4,723
Net appreciation in fair value of investments	594,801	4,072,854	-	4,667,655
Other investment income, net	546,479	392,540	5,495	944,514
Transfers and exchanges	15,167	-	(15,167)	-
Total additions	<u>1,899,536</u>	<u>5,216,844</u>	<u>(9,672)</u>	<u>7,106,708</u>
DEDUCTIONS FROM NET ASSETS				
ATTRIBUTED TO:				
Distributions to or for participants	1,176,384	5,369,342	-	6,545,726
Investment and trust fees	32,549	56,874	-	89,423
Total deductions	<u>1,208,933</u>	<u>5,426,216</u>	<u>-</u>	<u>6,635,149</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS DURING THE YEAR	690,603	(209,372)	(9,672)	471,559
NET ASSETS AVAILABLE FOR BENEFITS:				
As of June 30, 2013	<u>9,002,650</u>	<u>13,310,635</u>	<u>145,402</u>	<u>22,458,687</u>
As of June 30, 2014	<u>\$ 9,693,253</u>	<u>\$ 13,101,263</u>	<u>\$ 135,730</u>	<u>\$ 22,930,246</u>

The accompanying notes are an integral part of these financial statements.



SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 1 - DESCRIPTION OF THE PLAN:

The following description of the Spokane Eye Clinic, P.S. and Inland Empire Optical Employees' 401(k) Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document, summary and other descriptive plan literature for a more complete description of the provisions of the Plan.

General - The Plan is sponsored by the Spokane Eye Clinic, P.S. and Inland Empire Optical. The Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all subsequent statutory revisions thereto, was created for the benefit of all eligible employees. The Plan is a defined contribution retirement plan. Under this plan, there is no fixed dollar amount of retirement benefits, and the actual retirement benefit depends on the amount of each participant's individual account balance at the time of retirement.

Eligibility - Employees of either the Spokane Eye Clinic, P.S. or Inland Empire Optical, who are age twenty-one or older, and who have completed at least 1,000 hours of service in each of two consecutive plan years are eligible to participate in the Plan.

Contributions - The Plan allows participant contributions consisting of elective deferrals made under the 401(k) arrangement. This arrangement allows participants to contribute a portion of their compensation to the Plan. These contributions are allocated to a separate account designated by the Plan. Participants may also rollover amounts representing distributions from other qualified plans. The employer is required to make an annual "safe harbor" contribution for the participants. Additional profit sharing amounts may be contributed at the employer's option. All contributions are subject to the rules and regulations of ERISA and the Internal Revenue Code.

Participant Accounts - A separate account is established for each participant to reflect the participant's employer and elective deferral contributions plus the investment gains and losses attributable to such contributions and the participant's share of the expenses of administering the Plan.

Vesting - A participant is immediately 100% vested in his or her account balance at all times.

Investment Options - Upon eligibility, a participant may direct contributions to any offered investment option or may establish an independently directed account. As of June 30, 2015, investment options consisted of: American Century Strategic Allocation: Conservative Investment Fund, American Century Strategic Allocation: Moderate Investment Fund, American Century Strategic Allocation: Aggressive Investment Fund, American Funds EuroPacific Growth Fund, Columbia Small Cap Index Fund, Federated Capital Preservation Fund, Federated Mid Cap Index Fund, Federated Max Cap Index Fund, Federated Total Return Bond Fund, Goldman Sachs Small/Mid Cap Growth Fund, Invesco Real Estate Fund, MFS Core Equity Fund, Oppenheimer Developing Markets Fund, and PIMCO Commodity Real Return Strategy Fund.

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EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 1 - DESCRIPTION OF THE PLAN (Continued):

Participant Notes Receivable - Any plan participant may apply for a loan from the Plan. The participant must apply in writing with an application specifying the amount, duration, and security for the loan. The loan may not exceed 50% of the participant's account balance, and the maximum aggregate amount of loans outstanding to any participant may not exceed \$50,000 as aggregated with all participant loans from other employer qualified plans. The loan may be for the purpose of one, or any combination of, the following reasons: (1) the purchase, construction, or improvement of a residence or other real estate; (2) the purchase of a vehicle; (3) tuition and other educational expenses; (4) medical and dental expenses; and/or (5) funeral expenses of a family member.

Distribution of Benefits - Participants or their beneficiaries are eligible to receive payment of benefits in the event of the participant's retirement, death, disability, termination, or the termination of the Plan.

Benefits are paid under various options as defined in the Plan. Such payment options include lump sum, partial distribution, rollover distribution and annuity.

