Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Parti	Annuai Report	identification information				
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015	
A This ret	urn/report is for:	a single-employer plan		lan (not multiemployer) nployer information in ac		g this box must attach a the form instructions)
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFV	/C program
	T =	special extension (enter descri	· · ·			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name RETINA INS	•	GTON 401(K) P/S PLAN			1b Three-diplan nur	•
					1c Effective	
Mailing	address (include roon	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employe (EIN)	er Identification Number 46-1427591
	town, state or province	e, country, and ZIP or foreign post STON	al code (if foreign, see instr	ructions)	2c Sponsor	r's telephone number 215-840-6012
					2d Business	s code (see instructions)
411 84TH AV MEDINA, W <i>A</i>						621111
3a Plan a	dministrator's name an	nd address XSame as Plan Spons	sor.		3b Administ	trator's EIN
					3c Administ	trator's telephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
a Sponse					4c PN	
		at the beginning of the plan year			5a	8
		at the end of the plan year			5b	9
		account balances as of the end of		•	5c	9
		ticipants at the beginning of the pl	-		5d(1)	6
		rticipants at the end of the plan year			5d(2)	7
than '	100% vested	terminated employment during the			5e	1
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this return ner penalties set forth in the instructed and signed by an enrolled actuary, a plete.	ctions, I declare that I have	examined this return/re	port, including,	if applicable, a Schedule
SIGN	Filed with authorized/	valid electronic signature.	07/21/2016	JACKIE MYUNG		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as p	olan administrator
SIGN						
HERE	Signature of emplo		Date			employer or plan sponsor
Preparer's	name (including firm na	ame, if applicable) and address (ir	nclude room or suite numbe	er)	Preparer's tel	ephone number

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	ermined
Par	t III Financial Information		1								
	Plan Assets and Liabilities		(a) Beginning	•				(b) Eı	nd of	Year	
	Total plan assets	. 7a		410	195	-					3051
	Total plan liabilities	7b		440	0	-					1771
	Net plan assets (subtract line 7b from line 7a)	7c	(5) A)195				\ T - 1		2822
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				a)) Tot	tai	
	(1) Employers	8a(1)		46	3181						
	(2) Participants	8a(2)		40	1488						
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	. 8b		-11	508						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								75	5161
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			244						
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		2	2290						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								2	2534
	Net income (loss) (subtract line 8h from line 8c)	. 8i								72	2627
	Transfers to (from) the plan (see instructions)	8j									
Par									—.		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the inst	ruction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uction	ns:	
Part	•				ı	I	ī	I			
10	During the plan year:				Yes	No	N/A			Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X						2573
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a					X					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					
	2520.101-3.)	he require	d notice or one of the	10h		^					
	exceptions to providing the notice applied under 29 CFR 2520.10 Did the plan trust incur unrelated business taxable income?			10i							
J	· ·			10j							
Part	<u> </u>	onto? /!! "	Van II ann instruction	and ar	nnlat-	Cab -	Into CD	/Ear	$\overline{}$		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u></u>	Ye	es X No
	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	<u>,</u>	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2015

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

		t Identification Information		10/21/225				
-or (calendar plan year 2015 or f		01/01/2015 and ending	12/31/2015				
Α 1	This return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) (a list of participating employer information in a					
P -	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report					
D	rnis return/report is:	⊢ '						
		an amended return/report	a short plan year return/report (less than 12 m	ionus)				
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	DFVC progr	ram			
× 110	irtili Basic Plan Inf	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
	<u>ift≋ii∤i Basic Pian int</u> Name of plan	ormation enter all requested	information	1b Three-digit				
·u		F Washington 401/2) D/s	I Plan	plan number				
	veciua institute (of Washington 401(k) P/S	Pian	(PN) ►	001			
_				1c Effective date 01/01/201	1			
2a	Mailing Address (include re	loyer, if for a single-employer plan) com, apt., suite no. and street or P.C nce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see instructions)	2b Employer Ider (EIN) 46-1				
	Retina Institute		· •	2c Sponsor's tele				
				(215) 840				
	411 84th Avenue NE	ē		2d Business code (see instructions) 621111				
32	US Medina WA 98039	and address X Same as Plan Sp	Annas Nama	3b Administrator	_ F161			
γa	rian administrators name	and address [A] Same as Plan Sp	onsor Name	3D Administrator	SEIN			
				3C Administrator	s telephone number			
4	If the name and/or EIN of to name, EIN, and the plan no	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN				
a	Sponsor's name			4c PN				
5a	Total number of participant	s at the beginning of the plan year	***************************************	5a	8			
b			***************************************	5b	9			
С	Number of participants with	account balances as of the end of	the plan year (defined benefit plans do not	5c	9			
d(Total number of active pa	articipants at the beginning of the pl	an year	5d(1)	6			
dί	2) Total number of active pa	articipants at the end of the plan ver	TF	5d(2)	7			
-,			plan year with accrued benefits that were	34(2)	*			
е			······································	5e	1			
Ca	ution: A penalty for the lat	e or incomplete filling of this retu	m/report will be assessed unless reasonable car	use is established.				
Un SB	ider penalties of perjury and 3 or Schedule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have examined this return/re as well as the electronic version of this return/repor	port, including, if app	licable, a Schedule ny knowledge and			
	lief, it is true, correct, and co	mplete.						
S	IGN: 1	VY	_1+12116 Jack	6 Mull	18/			
H	ERE Signature of plan ad	ministrator	Date Enter name of individua	al signing as plan adr	ministrator			
	IGN ///	1/2	7/21/16 = QUATE	Mun				
	ERE Signature of employ	erinian shonsor	Date Enter name of individua		' - }r			
-92.7		name, if applicable) and address;	include room or suite number	Preparer's telephor				
	, , ,			1 reparer s teleprior	ie number			

