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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ERIE RETINAL SURGERY, INC. CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2012

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ERIE RETINAL SURGERY, INC.

300 STATE STREET, SUITE 201
ERIE, PA 16507

2b Employer Identification Number (EIN) 25-1462552

2c Sponsor's telephone number 814-456-4241

2d Business code (see instructions) 621111

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	56
b Total number of participants at the end of the plan year	**5b**	0
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	42
d(2) Total number of active participants at the end of the plan year	**5d(2)**	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	JP DAILEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 428166. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4636051	194
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	4636051	194
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	960000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	538	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		960538
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5596300	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	95	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5596395
i Net income (loss) (subtract line 8h from line 8c)	8i		-4635857
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

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 feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		600000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
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.)	10e		X	
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 of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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	10i			

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 (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ 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 of a negative amount)	**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

13a Has a resolution to terminate the plan been adopted in any plan year?		☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ERIE RETINAL SURGERY, INC. CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ERIE RETINAL SURGERY, INC.

D Employer Identification Number (EIN)
25-1462552

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	4624632
b Actuarial value	**2b**	4624632

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	14	27013	27013
c For active participants	42	4159872	4167959
d Total	56	4186885	4194972

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	4.61 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1230139
b Expected plan-related expenses	**6b**	0
c Total (line 6a + line 6b)	**6c**	1230139

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/07/2022
Date

JONATHAN T. MURELLO
Type or print name of actuary

20-08178
Most recent enrollment number

DUNBAR, BENDER & ZAPF, INC.
Firm name

412-263-0102
Telephone number (including area code)

FRICK BUILDING, SUITE 1100
437 GRANT STREET
PITTSBURGH, PA 15219
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

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	346157
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	346157
10	Interest on line 9 using prior year's actual return of 0.44 %	0	1523
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		284719
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.87 %		13866
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		298585
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	347680

Part III Funding Percentages

14	Funding target attainment percentage	14	101.95 %
15	Adjusted funding target attainment percentage	15	110.24 %
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	98.39 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/24/2021	960000	0			
			Totals ► 18(b)	960000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	950076

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.32 %	4.79 %	5.47 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1230139
b Excess assets, if applicable, but not greater than line 31a	**31b**	81980

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1148159

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	198083	198083

36 Additional cash requirement (line 34 minus line 35)	**36**	950076
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	950076

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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 Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Plan Name: Erie Retinal Surgery, Inc. Cash Balance Pension Plan

Sponsor Name: Erie Retinal Surgery, Inc.

EIN: 25-1462552

Plan Number: 003

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service to January 1, 2021																	
	0 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
1 to 19	-		-		-		-		-		-		-		-		-		0	
20 to 24	2		-		-		-		-		-		-		-		-		2	
25 to 29	2		-		-		-		-		-		-		-		-		2	
30 to 34	10		3		-		-		-		-		-		-		-		13	
35 to 39	5		2		-		-		-		-		-		-		-		7	
40 to 44	2		2		-		-		-		-		-		-		-		4	
45 to 49	3		-		-		-		-		-		-		-		-		3	
50 to 54	1		1		-		-		-		-		-		-		-		2	
55 to 59	1		2		-		-		-		-		-		-		-		3	
60 to 64	1		2		-		-		-		-		-		-		-		3	
65 to 69	1		2		-		-		-		-		-		-		-		3	
70 to 74	-		-		-		-		-		-		-		-		-		0	
75 & up	-		-		-		-		-		-		-		-		-		0	
Total	28		14		0		0		0		0		0		0		0		42	

ERIE RETINAL SURGERY, INC. CASH BALANCE PENSION PLAN
EIN / PN: 25-1462552 / 003

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

1. Mortality:

	January 1, 2020	January 1, 2021
a. Funding:		
Pre-Retirement	None	None
Post-Retirement	RP-2000 Combined Table	RP-2000 Combined Table
Post-Retirement for Those Assumed to Elect a Lump Sum	IRC 417(e) Lump Sum Table for 2020	IRC 417(e) Lump Sum Table for 2021
b. Present Value of Accrued Benefits:	IRC 417(e) Lump Sum Table for 2020	IRC 417(e) Lump Sum Table for 2021