Administration of the Plan - The Plan is administered by the sponsor who has the sole and ultimate responsibility to interpret Plan provisions and determine Plan benefits. The Plan permits the employer to appoint an Advisory Committee to assist in the administration of the Plan. The sponsor is responsible for the safe keeping of the Plan investments and also for investing the Plan contributions. However, participants direct the investment of their interests into various options offered by the Plan. Neither the administrator nor the Advisory Committee is responsible for investment advising. Administrative costs of the Plan are partially absorbed and paid for by the sponsor.

Termination of the Plan - Although the Plan is intended to be permanent, the Plan sponsor has the right to amend or terminate the Plan at any time.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are the representations of the Plan's trustees, who are responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Presentation - The financial statements of the Plan are prepared using the accrual basis of accounting.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation - In general, the Plan's investments are reported at fair value. Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instruments, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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. For a further discussion of fair value measurements, see Note 6.

Employer Contribution Recognition and Employer Contributions Receivable - Employer contributions are recognized in the period compensation is paid to covered employees, regardless of when such contributions are reported or remitted to the Plan. As of June 30, 2015 and 2014, employers were liable for contributions based upon compensation paid prior to July 1 of each year and not remitted to the Plan until after June 30 of each year. Such estimated contributions have been recorded as receivable.

Participant Contribution Recognition and Participant Contributions Receivable - Participant contributions are recognized in the period withheld from the employee, regardless of when such contributions are reported or remitted to the Plan. As of June 30, 2015 and 2014, employers were liable for contributions withheld prior to July 1 of each year and not remitted to the Plan until after June 30 of each year. Such contributions have been recorded as receivable.

Participant Notes Receivable - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Investment Income Recognition - Investment transactions are recorded on a trade-date basis. Acquisition costs are included in the cost of investments purchased, and sales are recorded net of selling expenses. Realized gains and losses from security transactions are determined by the average cost method. Realized gains and losses on investments sold during the year, as well as unrealized gains and losses on investments held during the year, are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
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Spokane, Washington

NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Income from the Plan's investments is included in other net investment income in the Statements of Changes in Net Assets Available for Benefits.

Distributions to or for Participants - Distributions to or for participants are recognized when paid.

Valuation of Other Financial Instruments - The Plan recognizes other financial instruments at historical cost, which approximates fair value due to the short maturities of those instruments.

Net Asset Restrictions - All net assets are restricted to provide benefits and related administrative support.

NOTE 3 - INCOME TAX STATUS:

The Plan has adopted a prototype plan, which is intended to be exempt from federal income tax under current provisions of the Internal Revenue Code (IRC). The prototype plan obtained its latest determination letter dated August 30, 2001, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The prototype plan has been amended since receiving the determination letter. The trustees, Plan administrator, and the Plan's tax counsel believe that the prototype plan is currently designed and has been operated through June 30, 2015 in accordance with applicable provisions of the IRC.

The Plan is subject to audit or examination by various regulatory jurisdictions. As of February 19, 2016, there were no audits or examinations in progress. With few exceptions, as of June 30, 2015, the Plan was no longer open to audit or examination for fiscal years ended prior to June 30, 2012.

NOTE 4 - RISKS AND UNCERTAINTIES:

In determining the fair value of financial instruments, the trustees of the Plan use a variety of methods and assumptions that are based on market conditions and risks existing at the date of the Statement of Net Assets Available for Benefits. All methods of assessing fair value result in a general approximation of value, and such value may never actually be realized.

As of the audit report date, the U.S. Federal Deposit Insurance Corporation (FDIC) provides coverage up to \$250,000 per depositor per ownership category on deposit accounts at FDIC-insured institutions. As of June 30, 2015 and 2014, the Plan had no account balances that exceeded FDIC-insured amounts.

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NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 4 - RISKS AND UNCERTAINTIES (Continued):

The Plan invests in money market accounts which are not insured by the FDIC. The investments are collateralized by government backed securities and high grade corporate debt obligations. As of June 30, 2015, the Plan's investments in these accounts totaled \$1,234,891.

