Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pa	art I	Annual Repor	t Ide	entification Information	1								
For	calenda	ar plan year 2015 or t	fiscal	plan year beginning 01/01/2	2015		and ending 12	2/31/2	015				
A 7	Γhis ret	urn/report is for:	X	a single-employer plan			an (not multiemployer) ployer information in ac	•	•				
				a one-participant plan		foreign plan							
Вт	his retu	urn/report is		the first return/report an amended return/report	=	e final return/report short plan year return	/report (less than 12 m	months)					
C	Check b	box if filing under:		Form 5558	au	utomatic extension			DFVC progr	ram			
				special extension (enter descri	ription)								
Pa	rt II	Basic Plan Inf	orm	nation—enter all requested in	formatio	on							
	Name							1b	Three-digit				
RETI	NA INS	STITUTE OF WASHII	NGT	ON CASH BALANCE PLAN					plan number	000			
								_	(PN) •	002			
								1C	Effective date of 01/0	f plan 1/2013			
	Mailing	address (include roo	om, a	, if for a single-employer plan) apt., suite no. and street, or P.C country, and ZIP or foreign post		liftoroign coo instru	uctions)	2b	Employer Identification (EIN) 46-1	fication Number 427591			
		TITUTE OF WASHIN			ai code	t (ii foreign, see msuc	ictions)	2c	Sponsor's telep 215-84	hone number 40-6012			
								2d	Business code (see instructions)			
	1 84TH AVENUE NE EDINA, WA 98039								621111				
32	Dlan a	dministrator's name s	and a	nddress XSame as Plan Spons	eor			3h	Administrator's I	=INI			
ou	i iaii a		aria a	duices Moanic as Fian opon	301.				Administrator 3 i	_U V			
								3c	Administrator's t	elephone number			
4				an sponsor has changed since or from the last return/report.	the last	t return/report filed fo	r this plan, enter the	4b	EIN				
а		or's name		······································				4c	PN				
5a	Total r	number of participant	s at t	the beginning of the plan year				5	а	7			
_				the end of the plan year				5	b	8			
	Numbe	er of participants with	acc	ount balances as of the end of	the plai	n year (defined benef	fit plans do not	5	С				
d(1) Tota	al number of active p	artici	pants at the beginning of the pl	an year	r		5d	(1)	7			
	-			pants at the end of the plan year				5d	(2)	8			
-	Numb	er of participants tha	t terr	minated employment during the	plan y	ear with accrued ben	efits that were less	5		0			
	tion: A	penalty for the late	or i	ncomplete filing of this returi	n/repor	t will be assessed u	ınless reasonable cau						
SB	or Sche		and s	penalties set forth in the instruction in the instruction of the penalties actuary, are the penalties actuary, are the penalties are the p									
SIG	N			d electronic signature.		07/21/2016	JACKIE MYUNG		_				
HER	(E	Signature of plan	adm	inistrator		Date	Enter name of individ	ual siç	gning as plan adn	ninistrator			
SIG													
HER	RE	Signature of empl	oyer	/plan sponsor		Date	Enter name of individ	ual sid	ning as emplove	r or plan sponsor			
Prep	arer's			e, if applicable) and address (ir	nclude r				parer's telephone				

