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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                           |
| 1a      | Name of plan<br>MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST                                                                                                                                                                                                                                                      |
| 1b      | Three-digit plan number (PN) ▶ 006                                                                                                                                                                                                                                                                                               |
| 1c      | Effective date of plan<br>04/01/1989                                                                                                                                                                                                                                                                                             |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MEDICAL EYE CENTER INC<br><br>1333 E BARNETT RD<br>MEDFORD, OR 97504-8219 |
| 2b      | Employer Identification Number (EIN)<br>93-0603046                                                                                                                                                                                                                                                                               |
| 2c      | Plan Sponsor's telephone number<br>541-779-4711                                                                                                                                                                                                                                                                                  |
| 2d      | Business code (see instructions)<br>621111                                                                                                                                                                                                                                                                                       |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/25/2024 | BRADLEY RUGGERIO                                             |
|           | 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 |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 225                                                                                                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 162<br><b>6a(2)</b> 154<br><b>6b</b> 13<br><b>6c</b> 92<br><b>6d</b> 259<br><b>6e</b> 0<br><b>6f</b> 259<br><b>6g(1)</b> 216<br><b>6g(2)</b> 245<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                               |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                |                                                                                    |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST</div>    | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>006</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MEDICAL EYE CENTER INC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>93-0603046</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

No
- b

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

(b)

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

FERGUSON WELLMAN CAPITAL MANAGMENT

888 SW 5TH AVE. STE. 1200  
PORTLAND, OR 97204

93-0646988

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | NONE                                                                                              | 15264                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |                                                                    |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                         |                                                                    |
| <b>A</b> Name of plan<br><b>MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST</b>              | <b>B</b> Three-digit plan number (PN) ▶ | <b>006</b>                                                         |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEDICAL EYE CENTER INC</b>           |                                         |                                                                    |
|                                                                                                          |                                         | <b>D</b> Employer Identification Number (EIN)<br><b>93-0603046</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 311757                | 312640          |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | 0                     | 4323            |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 68229                 | 6               |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 167268                | 18212           |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 151113                | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 85652                 | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 2367656               | 1678703         |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 17274                 | 68978           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 9387236               | 10787477        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 12556185              | 12870339        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 160                   | 180             |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 160                   | 180             |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 12556025              | 12870159        |

**Part II Income and Expense Statement**

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

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 312640     |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 633567     |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 356602     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1302809   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 937        |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> | 3591       |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> | 2311       |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 4549       |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 25428      |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 36816     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> | 1952282    |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 39807      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 1992089   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            | 5172      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 3336886   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 3007395 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |         |         |
| (3) Other .....                                                                      | 2e(3)  |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 3007395 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         | 47      |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  |         |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 15310   |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |         |         |
| (7) Actuarial fees .....                                                             | 2i(7)  |         |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 15310   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 3022752 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 314134 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan .....                                   | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **KDP CERTIFIED PUBLIC ACCOUNTANTS**

(2) EIN: **93-0745639**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 252745 |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST              | B Three-digit plan number (PN) ▶                     | 006 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MEDICAL EYE CENTER INC           | D Employer Identification Number (EIN)<br>93-0603046 |     |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                  |                                                                                                                                                                                                                                                    |   |   |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1                                                                | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | 1 | 0 |
| 2                                                                | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 93-1004242 |   |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |                                                                                                                                                                                                                                                    |   |   |
| 3                                                                | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | 3 |   |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                      |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 4                                                    | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8. |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
| 5                                                    | 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| 6                                                    | a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | 6a                           |                             |                              |
|                                                      | b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                | 6b                           |                             |                              |
|                                                      | c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                          | 6c                           |                             |                              |
| If you completed line 6c, skip lines 8 and 9.        |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
| 7                                                    | Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8                                                    | If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|   |                                                                                                                                                                                                                    |                                   |                                   |                               |                             |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|    |                                                                                                                                                                                       |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><b>14b</b><br><br><b>14c</b> |  |
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>15a</b><br><br><b>15b</b>                       |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>16a</b><br><br><b>16b</b>                       |  |
| <b>17</b> If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input checked="" type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input checked="" type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>11 / 23 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q704220A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |

**MEDICAL EYE CENTER INC 401(K)  
PROFIT SHARING PLAN AND TRUST**

**AUDITED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2023 AND 2022  
AND FOR THE YEAR ENDED DECEMBER 31, 2023**

**WITH INDEPENDENT AUDITOR'S REPORT**



**Certified  
Public  
Accountants, LLP**

audit | tax | advisory | valuation | wealth



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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee  
Medical Eye Center Inc 401(k) Profit Sharing Plan and Trust  
Medford, Oregon

### Opinion

We have audited the financial statements of Medical Eye Center Inc 401(k) Profit Sharing Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Part IV, Line 4(a) – Schedule of Delinquent Participant Contributions and Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) at December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*KDP Certified Public Accountants, LLP*

KDP Certified Public Accountants, LLP  
Medford, Oregon  
October 10, 2024



## **FINANCIAL STATEMENTS AND NOTES TO FINANCIAL STATEMENTS**

**MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2023 AND 2022**

|                                          | <u>2023</u>          | <u>2022</u>          |
|------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| Investments at fair value:               |                      |                      |
| Mutual funds                             | \$ 10,264,224        | \$ 8,415,918         |
| Self-directed brokerage accounts         | <u>2,220,168</u>     | <u>3,743,007</u>     |
| Total investments at fair value          | <u>12,484,392</u>    | <u>12,158,925</u>    |
| Receivables:                             |                      |                      |
| Notes receivable from participants       | 68,978               | 17,274               |
| Employer contributions                   | 312,640              | 311,757              |
| Participant contributions                | 4,323                | -                    |
| Other                                    | <u>6</u>             | <u>68,229</u>        |
| Total receivables                        | <u>385,947</u>       | <u>397,260</u>       |
| Total assets                             | <u>12,870,339</u>    | <u>12,556,185</u>    |
| <b>LIABILITIES</b>                       |                      |                      |
| Other liabilities                        | <u>180</u>           | <u>160</u>           |
| Total liabilities                        | <u>180</u>           | <u>160</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ 12,870,159</u> | <u>\$ 12,556,025</u> |

See accompanying notes to the financial statements.

**MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2023**

**INCREASE (DECREASE) DURING THE YEAR**

Investment income:

|                                                              |               |
|--------------------------------------------------------------|---------------|
| Dividends and interest                                       | \$ 56,880     |
| Net appreciation (depreciation) in fair value of investments | 1,942,047     |
| Other income                                                 | <u>30,601</u> |

|                                |           |
|--------------------------------|-----------|
| Total investment income (loss) | 2,029,528 |
|--------------------------------|-----------|

|                                                       |       |
|-------------------------------------------------------|-------|
| Interest income on notes receivable from participants | 4,549 |
|-------------------------------------------------------|-------|

Contributions:

|                           |                |
|---------------------------|----------------|
| Participant contributions | 633,567        |
| Employer contributions    | 312,640        |
| Rollovers                 | <u>356,602</u> |

|                     |           |
|---------------------|-----------|
| Total contributions | 1,302,809 |
|---------------------|-----------|

|                               |             |
|-------------------------------|-------------|
| Benefits paid to participants | (3,007,442) |
|-------------------------------|-------------|

|                         |                 |
|-------------------------|-----------------|
| Administrative expenses | <u>(15,310)</u> |
|-------------------------|-----------------|

|                                                   |         |
|---------------------------------------------------|---------|
| Net increase in net assets available for benefits | 314,134 |
|---------------------------------------------------|---------|

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>12,556,025</u> |
|-------------------|-------------------|

|             |                             |
|-------------|-----------------------------|
| End of year | <u><u>\$ 12,870,159</u></u> |
|-------------|-----------------------------|

**MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 1 – DESCRIPTION OF PLAN**

The following description of Medical Eye Center Inc 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**General**

The Plan is a 401(k) salary deferral and profit-sharing plan covering substantially all employees of Medical Eye Center (the “Company”) and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is named as the Plan Administrator. Employees of the Company are eligible to participate in the Plan after completing three consecutive full calendar months of service in which at least one hour is worked, with no minimum age requirement. Participants must have one year of service, complete at least 1,000 hours of service during the 12 months following date of hire and be employed as of the last day of the Plan year, to be eligible to receive any employer paid discretionary matching and profit-sharing contributions. To be eligible for the employer safe harbor contribution, Participants must have one year of service, and complete at least 1,000 hours of service during the 12 months following the date of hire. Eligible wages for the safe harbor contribution start after the participant has completed 1,000 hours and the match is calculated based on total deferrals to eligible match compensation. The Plan entry date is monthly, coinciding with or next following satisfaction of service requirements.

**Contributions**

*Participant contributions:* Participants may contribute to the Plan through salary deferrals. During any calendar year, a participant may defer any amount up to the Elective Deferral Dollar Limit under Internal Revenue Code §402 and the Internal Revenue Code §415 Limitation. Participants who have attained age 50 before the end of a Plan year are eligible to make catch-up contributions. Roth Deferrals are also permitted under the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans. As of January 1, 2017, the Plan was amended to include an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated fund until elected otherwise by the participant.

*Employer discretionary matching and profit-sharing contributions:* The Company may elect to make discretionary matching and profit-sharing contributions to the Plan. Employee contributions, up to 4% of eligible compensation deferred to the Plan are eligible for a discretionary matching contribution. Profit sharing contributions are completely discretionary and can be different for each eligible participant based on a percentage of compensation or a dollar amount. There was no employer discretionary matching contribution for the year ended December 31, 2023.

*Employer safe harbor:* The Company also makes safe harbor matching contributions equal to 100% of salary deferrals up to the first 3% of plan compensation, plus 50% of salary deferrals up to the next 2% of plan compensation for employees eligible to receive employer contributions. The safe harbor matching contribution for the year ended December 31, 2023 was \$312,640.

Contributions are subject to regulatory limitations.

**MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 1 – DESCRIPTION OF PLAN (continued)**

**Participant Accounts**

Each participant's account is credited with the participant's contributions and Company matching contributions and safe harbor matching contributions as well as allocations of the Company's profit-sharing contribution and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their account contributions into various investment options offered by the Plan.

**Vesting**

Participants are vested immediately in their contributions and the Company's contributions plus actual earnings thereon.

**Notes Receivable from Participants**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed 10 years. Under the terms of the Plan agreement, Plan loans will bear the Prime rate of interest plus two percentage points. Principal and interest is paid ratably through biweekly payroll. As of December 31, 2023, the rates of interest on outstanding loans ranged from 5.25% to 10.50% with various maturities through May 2028.

**Payment of Benefits**

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum, or equal to the value of the participant's vested interest in his or her account, partial lump-sum, or equal annual installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum or partial lump-sum distribution. For terminated participants with vested account balances less than \$5,000, the vested benefit will automatically be rolled over into an individual retirement account (IRA) selected by the Plan administrator unless a lump sum distribution is requested by the participant. In service distributions are permitted at normal retirement age.

**Plan Forfeitures**

Plan forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment. Participants are fully vested in all employer contributions immediately. Therefore, as of December 31, 2023 and 2023, forfeited non-vested accounts totaled \$0 and there were no allocations to participant accounts for the year ended December 31, 2023.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), under the accrual method of accounting.

**MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Use of Estimates**

The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that may affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

**Notes Receivable from Participants**

Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the plan agreement. As of December 31, 2023 and 2022, no allowance for credit losses has been recorded.

**Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes both the plan's gains and losses and unrealized appreciation and depreciation on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefits are recorded when paid. At December 31, 2023, there were no participants who had elected to withdraw from the Plan but had not yet been paid.