Investment securities are exposed to various risks such as interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with certain types of investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 5 - INVESTMENTS, AT FAIR VALUE:

As of June 30, 2015, the investments of the Plan are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>
Independently directed participant accounts:		
Non-interest bearing cash	\$       **	\$     177,727
Interest bearing cash	**	1,234,891
Certificates of deposit	**	502,933
Corporate equities	**	2,300,433
Partnership interests	**	23,097
Mutual and exchange traded funds	**	7,259,787
Pooled participant accounts:		
Interest bearing cash	480,991	480,991
Common/collective trust (participant directed accounts)	**	1,313,231
Mutual funds (participant directed accounts)	**	7,993,757
		<u>\$ 21,286,847</u>

\*\* Cost basis not maintained at the Plan level

As of June 30, 2014, the investments of the Plan are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>
Independently directed participant accounts:		
Non-interest bearing cash	\$       **	\$     419,265
Interest bearing cash	**	762,122
Certificates of deposit	**	551,671
Corporate obligations	**	138,053
Corporate equities	**	3,595,687
Partnership interests	**	290,913
Mutual and exchange traded funds	**	7,270,252

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN  
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NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 5 - INVESTMENTS (Continued):

	<u>Cost</u>	<u>Fair Value</u>
Pooled participant accounts:		
Interest bearing cash	\$ 390,191	390,191
Common/collective trust (participant directed accounts)	**	1,384,885
Mutual funds (participant directed accounts)	**	7,910,848
		<u>\$ 22,713,887</u>

\*\* Cost basis not maintained at the Plan level

As of June 30, 2015, investments in certificates of deposit and corporate obligations mature as follows:

	<u>Maturity</u>			
	<u>1 Year</u>	<u>+1-5 Years</u>	<u>6-10 Years</u>	<u>11+ Years</u>
Certificates of deposit	\$ 125,000	\$ 375,000	\$ -	\$ -

As of June 30, 2015 and 2014, the Plan had the following investment accounts representing 5% or more of the net assets available for benefits:

	<u>2015</u>	<u>2014</u>
American Century Strategic Alloc: Conservative Fund	\$ *	\$ 1,229,652
American Century Strategic Alloc: Moderate Fund	4,422,691	4,249,930
Federated Capital Preservation Fund	1,313,231	1,383,745

\* Value of the investment did not represent 5% or more of the net assets available for benefits as of June 30, 2015.

NOTE 6 - FAIR VALUE MEASUREMENTS:

Accounting principles generally accepted in the United States of America provide a 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 level 1 measurements and the lowest priority to level 3 measurements.

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

*Level 1* - The valuation methodologies of level 1 assets and liabilities are based upon unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

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NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

*Level 2* - The valuation methodologies of level 2 assets and liabilities include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 valuation methodology must be observable for substantially the full term of the asset or liability.

*Level 3* - The valuation methodologies of level 3 assets and liabilities are based upon inputs which are unobservable and significant to the fair value measurement.

Fair value measurement of financial assets and liabilities within the fair value hierarchy is based on 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.

Determination of Fair Value - Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instruments, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The following is a description of the valuation methodologies used for assets measured at fair value:

*Non-interest bearing and interest bearing cash* - Investments in cash are valued at fair value, which approximates cost, due to the short maturities of those investments. Fair values of cash equivalents may be determined using public quotations, when available.

*Certificates of deposit* - Investments in certificates of deposit are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations and considering the creditworthiness of the issuer.

*Corporate obligations* - Investments in corporate bonds are valued at the closing price of similar bonds in an active market.

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NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

*Corporate equities* - Investments in corporate equity securities are valued at the latest reported sales price on the last business day of the plan year.

*Partnership interests* - Partnership interests are valued at the primary offering price per share, which may be derived by the fair values of the underlying assets and liabilities of the specific interest. The underlying assets and liabilities are valued based on various pricing models with unobservable inputs. As such, the investments are classified within Level 3 of the valuation hierarchy.

*Common/collective trust* - The investment in a common/collective trust is valued at fair value, which is determined by the fair values of the underlying assets and liabilities of the trust. With respect to the trust's underlying assets and liabilities, cost approximates fair value for short-term assets and liabilities, while the fair values of investments in securities are based on the trustee/custodian's independent pricing services.

*Mutual and exchange traded funds* - Investments in mutual and exchange traded funds are valued at quoted market prices in active markets, which are derived by the fair values of the underlying assets and liabilities of the specific funds.

There have been no changes in the methodologies used as of June 30, 2015 and 2014.