F	orm 5500-SF 2015		Page 2							
b Are you of under 29	of the plan's assets during the plan year invested in eligibelaiming a waiver of the annual examination and report of CFR 2520.104-46? (See instructions on waiver eligibility aswered "No" to either line 6a or line 6b, the plan cannot be supported to the	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	No No
-	n is a defined benefit plan, is it covered under the PBGC in						_	No □	Not determ	ined
	Financial Information				0=1)1	Ц				
	ets and Liabilities		(a) Beginning	n of Vo	ar			(b) End	of Vear	
	n assets	. 7a	(a) Degiiiiiii		8077			(b) Liid	57001	9
	n liabilities									
	assets (subtract line 7b from line 7a)			388	8077				57001	9
	Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
a Contribut	Contributions received or receivable from: (1) Employers							V-7		
(2) Parti	cipants	8a(2)								
(3) Othe	rs (including rollovers)	. 8a(3)								
b Other inc	ome (loss)	. 8b		-1	638					
	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							18194	2
	paid (including direct rollovers and insurance premiums benefits)	. 8d								
	eemed and/or corrective distributions (see instructions)	. 8e								
	rative service providers (salaries, fees, commissions)	. 8f								
g Other exp	penses	. 8g								
h Total exp	enses (add lines 8d, 8e, 8f, and 8g)	. 8h								
i Net incor	ne (loss) (subtract line 8h from line 8c)	. 8i							18194	-2
j Transfers	s to (from) the plan (see instructions)	8j								
Part IV	Plan Characteristics									
	in provides welfare benefits, enter the applicable welfare formpliance Questions	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ons:	
	he plan year:			1	Yes	No	N/A		Amount	
describ	ere a failure to transmit to the plan any participant contributed in 29 CFR 2510.3-102? (See instructions and DOL's \m)	oluntary F	Fiduciary Correction	10a		X				
	ere any nonexempt transactions with any party-in-interes			10b		X				
	e plan covered by a fidelity bond?			10c		Χ				
d Did the	plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused	10d		X				
e Were a carrier,	ny fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides son? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e	Х					1821
	plan failed to provide any benefit when due under the pla			10f		X				
g Did the	plan have any participant loans? (If "Yes," enter amount a	as of year o	end.)	10g		X				
h If this is	an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10h						
i If 10h w	ras answered "Yes," check the box if you either provided to box to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
j Did the	plan trust incur unrelated business taxable income?			10j						
Part VI Pe	ension Funding Compliance									
	defined benefit plan subject to minimum funding requirem nd line 11a below)	•			•			•	X Yes	No
11a Enter th	e unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12 Is this a	defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	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	e 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?			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	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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 pland the letter's serial representation of the letter's series of the l		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 fa	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	5	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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

Fo	r calendar	r plan year 2015	or fiscal plan y	ear beginning	01/01/2015			and endi	ng 12/3	1/2015	
•	Round o	ff amounts to	nearest dollar.								
•	Caution:	A penalty of \$1	1,000 will be ass	sessed for late filir	ng of this repo	rt unless reaso	nable ca	use is establish	ed.		
	Name of p		ASHINGTON C	ASH BALANCE F	PLAN			B Three-dig	•	•	002
		sor's name as s		a of Form 5500 or	r 5500-SF			D Employer	Identificat 46-1427	ion Number (7591	EIN)
Е	Type of pla	an: X Single	Multiple-A	Multiple-B	F	Prior year pla	n size: >	100 or fewer	101-50	00 More	han 500
Р	art I	Basic Inforr	nation								
1		ne valuation dat		Month 12	Day <u>31</u>	Year <u>2</u>	015	_			
2	Assets:										
	a Marke	et value							2a		386439
	b Actua	arial value							2b		386439
3	Funding	g target/particip	ant count break	down			٠,	Number of rticipants	•	ted Funding arget	(3) Total Funding Target
	a For re	etired participar	nts and beneficia	aries receiving pay	yment			0		(0
	b For te	erminated veste	ed participants					0		(0
	C For a	ctive participan	ts					8		202703	202703
	d Total							8		202703	202703
4				e box and comple				.П			
	a Fund	ing target disre	garding prescrib	ed at-risk assump	otions				4a		
				umptions, but disronsecutive years					4b		
5	Effectiv	e interest rate							5		6.81%
6	Target	normal cost							6		96449
	To the best of accordance combination	with applicable law a	e information supplied and regulations. In my		sumption is reasor						bed assumption was applied in and such other assumptions, in
	SIGN HERE									05/23/2	2016
			Signa	ture of actuary						Date	
SC	OCTT HAR	RISON, FSPA,	APA							14-02	175
			Type or pr	int name of actua	ry				Most re	ecent enrollm	ent number
TH	IE RAYMO	OND COMPANY	/							480-28	9-3474
	45 E SOU ESA, AZ 8	THERN AVE # ² 5206		Firm name				To	elephone	number (inclu	uding area code)
			Add	ress of the firm				_			
lf th	e actuary l	hae not fully rof		ation or ruling pro	mulaatod usd	ler the statute i	n comple	ating this school	ıla chook	the hov and	
	e actuary i	nas not fully fel	iecteu arry regui	auon or runny pro	muiyateu unu	ici ilic statute l	Comple	zung una scriedt	ne, crieck	THE DUX AIIU)