2. Interest Rate(s):

	January 1, 2020	January 1, 2021
a. Minimum Funding*:		
i). Segment 1	3.64%	3.32%
ii). Segment 2	5.21%	4.79%
iii). Segment 3	5.94%	5.47%
iv). Effective Rate of Interest	4.87%	4.61%
** Segment rates are based on rates issued for the fourth month prior to the beginning of the plan year as adjusted by HATFA.*		
b. Maximum Funding*:		
i). Segment 1	2.79%	2.22%
ii). Segment 2	3.92%	3.38%
iii). Segment 3	4.38%	3.92%
** Segment rates are based on the non-transitional rates issued for the fourth month prior to the beginning of the plan year*		
c. Present Value of Accrued Benefits:		
Cash Balance Credit Rate	5.00%	5.00%

3. Salary Scale: None

4. Cash Balance Account Interest Credit: 5.00% compounded annually for accumulating account balances

5. Expenses: Plan expenses are assumed to be equal to prior year expenses.

6. Form of Payment: 100% of deferred vested & active participants assumed to take a lump sum payment

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods (continued)

7. Asset Valuation Method: Market Value

8. Assumed Retirement Age: Normal Retirement Age or attained age if greater

9. Top Heavy Minimum: Minimum benefits were recognized in the defined contribution plan as of the valuation date since the plan was top heavy as of the determination date.

10. Funding Method:

Traditional Unit Credit

The actuarial cost method used in the valuation was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus the shortfall amortization charge.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Erie Retinal Surgery, Inc. Cash Balance Pension Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Erie Retinal Surgery, Inc.

D Employer Identification Number (EIN)
25-1462552

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	4,624,632
b Actuarial value	**2b**	4,624,632

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	14	27,013	27,013
c For active participants	42	4,159,872	4,167,959
d Total	56	4,186,885	4,194,972

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	4.61%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,230,139
b Expected plan-related expenses	**6b**	0
c Total (line 6a + line 6b)	**6c**	1,230,139

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — 10/7/2022 Date

Jonathan T. Murello
Type or print name of actuary — 2008178 Most recent enrollment number

Dunbar, Bender & Zapf, Inc.
Firm name — 412-263-0102 Telephone number (including area code)

Frick Building, Suite 1100
437 Grant Street
Pittsburgh PA 15219
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

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	346,157
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	346,157
10	Interest on line 9 using prior year's actual return of 0.44 %	0	1,523
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		284,719
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.87 %		13,866
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		298,585
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	347,680

Part III Funding Percentages

14	Funding target attainment percentage	14	101.95%
15	Adjusted funding target attainment percentage	15	110.24%
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	98.39%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/24/2021	960,000	0			
		Totals ► 18(b)	960,000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	950,076

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.32 %	4.79 %	5.47 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,230,139
b Excess assets, if applicable, but not greater than line 31a	**31b**	81,980

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,148,159

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	198,083	198,083

36 Additional cash requirement (line 34 minus line 35)	**36**	950,076
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	950,076

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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 Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Plan Name: Erie Retinal Surgery, Inc. Cash Balance Pension Plan

Sponsor Name: Erie Retinal Surgery, Inc.