As of June 30, 2015, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	Level 1	Level 2	Level 3	Total
<i>Non-interest bearing cash</i>	\$ 177,727	\$ -	\$ -	\$ 177,727
<i>Interest bearing cash</i>	1,715,882	-	-	1,715,882
<i>Certificates of deposit</i>	-	502,933	-	502,933
<i>Corporate equities</i>	2,300,433	-	-	2,300,433
<i>Partnership interest</i>	-	-	23,097	23,097
<i>Common/collective trust</i>	-	1,313,231	-	1,313,231
<i>Mutual and exchange traded funds</i>	15,253,544	-	-	15,253,544
	<u>\$ 19,447,586</u>	<u>\$ 1,816,164</u>	<u>\$ 23,097</u>	<u>\$ 21,286,847</u>

As of June 30, 2014, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	Level 1	Level 2	Level 3	Total
<i>Non-interest bearing cash</i>	\$ 419,265	\$ -	\$ -	\$ 419,265
<i>Interest bearing cash</i>	1,152,313	-	-	1,152,313
<i>Certificates of deposit</i>	-	551,671	-	551,671
<i>Corporate obligations</i>	-	138,053	-	138,053
<i>Corporate equities</i>	3,595,687	-	-	3,595,687



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NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

	Level 1	Level 2	Level 3	Total
<i>Partnership interests</i>	\$ -	\$ -	\$ 290,913	\$ 290,913
<i>Common/collective trust</i>	-	1,384,885	-	1,384,885
<i>Mutual and exchange traded funds</i>	15,181,100	-	-	15,181,100
	<u>\$ 20,348,365</u>	<u>\$ 2,074,609</u>	<u>\$ 290,913</u>	<u>\$ 22,713,887</u>

During the years ended June 30, 2015 and 2014, investments transferred between level 3 and level 1 within the fair value hierarchy.

Changes in Level 3 Fair Value Measurements in Partnership Interest in a Related Party - The following summarizes the changes in the fair value of the Plan's investment in a partnership interest in a related party for the years ended June 30, 2015 and 2014:

	2015	2014
Fair value, beginning of the year	\$ -	\$ 224,086
Distributions	-	(224,086)
Fair value, end of the year	<u>\$ -</u>	<u>\$ -</u>

Changes in Level 3 Fair Value Measurements in Other Partnership Interests - The following summarizes the changes in the fair values of the Plan's investments in other partnership interests for the years ended June 30, 2015 and 2014:

	2015	2014
Fair value, beginning of the year	\$ 290,913	\$ 520,261
Purchases	354	45,861
Conversion to a Level 1 corporate equity	(241,816)	(285,342)
Reinvested partnership earnings	22,891	101,959
Net appreciation (depreciation)	(49,245)	(91,826)
Fair value, end of the year	<u>\$ 23,097</u>	<u>\$ 290,913</u>

The net earnings (losses) on the partnership venture interests for the years ended June 30, 2015 and 2014 are included in net investment income (loss) on the Statements of Changes in Net Assets Available for Benefits.

NOTE 7 - NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS:

During the years ended June 30, 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

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NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 7 - NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS  
(Continued):

	<u>2015</u>	<u>2014</u>
Independently directed accounts	\$ (152,220)	\$ 4,072,854
Pooled participant accounts	<u>(331,134)</u>	<u>594,801</u>
	<u>\$ (483,354)</u>	<u>\$ 4,667,655</u>

NOTE 8 - OTHER INVESTMENT INCOME, NET:

For the years ended June 30, 2015 and 2014, net investment income consisted of the following:

	<u>2015</u>	<u>2014</u>
Pooled participant accounts (participant directed accounts):		
Interest bearing cash earnings	\$ 29	\$ 32
Mutual fund earnings	641,549	533,254
Common collective trust earnings	<u>12,357</u>	<u>13,193</u>
	<u>653,935</u>	<u>546,479</u>
Independently directed participant accounts:		
Interest bearing cash earnings	1,486	236
Certificate of deposit interest	7,298	17,900
Corporate obligations interest	1,544	31,095
Corporate equities dividends	73,459	65,583
Partnership earnings	1,567	20,092
Mutual fund earnings	<u>350,457</u>	<u>257,634</u>
	<u>435,811</u>	<u>392,540</u>
Participant loans:		
Interest from participant loans	<u>6,457</u>	<u>5,495</u>
	<u>\$ 1,096,203</u>	<u>\$ 944,514</u>

NOTE 9 - INFORMATION CERTIFIED BY THE CUSTODIAN:

Washington Trust Bank is the custodian of the pooled accounts. As such, the custodian holds such assets of the Plan and executes investment transactions. The custodian has provided information to the trustees regarding Plan assets held as of June 30, 2015 and 2014 and the investment activity of the related assets for the years then ended. The trustees have obtained a certification from the custodian that the information provided was complete and accurate.