Page	2	_
ı ayc	_	

Pa	art II B	eginning of Year	Carryov	er and Prefunding Ba	alances						
						(a) (Carryover balance		(b) F	Prefundi	ng balance
7		0 0 , ,		cable adjustments (line 13 fi	•			0			65444
8			,	unding requirement (line 35				0			0
9	Amount rei	maining (line 7 minus lir	ne 8)					0	65444		
10	Interest on	line 9 using prior year's	actual ret	urn of%				0			-151
11	Prior year's	s excess contributions to	be added	I to prefunding balance:							
	a Present	value of excess contribu	utions (line	38a from prior year)							136480
				Ba over line 38b from prior ye interest rate of%							0
	b(2) Interes	est on line 38b from prid	or year Sch	edule SB, using prior year's	actual						0
											0
		0 0	. ,	ear to add to prefunding balan							136480
	d Portion of	of (c) to be added to pre	funding ba	lance							136480
12	Other redu	ctions in balances due	to elections	or deemed elections				0			0
13	Balance at	beginning of current ye	ar (line 9 +	line 10 + line 11d – line 12)			0			201773
P	art III	Funding Percenta	iges								
14	Funding ta	rget attainment percent	age							14	84.32 %
15 Adjusted funding target attainment percentage								15	189.04 %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								e 	16	97.94 %	
17	If the curre	nt value of the assets o	f the plan is	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Contributions and	d Liquid	ity Shortfalls							
18	Contributio			ear by employer(s) and emp	oloyees:						
(M	(a) Date 1M-DD-YYY	(b) Amount pa Y) employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer((0		int paid by oyees
•	5/16/2016		183580	0		,	, ,	,			,
				-							
					Totals ▶	18(b)		183580	18(c)		
19	Discounted	d employer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of the	e year:			
	a Contribu	tions allocated toward u	ınpaid mini	imum required contributions	from prior	years		19a			0
	b Contribu	tions made to avoid res	trictions ad	ljusted to valuation date				19b			0
	C Contribut	tions allocated toward mi	nimum requ	uired contribution for current y	ear adjuste	d to valuation	n date	19c			179084
20	•	contributions and liquidit	•							-	
		_		he prior year?						<u> </u>	Yes No
				installments for the current	-	-	manner?				Yes X No
	C If line 20	a is "Yes," see instructi	ons and co	mplete the following table a							
	(-	1) 1st		Liquidity shortfall as of eaction (2) 2nd	nd of quarte	er of this pla (3)	n year 3rd			(4) 4th	า
	(0		0		(5)	0			,	0

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost								
21	Discou	unt rate:											
	a Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment		N/A, full yie	eld curv	e used				
	b App	licable month (enter code)			21b			0				
22	Weigh	ted average ret	tirement age			. 22			62				
23	Mortal	ity table(s) (se	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te						
Pa	rt VI	Miscellane	ous Items										
24		-		uarial assumptions for the current				ed Yes	X No				
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No				
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No				
27		•	•	er applicable code and see instruc	ctions regarding	27							
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years								
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28			0				
29				unpaid minimum required contrib		29			0				
30	Remai	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29)		30			0				
Pa	rt VIII	Minimum	Required Contribution	For Current Year									
31	Targe	t normal cost a	nd excess assets (see instruct	ions):									
	a Targ	et normal cost	(line 6)			. 31a			96449				
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b			0				
32	Amorti	ization installme	ents:		Outstanding Bala	ance	Insta	llment					
	a Net	shortfall amorti	zation installment			31778			5322				
	b Wai	ver amortization	n installment			0	0						
33				ter the date of the ruling letter grar) and the waived amount	0	33							
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			101771				
				Carryover balance	Prefunding bala	nce	Total b	alance					
35			use to offset funding	0		0			0				
36	Additio	onal cash requi	rement (line 34 minus line 35)			. 36			101771				
37			•	ontribution for current year adjuste		37			179084				
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)									
	a Tota	l (excess, if any	y, of line 37 over line 36)			. 38a			77313				
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	. 38b			0				
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39			0				
40	Unpaid	d minimum requ	uired contributions for all years	i		40			0				
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)							
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:									
	a Sche	edule elected				Г	2 plus 7 years	15	years				
	b Eligi	ble plan year(s) for which the election in line	41a was made		200	8 2009 20	10	2011				
42	Amour	nt of acceleration	n adjustment			42	<u> </u>						
			-	d over to future plan years		43							