**Administrative Expenses**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Fees for investment advisory services provided to certain participants are charged directly to that participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

**MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 3 – FAIR VALUES OF FINANCIAL INSTRUMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

*Registered investment companies (mutual funds and money market funds):* Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

*Self-directed brokerage accounts:* Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices. Accounts also include corporate bonds and US government securities, valued using pricing models maximizing the use of observable inputs for similar securities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 3 – FAIR VALUES OF FINANCIAL INSTRUMENTS (continued)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

|                                  |    | Fair Value at December 31, 2023 |         |         |               |
|----------------------------------|----|---------------------------------|---------|---------|---------------|
|                                  |    | Level 1                         | Level 2 | Level 3 | Total         |
| Investments                      |    |                                 |         |         |               |
| Registered investment companies  | \$ | 10,264,224                      | \$ -    | \$ -    | \$ 10,264,224 |
| Self-directed brokerage accounts |    | 2,220,168                       | -       | -       | 2,220,168     |
| Total investments                | \$ | 12,484,392                      | \$ -    | \$ -    | \$ 12,484,392 |

  

|                                  |    | Fair Value at December 31, 2022 |         |         |               |
|----------------------------------|----|---------------------------------|---------|---------|---------------|
|                                  |    | Level 1                         | Level 2 | Level 3 | Total         |
| Investments                      |    |                                 |         |         |               |
| Registered investment companies  | \$ | 8,415,918                       | \$ -    | \$ -    | \$ 8,415,918  |
| Self-directed brokerage accounts |    | 3,743,007                       | -       | -       | 3,743,007     |
| Total investments                | \$ | 12,158,925                      | \$ -    | \$ -    | \$ 12,158,925 |

**NOTE 4 – TAX STATUS**

The Plan document is a volume submitter defined contribution plan that received a favorable opinion letter from the Internal Revenue Service on June 30, 2020, which stated that the Plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 5 – RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS**

American Funds and Charles Schwab are the custodians of Plan assets and manage investments offered through the Plan and therefore qualify as party-in-interest transactions. Ferguson Wellman is an investment advisory firm that provides services to the self-directed brokerage accounts. Fees paid by the Plan to the parties-in-interest were \$15,310 for the year ended December 31, 2023.

**MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2023 AND 2022**

**NOTE 7 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right to terminate this Plan at any time by delivering to the Plan Administrator written notice of such termination, subject to the provisions of ERISA. In the event of plan termination, all amounts credited to an affected participant's account become 100% vested.

**NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The classification of investment income reported in the statement of changes in net assets available for benefits and the classifications of cash and investments reported in the statement of net assets available for benefit may differ from the classifications of earnings and assets on Schedule H, Form 5500 due to different reporting requirements on Schedule H, Form 5500. However, the total increase in net assets available for benefits for the year ended December 31, 2023 and the total net assets available for benefits agree between the amounts reported in the statement of changes in net assets available and the statement of net assets available for benefits and Schedule H, Form 5500.

**NOTE 9 – PROHIBITED TRANSACTIONS**

For the year ended December 31, 2023, the Company, failed to deposit \$54,899 of participant contributions within the required time frame as stated by the United States Department of Labor (DOL) regulations. Delays in remitting the payments to the trustee were due to administrative errors, and the Company has, or will make, contributions to the affected participants' accounts to those participants for potential lost income due to the delay.

For the year ended December 31, 2022, the Company, failed to deposit \$197,846 of participant contributions within the required time frame as stated by the United States Department of Labor (DOL) regulations. Delays in remitting the payments to the trustee were due to administrative errors, and the Company has made contributions to the affected participants' accounts to those participants for potential lost income due to the delay.

**NOTE 10 – SUBSEQUENT EVENTS**

The Plan has evaluated events and transactions through October 10, 2024, the date the financial statements were available for issuance, for recognition and/or disclosure in the financial statements.