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NOTES TO FINANCIAL STATEMENTS  
June 30, 2015 and 2014

NOTE 10 - FINANCIAL STATEMENT PRESENTATION:

Certain balances and disclosures in the financial statements as of and for the year ended June 30, 2014 have been reclassified to conform to the presentation of the financial statements as of and for the year ended June 30, 2015. These reclassifications had no effect on the change in net assets available for benefits or the net assets available for benefits.

NOTE 11 - SUBSEQUENT EVENTS:

The trustees have evaluated events from June 30, 2015 through February 19, 2016, (the date the financial statements were available to be issued) and have identified no events that, if disclosed, would influence the readers' opinion concerning these financial statements.

## **SUPPLEMENTAL INFORMATION**

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN

EIN: 91-0852217

Plan Number: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of June 30, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>Pooled Participant Accounts:</b>			
	<b>Interest Bearing Cash:</b>			
	SEI Prime Obligation Fund	Money market fund	\$ 480,991	\$ 480,991
	<b>Common/Collective Trust:</b>			
	Federated Capital Preservation Fund #	138,374.501 shares	**	1,313,231
	<b>Mutual Funds:</b>			
	American Century Strategic Allocation: Conservative Investment Fund #	175,968.462 shares	**	1,031,175
	American Century Strategic Allocation: Moderate Investment Fund #	622,038.095 shares	**	4,422,691
	American Century Strategic Allocation: Aggressive Investment Fund #	48,495.785 shares	**	406,880
	American Funds EuroPacific Growth Fund #	3,579.970 shares	**	180,430
	Columbia Small Cap Index Fund #	6,152.644 shares	**	142,864
	Federated Mid Cap Index Fund #	11,575.831 shares	**	327,364
	Federated Max Cap Index Fund #	12,292.169 shares	**	198,764
	Federated Total Return Bond Fund #	16,122.603 shares	**	175,575
	Goldman Sachs Small/Mid Cap Growth Fund #	14,225.811 shares	**	329,167
	Invesco Real Estate Fund #	1,098.795 shares	**	27,151
	MFS Core Equity Fund #	25,921.292 shares	**	745,755
	Oppenheimer Developing Markets Fund #	162.902 shares	**	5,684
	PIMCO Commodity Real Return Strategy Fund #	58.350 shares	**	257
	Total pooled participant accounts			9,787,979
	<b>Independently Directed Participant Accounts #</b>		**	11,498,868
	<b>Participant notes receivable</b>	Interest rates of 4.25%	-	194,047
	Total assets held at end of year			<u>\$ 21,480,894</u>

\*\* Cost basis not maintained at the Plan level

# Participant directed accounts

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL  
EMPLOYEES' 401(k) PROFIT SHARING PLAN

EIN: 91-0852217

Plan Number: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of June 30, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>Pooled Participant Accounts:</b>			
	<b>Interest Bearing Cash:</b>			
	SEI Prime Obligation Fund	Money market fund	\$ 480,991	\$ 480,991
	<b>Common/Collective Trust:</b>			
	Federated Capital Preservation Fund #	138,374.501 shares	**	1,313,231
	<b>Mutual Funds:</b>			
	American Century Strategic Allocation: Conservative Investment Fund #	175,968.462 shares	**	1,031,175
	American Century Strategic Allocation: Moderate Investment Fund #	622,038.095 shares	**	4,422,691
	American Century Strategic Allocation: Aggressive Investment Fund #	48,495.785 shares	**	406,880
	American Funds EuroPacific Growth Fund #	3,579.970 shares	**	180,430
	Columbia Small Cap Index Fund #	6,152.644 shares	**	142,864
	Federated Mid Cap Index Fund #	11,575.831 shares	**	327,364
	Federated Max Cap Index Fund #	12,292.169 shares	**	198,764
	Federated Total Return Bond Fund #	16,122.603 shares	**	175,575
	Goldman Sachs Small/Mid Cap Growth Fund #	14,225.811 shares	**	329,167
	Invesco Real Estate Fund #	1,098.795 shares	**	27,151
	MFS Core Equity Fund #	25,921.292 shares	**	745,755
	Oppenheimer Developing Markets Fund #	162.902 shares	**	5,684
	PIMCO Commodity Real Return Strategy Fund #	58.350 shares	**	257
	Total pooled participant accounts			9,787,979
	<b>Independently Directed Participant Accounts #</b>		**	11,498,868
	<b>Participant notes receivable</b>	Interest rates of 4.25%	-	194,047
	Total assets held at end of year			<u>\$ 21,480,894</u>

\*\* Cost basis not maintained at the Plan level

# Participant directed accounts