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 section 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.

2015

1210-0089

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part Annual Report	rt Identification Information	1	mr 0000-ar.	
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015 and ending	12/31/201	.5
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report	a multiple-employer plan (not multiem) a list of participating employer informal a foreign plan the final return/report	oloyer) (Filers checking th tion in accordance with th	is box must attach
	an amended return/report	a short plan year return/report (less that	an 12 months)	
C Check box if filing under:	Form 5558 special extension (enter desc		☐ DFVC p	rogram
	formation enter all requested	information		
1a Name of plan Retina Institute	of Washington Cash Balar	nce Plan	1b Three-digit plan numb (PN) ► 1c Effective do	002 ate of plan
2a Plan sponsor's name (emp	floyer, if for a single-employer plan)		01/01/2	
Mailing Address (include ro City or town, state or provi	oom, apt., suite no. and street or P.C nce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see instructions)		dentification Number -1427591
Retina Institute (of Washington		2C Sponsor's (215) 8	ielephone number 40-6012
411 84th Avenue NI	3		2d Business c 621111	ode (see instructions)
US Medina WA 98039				
3a Plan administrator's name	and address 🗓 Same as Plan Sp	onsor name	3b Administrat	or's EIN
4 if the name and/or EIN of the 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7
b Total number of participant	s at the end of the plan year	ra prod doo lobba påvonna prina pilaa kaa khel polippovonna onna nika propensed pola p	5b	8
 C Number of participants with 	account balances as of the end of	the plan year (defined benefit plans do not		
	articipants at the beginning of the pla			7
d(2) Total number of active pa	articipants at the end of the plan yea	If	5d(2)	8
e Number of participants that less than 100% vested	t terminated employment during the	plan year with accrued benefits that were	5e	0
Caution: A penalty for the lat	e or incomplete filing of this retu	n/report will be assessed unless reasona	ble cause is established	
belief, it is true, correct, and co	and signed by an enrolled actuary.	as well as the electronic version of this return	turn/report, including, if a n/report, and to the best o	pplicable, a Schedule f my knowledge and
SIGN (ALM)	V Y	_ 7/20/16 Jack	ie muun	9
HERE Signature/of plan, ad	ministrator	Date Enter name of in	ndividual signing as plan a	ministrator
SIGN, (104/	7/20/16 Jack	TO Myul	19
HERE Signature of employ		Date Enter name of in	ndividual signing as emplo	yer or plan sponsor
Preparers name (including firm	name, if applicable) and address; i	nclude room or suite number	Preparer's teleph	one number

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (\$	See instructions.)	•••••			•••••	•••••	X Yes	□No
_	Are you claiming a waiver of the annual examination and report of ar	`	,	ıntant	(IQP/	A)				
	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			_		- N		
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?		Yes	X No	Not d	etermined
Pa	rt III Financial Information					1				
7	Plan Assets and Liabilities	_	(a) Beginning of			+		(b) End c		
	Total plan assets	7a	38	38,0	77	+			570	,019
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	20	38,0	77	+			570	010
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		<i>, ,</i>			(b) To		,019
	Contributions received or receivable from:		, ,					()		
	(1) Employers	8a(1)	18	33,5	80					
	(2) Participants	8a(2)								
b	Other income (loss)	8a(3) 8b	(1	L,63	8)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	(-	-,05					181	. 942
	Benefits paid (including direct rollovers and insurance premiums									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	to provide benefits)	8d								
<u>e</u> f	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i							181	,942
j	i Transfers to (from) the plan (see instructions)									
Pa	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	1A 1C									
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	instruction	ıs:	
\Box										
Pa	rt V Compliance Questions					ı				
<u>10</u>	During the plan year:			1	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?	(Do not i	nclude transactions							
	reported on line 10a.)			10b		Х				
				10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•		10d		х				
е	, , , , , , , , , , , , , , , , , , , ,		,							
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e	х					1,821
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan			10f		х				
-										
<u>g</u>			· · · · · · · · · · · · · · · · · · ·	10g		Х				
n	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)									
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
j	j Did the plan trust incur unrelated business taxable income?									
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								X Ye	s 🗌 No
11:	Enter the unpaid minimum required contribution for current year from the contribution for current year.						11a			0
12	·		· · · · · · · · · · · · · · · · · · ·)2 of El	RISA?	Ye	s X No

