Form 5	500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
Department of t Internal Reven		This form is required to be file	Benefit Pla		otiromont		2015		
Employee Benefits Sec	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code). Pension Benefit Guaranty Corporation Revenue Code (the Code).						rm is Open to Inspection		
				nstructions to the Form 5	500-SF.				
		dentification Information		and ending 12	2/31/2015				
	,	x a single-employer plan		er plan (not multiemployer)		king this box	must attach a		
A This return/rep	ort is for:	a one-participant plan	list of participating	g employer information in ac	cordance wi	th the form i	nstructions)		
B This return/repo	ort is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check box if fil	ing under:	X Form 5558	automatic extension	on	0 D	FVC progra	m		
Part II Bas	ic Plan Infor	special extension (enter desc mation—enter all requested in							
1a Name of plan		mation—enter all requested in	formation		1b Three	-diait			
EYEDENTITY 401(K) PLAN					number	001		
					1c Effect	ive date of p 01/01/			
Mailing addres	ss (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo (EIN)		ation Number		
City or town, s SENE TEIGEN, O.D		country, and ZIP or foreign post	al code (if foreign, see	instructions)	2c Spons	sor's telepho 509-468			
					2d Busine	ess code (se	e instructions)		
671 NORTH NEVE POKANE, WA 992						62132	0		
3a Plan administr	rator's name and	address XSame as Plan Spon	sor.		3b Admir	nistrator's El	N		
					3c Admir	histrator's te	ephone number		
A Killer and a			the last set of last set C	a d fan dd'a wlan a safar da s	41				
	nd the plan numb	blan sponsor has changed since ber from the last return/report.	the last return/report ill	ed for this plan, enter the	4b EIN 4c PN				
5a Total number	of participants a	t the beginning of the plan year.			5a		13		
b Total number	of participants a	t the end of the plan year			5b		14		
	•	count balances as of the end of		•	5с		14		
d(1) Total numb	er of active parti	cipants at the beginning of the p	lan year		5d(1)		7		
		cipants at the end of the plan ye			5d(2)		10		
than 100% v	ested	rminated employment during the			5e		0		
Under penalties of SB or Schedule M	perjury and othe B completed and	r incomplete filing of this retur er penalties set forth in the instru signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/re	port, includin	g, if applical			
belief, it is true, coSIGNFiled w		alid electronic signature.	10/06/2016	GENE O. TEIGEN					
HERE	ature of plan ad		Date	Enter name of individ	ual signing a	s plan admi	nistrator		
SIGN HERE									
Signa		er/plan sponsor me, if applicable) and address (ii	Date	Enter name of individ		s employer telephone n			
					i iopaici s				
For Paperwork Red	uction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.		F	orm 5500-SF (2015)		

			0					
	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 a	an indepe	ndent qualified public a	ccounta	ant (IQ	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann		,					X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	No Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a		680	598			683193
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		680	598			683193
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		9	869			
	(2) Participants	8a(2)		10	874			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		7	057			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						27800
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19	962			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		5	243			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25205
<u> i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						2595
j	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2A 3D 2F 2T	feature co	odes from the List of Pla	an Chai	racteris	stic Co	des in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plar	n Chara	cterist	ic Cod	les in th	e instructions:
Par	t V Compliance Questions					-	-	
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest							
	reported on line 10a.)			10b		Х		
C				10c		Х		
C	by fraud or dishonesty?			10d		X		
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).					X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	ənd.)	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Dar	VI Pension Funding Compliance					r		

Part	VI Pension Funding Compliance	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (For 5500) and line 11a below)	rm Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERIS	A? Yes X No

Form 5500-SF 2015

Page **3** - 1

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	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted 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				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	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						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
D		e PBGC?				Yes 🗙	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		14b	Trusťs E	IN		
14c	Narr	e of trustee or custodian		14d		's or custodi ne number	an's	
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Y	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		Average benefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No		
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Y€	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A	

De	partment of the Treasury	Short Form Ann	ual Return/Repo Benefit Plan	rt of Small Emp	loyee		OMB Nos. 1210-011 1210-008		
In	ternal Revenue Service	This form is required to be fi	led under sections 104 and	d 4065 of the Employee I	Retirement		2015		
Employee	Benefits Security Administratio	44	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						
Pension	Benefit Guaranty Corporation	Complete all entries in	Complete all entries in accordance with the instructions to the Form						
Part I	Annual Repor	t Identification Informatio	n	structions to the Form t	JJUU-3F.	L			
For calen	dar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12	/31/20	15		
		X a single-employer plan	a multiple-employer	plan (not multiemployer)					
A This r	eturn/report is for:	a one-participant plan	list of participating e	employer information in a	accordance v	with the for	m instructions)		
B This re	turn/report is	the first return/report	the final return/report						
		an amended return/report	F-3	urn/report (less than 12 n					
C Check	box if filing under:			inneport (less than 12 n	nontns)				
onech	box ir ning under.	X Form 5558	automatic extension			DFVC pro	gram		
	1	special extension (enter desc							
Part II	Basic Plan Inf	ormation-enter all requested in	nformation						
a Name					1b Thre	e-digit			
yeuen	tity 401(k) P	lan				number	001		
					(PN)	and the second	1		
					1c Effect	01/200			
Mailin	ig address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)		2b Empl	oyer Ident	ification Number		
Gene	Teigen, O.D.,	ce, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	(EIN) 26-4287585 2c Sponsor's telephone number 509-468-2020				
9671 1	NORTH NEVEDA	STITTE 210			and the set of a second division of the secon	Contraction of the state of the	(see instructions)		
	TACTTE TATIATION								
		Sofil 210			621	320			
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Form 5500-SF 2015		Page 2			-					
 6a Were all of the plan's assets during the plan year invested in eligit b 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 cannet. c If the plan is a defined benefit plan, is it covered under the PBGC in 	an independ and conditio not use Form	ent qualified public ns.) 1 5500-SF and mus	accoun st inste	tant (IC ad use	QPA) Form	n 5500.	******	X X Not		<u></u> и
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar	T		(b) End			
a Total plan assets	7a	<u>_</u>		0,59	8		<u>(~/ End</u>			3,19
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c		68	0,59	8		GANYN CARL (son gafar fan gan		68	3,19
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) ⁻	Total		
a Contributions received or receivable from: (1) Employers	90(4)			9,86	9					
(2) Participants	8a(1) 8a(2)		1	0,87						
(3) Others (including rollovers)	8a(3)			0,01	4		·			
b Other income (loss)	8b			7,05	7					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1,05	1				2	7,80
d Benefits paid (including direct rollovers and insurance premiums		and the second secon			+					<i>,</i> 00
to provide benefits)	8d		1	9,96	2					
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f			5,24	3					
g Other expenses	8g									
 h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c) 	8h		<u></u>						and the second se	5,20
j Transfers to (from) the plan (see instructions)	<u>8i</u>									2,59
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions								ions.		
10 During the plan year:				Yes	No	N/A				
 a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest 	oluntary Fidu	iciary Correction	10a	163	X			Amo	ount	
reported on line 10a.)			10b		Х					
c Was the plan covered by a fidelity bond?			10c		Х					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d		х					
e 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.).	e or all of the	benefits under	10e		x			a ya a sana ka sa a		
f Has the plan failed to provide any benefit when due under the plan			10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g		X					in an
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructi	ons and 29 CFR	10g		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	-3		10i							
j Did the plan trust incur unrelated business taxable income?	*****		10j							
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)		******				ule SB (F	Form	Π	Yes	No
11a 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	requirements	of section 412 of the	ne Code	e or se	ction 3	02 of ER	RISA?		Yes	X No