## **SUPPLEMENTARY INFORMATION**

MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST  
SCHEDULE H, PART IV, LINE 4(a) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
PLAN NUMBER: 006 PLAN SPONSOR EIN: 93-0603046

| Payroll Date       | Participant<br>Contributions<br>Transferred Late to<br>Plan                                              | Total that Constitute Nonexempt Prohibited Transactions |                                            |                                                   |                                                           |
|--------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
|                    | Check here if Late<br>Participant Loan<br>Repayments are<br>Included <input checked="" type="checkbox"/> | Contributions<br>Not Corrected                          | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correcting in<br>VFCP | Total Fully<br>Corrected<br>Under VFCP<br>and PTE 2002-51 |
| January 7, 2022    | \$ -                                                                                                     | \$ -                                                    | \$ 3,904                                   | \$ -                                              | \$ -                                                      |
| February 4, 2022   | -                                                                                                        | -                                                       | 22,608                                     | -                                                 | -                                                         |
| February 18, 2022  | -                                                                                                        | -                                                       | 3,904                                      | -                                                 | -                                                         |
| March 4, 2022      | -                                                                                                        | -                                                       | 3,904                                      | -                                                 | -                                                         |
| April 1, 2022      | -                                                                                                        | -                                                       | 23,142                                     | -                                                 | -                                                         |
| April 15, 2022     | -                                                                                                        | -                                                       | 3,904                                      | -                                                 | -                                                         |
| April 29, 2022     | -                                                                                                        | -                                                       | 3,904                                      | -                                                 | -                                                         |
| June 10, 2022      | -                                                                                                        | -                                                       | 21,121                                     | -                                                 | -                                                         |
| June 24, 2022      | -                                                                                                        | -                                                       | 3,904                                      | -                                                 | -                                                         |
| August 5, 2022     | -                                                                                                        | -                                                       | 20,907                                     | -                                                 | -                                                         |
| August 19, 2022    | -                                                                                                        | -                                                       | 22,252                                     | -                                                 | -                                                         |
| September 2, 2022  | -                                                                                                        | -                                                       | 21,162                                     | -                                                 | -                                                         |
| September 30, 2022 | -                                                                                                        | -                                                       | 20,680                                     | -                                                 | -                                                         |
| November 11, 2022  | -                                                                                                        | -                                                       | 22,550                                     | -                                                 | -                                                         |
| January 6, 2023    | 5,096                                                                                                    | -                                                       | -                                          | -                                                 | -                                                         |
| March 3, 2023      | 25,076                                                                                                   | -                                                       | -                                          | -                                                 | -                                                         |
| April 14, 2023     | 6,250                                                                                                    | -                                                       | -                                          | -                                                 | -                                                         |
| April 28, 2023     | 5,496                                                                                                    | -                                                       | -                                          | -                                                 | -                                                         |
| July 7, 2023       | 4,327                                                                                                    | -                                                       | -                                          | -                                                 | -                                                         |
| August 18, 2023    | 4,327                                                                                                    | -                                                       | -                                          | -                                                 | -                                                         |
| September 1, 2023  | 4,327                                                                                                    | -                                                       | -                                          | -                                                 | -                                                         |

MEDICAL EYE CENTER INC 401(K) PROFIT SHARING PLAN AND TRUST  
SCHEDULE H, PART IV, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
PLAN NUMBER: 006 PLAN SPONSOR EIN: 93-0603046