Form 5500-SF 2015 Page 3	3		
(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 ye granting the waiver.			f the letter ruling 'ear
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip		<u> </u>	
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 signature)	0	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			□ No □ N/A
Part VII Plan Terminations and Transfers of Assets	••••••	····· L 1 1 C3	LINO LINA
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No.
	••••••	13a	110
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plant which assets or liabilities were transferred. (See instructions.)			
13c(1) Name of plan(s):	130	c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information		_	
14a Name of trust		14b Trust's El	N
14c Name of trustee or custodian		14d Trustee of telephone n	
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 dematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ferrals and employer	Design- based safe harbor method	ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curritesting method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) 2(a)(2)(ii))?) and 1.401(m)-	☐ Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements ur	nder section 410(b):	Ratio Percentage Test	Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) this plan with any other plans under the permissive aggregation rules?	4) by combining	☐ 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 instructions for tax law changes and codes).	/Enter th	e applicable cod	le (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submit		a favorable IRS	S opinion or
advisory letter, enter the date of that favorable letter / / and the letter's 17d If the plan is an individually-designed plan and recieved a favorable determination letter from II determination letter / / / .		e of plan's last fa	vorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.		☐ 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 (regard not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A

Summary of Plan Provisions Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

Plan Effective Date January 1, 2013

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Normal Retirement AgeAll participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 62

Completion of 5 years of participation from beginning of entry

year

Normal Retirement Benefit Based on their group classification, participants receive a cash

balance contribution equal to a percentage of compensation or a

fixed dollar amount as follows:

Group 1: \$80,000.00 Group 2: \$80,000.00

Group 3: 2% of compensation

Maximum benefit is \$17,500.00 per month Maximum percent of salary is 100%

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Termination Benefit Upon termination for any reason other than death or retirement a

participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting

at a 1 1 accordance with the following

schedule:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1.000 hours

Attachment to 2015 Schedule SB, Part V - EIN: 46-1427591 PN: 002

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN

Summary of Plan Provisions Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

Top-Heavy Minimum Benefit Top-heavy minimum benefits are provided under another plan of the

employer

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued benefits

in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This

plan is currently top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance The Interest Crediting Rate for this plan year is 5.00%