EIN: 25-1462552

Plan Number: 003

Schedule SB, Attachment to line 19 - Discounted Employer Contributions

Date of Contribution	Contribution Amount	Plan Year Applied	(a) Applicable Effective Interest Rate	Interest Adjusted Contribution	
3/24/2021	960,000	1/1/2021	4.61%	950,076	(b)
Totals:	960,000			950,076	

(a) Increased by 5 percentage points if applicable

(b) Portion of this deposit represents a late quarterly installment

ERIE RETINAL SURGERY, INC. CASH BALANCE PENSION PLAN
EIN / PN: 25-1462552 / 003

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	Retirement Probability	Weight
62	100%	88.10
63	100%	0.00
64	100%	0.00
65	100%	2.38
66	100%	2.38
67	100%	2.38
68	100%	0.00
69	100%	0.00
70	100%	2.38
71	100%	0.00
72	100%	2.38

Weighted Retirement Age is 62.71

ERIE RETINAL SURGERY, INC. CASH BALANCE PENSION PLAN
EIN / PN: 25-1462552 / 003

Schedule SB, Part V – Summary of Plan Provisions

The following is a summary of the major provisions of the above plan as of the valuation date. Please refer to the plan document for a more complete description of the most recent plan provisions.

I. Effective Date: January 1, 2012
Restatement Effective Date: January 1, 2019
Plan Termination Date: May 31, 2021

II. Definitions

A. Actuarial Equivalence (§7.10): The applicable 417(e) mortality table (Post-Retirement Only) and 5.00% interest (Pre-Retirement) and 5.50% interest (Post-Retirement). However, the amount of any single sum distribution from the Plan will be equal to the amount credited to the Participant's Cash Balance Account on the date of the distribution.

B. Compensation (§2.10): Total earnings including deferrals pursuant to any salary reduction agreements

C. Employee (§2.23): Any Employee employed by the Employer

D. Entry Date (§2.25): Each January 1 and July 1.

E. Excluded Employee (§2.27): Any Leased Employee, any Employee covered by a collective bargaining agreement, any Employee who is a nonresident alien receiving no earned income, any Employee employed by an Affiliated Employer, and any "common law employee". Effective July 1, 2013, any Employee employed by the Employer as a Certified Registered Nurse Practitioner ("CRNP") is excluded from the plan.

F. Plan Year (§2.44): January 1 to December 31

III. Eligibility, Participation (§3.01): Each Eligible Employee will commence participation in the Plan on the Entry Date coincident with or immediately following the later of the completion of one (1) year of service and the attainment of age twenty-one (21). Notwithstanding any other provision in this Plan, each Employee who was employed by the Employer on January 1, 2013, who was not an Excluded Employee on January 1, 2013, and who had not previously commenced participation in the Plan, commenced participation in the Plan on January 1, 2013.

IV. Year of Service (§2.66): Earned for each Plan Year in which an Employee completes at least 1,000 hours

V. Income Eligibility

A. Normal Retirement Age (§2.38): The later of a participant's 62nd birthday or fifth anniversary of their date of participation.

B. Normal Retirement Date (§2.39): First day of the calendar month coincident with or immediately following the attainment of Normal Retirement Age

C. Late (§5.06): Permitted upon termination of employment

D. Early Retirement: None provided

E. Disability (§2.14): Must be a physical or mental disability that is sufficient to prevent a Participant from performing work for which he was suited prior to the such disability

VI. Retirement Income

A. Normal Form of Benefit (§5.01): Life Annuity

B. Retirement Benefit (§5.02): A Cash Balance Account will be maintained on behalf of each Participant. As of December 31, 2012 and each December 31 thereafter, the Cash Balance Account for each Cash Balance Participant who has completed 1,000 or more hours of service during the Plan Year will be credited with an amount equal to:

Participant	Cash Balance Credit (% of Comp)
Douglas B. Babel	35.00%
James P. Daily	35.00%
Robert C. Baldwin	35.00%
Each Other Participant	2.00%

As of December 31, 2013 and each Credit Date thereafter, the Cash Balance Account of each Participant will be credited with an amount equal to the percentage of the Participant's Compensation for the Plan Year ending on the Credit Date determined under the following table (provided that the Participant is credited with not less than 1,000 Hours of Service for the Plan Year):

Participant	Cash Balance Credit (% of Comp)
Douglas B. Babel	74.00%
James P. Daily	95.00%
Robert C. Baldwin	45.00%
Each Other Participant	2.00%

Effective April 15, 2020, Benefit Accruals are frozen for physician participants.