| (a) | (b)                                                      | (c)                                                                                                           | (d)  | (e)                  |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | Description of investment including maturity<br>date, rate of interest, collateral,<br>par, or maturity value | Cost | Current<br>Value     |
|     | <b>Mutual Funds</b>                                      |                                                                                                               |      |                      |
| *   | American Funds                                           | The Income Fund of America                                                                                    | **   | \$ 1,733,533         |
| *   | American Funds                                           | Growth Fund of America                                                                                        | **   | 1,638,774            |
| *   | American Funds                                           | American Funds 2040 Target Date Ret Fund                                                                      | **   | 1,304,201            |
| *   | American Funds                                           | American Funds Money Market                                                                                   | **   | 1,252,816            |
| *   | American Funds                                           | Washington Mutual Investors Fund                                                                              | **   | 825,672              |
| *   | American Funds                                           | American Funds 2025 Target Date Ret Fund                                                                      | **   | 569,953              |
| *   | American Funds                                           | American Funds 2045 Target Date Ret Fund                                                                      | **   | 488,429              |
| *   | American Funds                                           | American Funds 2030 Target Date Ret Fund                                                                      | **   | 449,728              |
| *   | American Funds                                           | EuroPacific Growth Fund                                                                                       | **   | 330,472              |
| *   | American Funds                                           | American Funds 2035 Target Date Ret Fund                                                                      | **   | 305,252              |
| *   | American Funds                                           | New World Fund                                                                                                | **   | 250,333              |
| *   | American Funds                                           | The Bond Fund of America                                                                                      | **   | 192,243              |
| *   | American Funds                                           | Capital Income Builder                                                                                        | **   | 185,160              |
| *   | American Funds                                           | Capital World Growth and Income Fund                                                                          | **   | 176,195              |
| *   | American Funds                                           | American Funds 2050 Target Date Ret Fund                                                                      | **   | 170,130              |
| *   | American Funds                                           | American Funds 2055 Target Date Ret Fund                                                                      | **   | 123,635              |
| *   | American Funds                                           | SMALLCAP World Fund                                                                                           | **   | 112,843              |
| *   | American Funds                                           | American Funds 2020 Target Date Ret Fund                                                                      | **   | 71,313               |
| *   | American Funds                                           | American Funds 2060 Target Date Ret Fund                                                                      | **   | 70,809               |
| *   | American Funds                                           | American Funds 2065 Target Date Ret Fund                                                                      | **   | 6,883                |
| *   | American Funds                                           | American Funds 2015 Target Date Ret Fund                                                                      | **   | 5,854                |
|     |                                                          | Mutual Funds Subtotal                                                                                         |      | 10,264,224           |
| *** | <b>Self-directed brokerage accounts</b>                  | Self-Directed Brokerage Accounts                                                                              | **   | 2,220,168            |
| *   | <b>Participant loans</b>                                 | Interest rates range from 5.25% to 10.50%<br>maturing through May 2028                                        | -0-  | 68,978               |
|     |                                                          | Total Assets Held                                                                                             |      | <u>\$ 12,553,370</u> |

- \* Indicates party-in-interest  
\*\* Cost not applicable for participant directed investments  
\*\*\* The Self-Directed Brokerage Account includes party-in-interest investment options

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- 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** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                                   |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>1a</b> Name of plan<br>MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ 006                 |
|                                                                                                                                                                                                                                                                                                                                                   | <b>1c</b> Effective date of plan<br>04/01/1989               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>Medical Eye Center Inc<br><br>1333 E Barnett Rd<br><br>Medford OR 97504-8219 | <b>2b</b> Employer Identification Number (EIN)<br>93-0603046 |
|                                                                                                                                                                                                                                                                                                                                                   | <b>2c</b> Plan Sponsor's telephone number<br>541-779-4711    |
|                                                                                                                                                                                                                                                                                                                                                   | <b>2d</b> Business code (see instructions)<br>621111         |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                                                     |         |                                                              |
|------------------|-------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 9/25/24 | Bradley Ruggiero                                             |
|                  | Signature of plan administrator                                                     | Date    | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date    | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | Signature of DFE                                                                    | Date    | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)  
v. 2300728