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)		*****		******		X Yes	П					
_								_							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.)	•••••	•••••	•••••	•••••	•••••	X Yes	□No					
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inst			_		_	_						
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	n 402	1)?	••••••	Yes	∐ No	∐ Not d	etermined					
Pa	rt III Financial Information														
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End o	of Year						
<u>a</u>	Total plan assets	7a	41	L0,1		-			478,						
<u>b</u>	Total plan liabilities	7b			0	-			(4,7						
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	L0,1	95	-		(b) T	482,	822					
a	Contributions received or receivable from:		(a) Amount					(D) 1	Otai						
	(1) Employers	8a(1)	4	46,1	81										
	(2) Participants	8a(2)	4	10,4	88										
_	(3) Others (including rollovers)	8a(3)													
<u>b</u>	Other income (loss)	8b	(11	L,50	8)										
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							75,	161					
<u>u</u>	to provide benefits)	8d		2	44										
е	Certain deemed and/or corrective distributions (see instructions)	8e													
f	Administrative service providers (salaries, fees, commissions)	8f		2,2	90										
g	Other expenses	8g													
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,	534					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							72,	627					
<u>_i</u> _	Transfers to (from) the plan (see instructions)	8j													
	rt IV Plan Characteristics														
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instructio	ons:						
_	2A 2E 2F 2G 2J 2K 2T 3D														
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic (Codes	in the	instructior	ns:						
	rt V Compliance Questions														
10	During the plan year:		de Començão d		Yes	No	N/A		Amount						
а	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		•												
	Program)	-	-	10a		x									
b	Were there any nonexempt transactions with any party-in-interest?														
	reported on line 10a.)			10b		х									
<u>C</u>				10c		х									
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•		10d		x									
е				1.00											
	carrier, insurance service, or other organization that provides some	•	•												
	the plan? (See instructions.)			10e	Х					2,573					
f	Has the plan failed to provide any benefit when due under the plan	1?	•••••••••	10f		х									
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х									
h 	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		х									
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i											
j	Did the plan trust incur unrelated business taxable income?	•••••	•••••••••••	10j											
Pa	rt VI Pension Funding Compliance														
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)								Пуе	s X No					
11:	Enter the unpaid minimum required contribution for current year from the second s						11a			,,					
12	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					RISA?	Yes	s X No					
									2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? L Yes X No						

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Month	ctions, and e		of the letter ruling Year			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		~,				
b Enter the minimum required contribution for this plan year	•••••	12b				
c Enter the amount contributed by the employer to the plan for this plan year	••••••	12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A			
Part VII Plan Terminations and Transfers of Assets	•••••••••	163	INO IN/A			
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	7 No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		<u> </u>				
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)			
Part VIII Trust Information						
14a Name of trust		14b Trust's	EIN			
14c Name of trustee or custodian		14d Trustee telephone	or custodian's number			
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan:	•••••	Yes	☐ No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	. ,	Design- based sa harbor method	fe ADP/ACP test			
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?		Yes	□ No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	110(b):	Ratio Percenta Test	ge Average Benefit Test			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini this plan with any other plans under the permissive aggregation rules?		Yes	☐ No			
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A			
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//i instructions for tax law changes and codes).	Enter the	applicable co	ode (See			
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favorable IF	RS opinion or			
advisory letter, enter the date of that favorable letter / / . and the letter's serial number 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please endetermination letter / / .		of plan's last	favorable			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	☐ No			
19 Were in-service distributions made during the plan year?	••••••	Yes	☐ No			
If Yes, enter amount	••••••	19				
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A			