As of December 31, 2020 and each Credit Date thereafter, the Cash Balance Account of each Participant will be credited with an amount equal to the percentage of the Participant's Compensation for the Plan Year ending on the Credit Date determined under the following

table (provided that the Participant is credited with not less than 1,000 Hours of Service for the Plan Year):

Participant	Cash Balance Credit:
Douglas B. Babel	$280,300
James P. Daily	$285,000
Robert C. Baldwin	$197,900
Each Other Participant	2.00% of Compensation

Effective January 1, 2021, the Cash Balance Account of each Participant will be credited with an amount equal to the percentage of the Participant's Compensation for the Plan Year ending on the Credit Date determined under the following table (provided that the Participant is credited with not less than 1,000 Hours of Service for the Plan Year):

Participant	Cash Balance Credit:
Douglas B. Babel	$280,300
James P. Daily	$285,000
Robert C. Baldwin	$197,900
Darlene Chojnacki	$500,000
Each Other Participant	2.00% of Compensation

In addition, as of each December 31 after December 31, 2012, each such participant's Cash Balance Account will also be credited with an amount equal to the amount of his or her Cash Balance Account as of the immediately preceding December 31, multiplied by five percent (5%).

The amount of the Cash Balance Benefit as of any particular date of determination will be payable in the Normal Form of Benefit. This will be determined by accumulating the Cash Balance Account through the Participant's Normal Retirement Date (without regard to whether the Participant is credited with any additional hours of service) with interest credits at the rate specified in the above paragraph.

C. Accrued Benefit (§2.01): The benefit amount earned by a Participant as of a particular date of determination based on the cash balance provisions contained in Section 5.02.

Schedule SB, Part V – Summary of Plan Provisions (continued)

VII. Vesting:

A. Death, Disability, or Retirement (§6.01): Upon termination due to death, Disability or following attainment of Normal Retirement Age, a Participant will be one hundred percent (100%) vested regardless of the length of time employed.

B. Other Termination (§6.02): Upon termination for reasons other than death, disability, or before retirement, a Participant will be vested according to the table below. Years of service prior to the effective date of the plan will not be included.

Years of Service	Vested Percentage
Less than 3	0%
3 or more	100%

VIII. Death Benefit (§5.08):

A. If a Participant dies prior to the commencement of benefits, the Trustee will pay his or her beneficiary an amount equal to the actuarial present value of the Participant's Accrued Benefit as of the date of death.

B. Upon the death of a Participant subsequent to the commencement of benefits, his beneficiary will be entitled to whatever death benefit may be available under the settlement arrangements pursuant to which the Participant's benefit was payable.

IX. Disability Benefit (§5.09): If a Participant becomes disabled, the amount of such disability retirement benefit will be equal to the Participant's Accrued Benefit as of the date the disability is established. If the Participant elects to receive his disability retirement benefit before his Normal Retirement Date, the amount payable will be reduced to the actuarial equivalent amount based on the date benefit payments commence.

X. Payment of Benefits

A. Normal Form of Payment (§5.01): Life annuity

B. Optional Forms (§7.03): Single Sum Payment, Qualified Joint and 100% or 75% Survivor Annuities, Life annuity or Life annuity with 60, 120, 180, 240 months certain.

C. Small Retirement Income Payments (§7.04): If the present value of a Participant's vested Accrued Benefit does not exceed $5,000, a lump sum distribution will automatically be paid without requiring the Participant's consent.

ERIE RETINAL SURGERY, INC. CASH BALANCE PENSION PLAN
EIN / PN: 25-1462552 / 003

Schedule SB, Line 24 – Change in Actuarial Assumptions

The assumed retirement date for James Dailey, Darlene Chojnacki, and Robin Sedor were updated to 1/1/2022 in order to better reflect the anticipated experience of the plan.