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br>                                                                                      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b> 225                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines 6d and 6e.....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 162<br><b>6a(2)</b> 154<br><b>6b</b> 13<br><b>6c</b> 92<br><b>6d</b> 259<br><b>6e</b> 0<br><b>6f</b> 259<br><b>6g(1)</b> 216<br><b>6g(2)</b> 245<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b>                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2R 2T 3D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (a) (b) & (c) Identity and Description                                |                | (d) Cost  | (e) Value  |
|-----------------------------------------------------------------------|----------------|-----------|------------|
| <b>Schedule H, Line 4i - Schedule of Assets (Held at End of Year)</b> |                |           |            |
| American Funds investmen                                              |                | 8,794,078 | 10,264,224 |
| Apple Inc (470 shares)                                                | Common Stock   | 39,788    | 90,489     |
| AIRBNB INC (10 shares)                                                | Common Stock   | 1,104     | 1,361      |
| AGNC Investment Corp                                                  |                | 111,814   | 81,139     |
| Amazon Com Inc (220 shares)                                           | Common Stock   | 17,018    | 33,427     |
| ARISTA NETWORKS INC (20 shares)                                       | Common Stock   | 2,610     | 4,710      |
| APPIAN CORP (600 shares)                                              | Common Stock   | 24,660    | 22,596     |
| ARES CAPITAL CORP (53 shares)                                         | Common Stock   | 1,040     | 1,051      |
| Aerovironment Inc (145 shares)                                        | Common Stock   | 8,928     | 18,276     |
| Bigcommerce Hldgs Inc (200 shares)                                    | Common Stock   | 10,047    | 1,946      |
| BOSTON OMAHA CORP (50 shares)                                         | Common Stock   | 1,335     | 787        |
| Boston Omaha Corp 00500 Class (2038 shares)                           | Common Stock   | 36,084    | 32,058     |
| BRAZE INC (40 shares)                                                 | Common Stock   | 1,276     | 2,125      |
| Calliditas Therapeutic F (380 shares)                                 | Common Stock   | 10,542    | 9,783      |
| CADENCE DESIGN SYS (5 shares)                                         | Common Stock   | 960       | 1,362      |
| Chargepoint Holdings Inc (130 shares)                                 | Common Stock   | 1,104     | 304        |
| Crispr Therapeutics (185 shares)                                      | Common Stock   | 10,037    | 11,581     |
| CROWDSTRIKE HLDGS INC (20 shares)                                     | Common Stock   | 2,456     | 5,106      |
| CVS HEALTH CORP                                                       | Corporate Debt | 213       | 237        |
| Endava PLC (110 shares)                                               | Common Stock   | 9,805     | 8,564      |
| DATADOG INC (20 shares)                                               | Common Stock   | 1,620     | 2,428      |
| DREAM FINDERS HOMES INC (137 shares)                                  | Common Stock   | 4,989     | 4,868      |
| DANAHER CORP (11 shares)                                              | Common Stock   | 2,434     | 2,545      |
| DigitalOcean Hldgs Inc (667 shares)                                   | Common Stock   | 25,935    | 24,472     |
| DIREXION DLY RGNL (12 shares)                                         | Common Stock   | 71        | 1,187      |
| Etsy Inc (409 shares)                                                 | Common Stock   | 32,973    | 33,149     |
| FORD MOTOR CO (101 shares)                                            | Common Stock   | 1,202     | 1,236      |
| Five9 Inc (210 shares)                                                | Common Stock   | 21,865    | 16,525     |
| Fulgent Genetics Inc (1060 shares)                                    | Common Stock   | 17,524    | 30,645     |
| FAIRFAX FINL HL (5 shares)                                            | Common Stock   | 4,579     | 4,614      |
| Fathom Holdings Inc (330 shares)                                      | Common Stock   | 9,791     | 1,185      |
| Fiverr Interntnl LTD (1049 shares)                                    | Common Stock   | 37,598    | 28,554     |
| Globant SA (153 shares)                                               | Common Stock   | 19,329    | 36,411     |
| Alphabet Inc Class A (414 shares)                                     | Common Stock   | 37,178    | 57,832     |
| Home Depot Inc (100 shares)                                           | Common Stock   | 22,108    | 34,655     |
| Hubspot Inc (134 shares)                                              | Common Stock   | 35,837    | 77,792     |
| Inspire Medical Systems (126 shares)                                  | Common Stock   | 8,995     | 25,632     |
| INVESCO MTG CAP (114 shares)                                          | Common Stock   | 1,524     | 1,008      |
| ISHARES CORE S&P 500 ETF                                              |                | 53,838    | 60,848     |
| JANUS HENDERSON GLOBAL (202 shares)                                   | Mutual Fund    | 13,560    | 13,870     |
| JUMIA TECHNOLOGIES A G F (300 shares)                                 | Common Stock   | 1,194     | 1,059      |
| KINIKSA PHARMACEUTICAL (570 shares)                                   | Common Stock   | 9,881     | 9,998      |