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

7 6/1	Sion Bonani Guarany Gorporation	File as an attachment to F	Form 5500 or 5500-SF.			
For cale	endar plan year 2015 or fiscal pl	an year beginning 01/01/2015	and er	ding 12/	31/2015	
	nd off amounts to nearest do					
Cau	tion: A penalty of \$1,000 will be	assessed for late filing of this report unless	reasonable cause is establis	shed.		
A Name	e of plan		B Three-	digit		002
RETIN	A INSTITUTE OF WASHINGTO	ON CASH BALANCE PLAN	plan nu	ımber (PN)	>	
C Plan	sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF	D Employ	er Identifica	tion Number (E	IN)
Retina	Institute of Washington		46-142759	1		
Е Туре	of plan: X Single Multiple	-A Multiple-B F Prior ye	ear plan size: X 100 or fewer	101-	More th	an 500
Part I	Basic Information			3		
	iter the valuation date:	Month 12 Day 31 Y	ear 2015			
2 As	sets:					
aı	Market value			2a		386439
b,	Actuarial value			2b		386439
3 Fu	inding target/participant count b	reakdown	(1) Number of participants		sted Funding Farget	(3) Total Funding Target
a	For retired participants and ben	eficiaries receiving payment			. 0	0
b	For terminated vested participal	nts			0	0
CI	For active participants		8		202703	202703
ď	Total				202703	202703
4 If t	he plan is in at-risk status, chec	k the box and complete lines (a) and (b)		*		
а	Funding target disregarding pre	scribed at-risk assumptions		4a		The second secon
b		assumptions, but disregarding transition rule ve consecutive years and disregarding loading		4b		1;
5 Eff	fective interest rate			5		6.81 %
6 Ta	rget normal cost			6	4.	96449
To the	ent by Enrolled Actuary best of my knowledge, the information st dance with applicable law and regulations inalion, offer my best estimate of anticipat	applied In this schedule and accompanying schedules, state In my opinion, each other assumption is reasonable (taking ad experience under the plan.	rments and attachments, if any, is cor g into account the experience of the p	nplete and acc lan and reasor	urate. Each prescrib- nable expectations) a	ed assumption was applied in and such other assumptions, in
SIG HER	100000000000000000000000000000000000000	RSH			05/23/20	16
	S	ignature of actuary			Date	
	Sco	tt Harrison, FSPA, APA		JII MA	14-0217	75
	• • • • • • • • • • • • • • • • • • • •	or print name of actuary		Most	recent enrollme	nt number
	Th	e Raymond Company	· · · · · · · · · · · · · · · · · · ·		(480) 28	9-3474
	4545 E	Firm name Southern Ave., Suite 108		Telephone	number (includ	ling area code)
		Mesa, AZ 85206				
		Address of the firm				
If the acti		regulation or ruling promulgated under the sta	atute in completing this sche	dule, chec	k the box and s	ее

Part II Beginning of Year Carryover and Prefunding Balances										
	-			(a) Carryover balance			(b) Prefunding balance			
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)				. 0			65444		
8		for use to offset prior year's				0			0	
9	Amount remain	ing (line 7 minus line 8)					0			65444
10	Interest on line	9 using prior year's actual r	eturn of0.23 %				0			-151
11	Prior year's exc	ess contributions to be add	ed to prefunding balance:							
	a Present value	e of excess contributions (lin	ne 38a from prior year)							136480
			38a over line 38b from prior yetive interest rate of 0.00 %							0
	b(2) Interest o	n line 38b from prior year S	chedule SB, using prior year	s actual						
										0
	C I otal available	e at beginning of current plan	year to add to prefunding bala	nce						136480
	d Portion of (c)	to be added to prefunding	balance							136480
12	Other reduction	s in balances due to election	ons or deemed elections		0 0					
13	Balance at begi	nning of current year (line s	9 + line 10 + line 11d – line 12	2)			0			201773
Pa	art III Fur	nding Percentages								
14	4 Funding target attainment percentage								14	84.32 %
	5 Adjusted funding target attainment percentage								15	189.04 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	97.94 %	
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									
Part IV Contributions and Liquidity Shortfalls										
18	18 Contributions made to the plan for the plan year by employer(s) and employees:									
(M	(a) Date IM-DD-YYYY)	(b) Amount paid by employer(s)		(c) Amount paid by employees (MM-DD-YYYY) emplo			, , , , , ,			
<u> </u>	5-16-2016	18358				1 1 1 1 1 1 1	,		- 1	.,
		!		Totals ▶	18(b)	1	83580	18(c)		C
19	Discounted emp	oloyer contributions – see ir	nstructions for small plan with	a valuation da	ate after th	e beginning of the	year:	•	•	
a Contributions allocated toward unpaid minimum required contributions from prior years										
b Contributions made to avoid restrictions adjusted to valuation date								0		
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date						date	19c			179084
20 Quarterly contributions and liquidity shortfalls:										
	a Did the plan	have a "funding shortfall" fo	r the prior year?							Yes No
	b If line 20a is	"Yes," were required quarte	rly installments for the currer	nt year made in	n a timely r	manner?			<u> </u>	Yes X No
			complete the following table a		-					
		_	Liquidity shortfall as of end of quarter of this p							
	(1) 1	st	(2) 2nd		(3) 3rd		1	(4) 4th		
		ı		1			1			

Pa	rt V	Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discou	Discount rate:									
	a Seg	gment rates:	1st segment: 4.72%)	N/A, full yield curve used						
	b App	licable month (21b	0							
22	Weigh	ted average re	tirement age			22	62				
23	Mortal	ity table(s) (se	e instructions) X Pro	escribed - combined Pr	escribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment										
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instruction	s regarding required attac	hment	Yes X No				
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ictions regarding required	attachment	Yes X No				
27				ter applicable code and see instru		27					
Pa	rt VII	Reconcilia	ation of Unpaid Minim	ım Required Contributio	ns For Prior Years						
28	Unpaid	d minimum requ	uired contributions for all prior	years		28	0				
29			contributions allocated toward		29	0					
30	Remai	ning amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0				
Pa	Part VIII Minimum Required Contribution For Current Year										
31	Targe	t normal cost a	nd excess assets (see instruc	tions):							
	a Targ	96449									
	b Exce	ess assets, if a	pplicable, but not greater than	line 31a		31b	0				
32	Amorti	zation installme	ents:		Outstanding Bala	ince	Installment				
	a Net	shortfall amorti	zation installment			31778	5322				
	b Wai	ver amortization	n installment			0	0				
33	If a wa (Month										
34	Total f	unding require	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	101771				
				Carryover balance	Prefunding bala	nce	Total balance				
35			use to offset funding		0	0	0				
36	Additio	onal cash requi	rement (line 34 minus line 35)			36	101771				
37	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)						179084				
38	38 Present value of excess contributions for current year (see instructions)										
	a Total (excess, if any, of line 37 over line 36)										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b											
39	Unpaid	d minimum requ	uired contribution for current y	39	0						
40	pro										
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)											
41 If an election was made to use PRA 2010 funding relief for this plan:											
	a Sche	edule elected					2 plus 7 years 15 years				
	b Eligible plan year(s) for which the election in line 41a was made										
42	Amoun	nt of acceleration	n adjustment			42					
43	3 Excess installment acceleration amount to be carried over to future plan years										

Shortfall Amortization Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
12/31/2014	7-year	6	\$316	\$1,676
12/31/2015	7-year	7	<u>\$5,006</u>	\$30,102
Total	-		\$5,322	\$31,778

Employer ID# 46-1427591: Plan No. 002

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2015

Rate

6.81%

Period

05-16-2016 to 12-31-2015

	Totals:	183,580.00		179,084.26
19	Discounted employer of	ontributions see instructions for small plan with a valuation date after the beginning	of the y	ear
a	Contributions allocat	ed toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made t	o avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocat	ed toward minimum required contribution for current year, adjusted to valuation date	19c	179.084.26

Year

2015

Amount

183,580.00

Attachment to 2015 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 46-1427591 PN: 002

RETINA INSTITUTE OF WASHINGTON CASH BALANCE PLAN

Weighted Average Retirement Age Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from beginning of entry year

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

		For Fu <u>Min</u>	ınding <u>Max</u>	<u>For 417</u>	<u>(e)</u>	For Actuarial Equiv.		
Interest Rates	Seg 1:	4.72%	1.39%	Seg 1:	1.82%	Pre-Retirement: 5.50%		
	Seg 2:	6.11%	3.98%	Seg 2:	4.12%	Post-Retirement: 5.50%		
	Seg 3:	6.81%	5.00%	Seg 3:	5.01%			
Pre-Retirement								
Turnover	None			None		None		
Mortality	None			None		None		
Assumed Ret Age	Normal retirement age 62 and 5 years of participation			Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation		
Post-Retirement								
Mortality Male-modified RP2000 combined healthy male projected 30 & 22 years Female-modified RP2000 combined healthy female projected 30 & 22 years		2015 Applicable Mortality Table from Notice 2013-49		2015 Applicable Mortality Table from Notice 2013-49				
Assumed Benefit Form For Funding				Normal Form				
Calculated Effective Interest Rate				6.81%				
Cash Balance Projected Interest Crediting Rate				5.00%				
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.