| (a) (b) & (c) Identity and Description |                  | (d) Cost | (e) Value |
|----------------------------------------|------------------|----------|-----------|
| Kinsale Capital Group (140 shares)     | Common Stock     | 20,765   | 46,893    |
| LUCID GROUP INC (400 shares)           | Common Stock     | 4,800    | 1,684     |
| LAUDUS US LARGE CAP GROW               |                  | 13,457   | 9,472     |
| LI-CYCLE HLOGS (190 shares)            | Common Stock     | 887      | 111       |
| LEMONADE INC                           |                  | 9,481    | 7,420     |
| Live Oak Bancshares (891 shares)       | Common Stock     | 15,910   | 40,541    |
| LAM RESEARCH CORP (3 shares)           | Common Stock     | 1,815    | 2,350     |
| LANDSTAR SYS INC (10 shares)           | Common Stock     | 1,728    | 1,950     |
| Latch Inc (300 shares)                 | Common Stock     | 1,665    | 201       |
| LVMH MOET HENNESSY (16 shares)         | Common Stock     | 3,103    | 2,599     |
| MASTERCARD INC (6 shares)              | Common Stock     | 2,254    | 2,570     |
| MASIMO CORP (10 shares)                | Common Stock     | 1,690    | 1,172     |
| MONGODB INC (10 shares)                | Common Stock     | 2,282    | 4,089     |
| Mercadolibre Inc (45 shares)           | Common Stock     | 4,464    | 70,719    |
| META PLATFORMS INC (10 shares)         | Common Stock     | 1,834    | 3,540     |
| MONDAY COM LTD (36 shares)             | Common Stock     | 5,971    | 6,761     |
| MARQETA INC                            |                  | 8,192    | 6,736     |
| MARVELL TECHNOLOGY (20 shares)         | Common Stock     | 1,221    | 1,208     |
| MATTERPORT INC (500 shares)            | Common Stock     | 1,775    | 1,345     |
| Neogenomics Inc (383 shares)           | Common Stock     | 10,821   | 6,197     |
| NICE LTD (26 shares)                   | Common Stock     | 4,964    | 5,187     |
| Annaly Capital MGMT                    |                  | 22,285   | 57,838    |
| NVIDIA CORP (45 shares)                | Common Stock     | 18,907   | 22,285    |
| ON SEMICONDUCTOR CO (11 shares)        | Common Stock     | 999      | 919       |
| OPENDOOR TECHNOLOGIES (300 shares)     | Common Stock     | 6,819    | 1,344     |
| ORANGE (80 shares)                     | Common Stock     | 1,008    | 914       |
| Pagerduty Inc (500 shares)             | Common Stock     | 12,190   | 11,575    |
| Phreesia Inc (360 shares)              | Common Stock     | 9,828    | 8,334     |
| Participant Loans                      | Participant Loan | 68,978   | 68,978    |
| PALANTIR TECHNOLOGIES (650 shares)     | Common Stock     | 9,458    | 11,161    |
| Pubmatic Inc (820 shares)              | Common Stock     | 28,616   | 13,374    |
| PGIM JENNISON INTERNATIONAL OP         |                  | 10,016   | 7,743     |
| PIONEER NATURAL RES (5 shares)         | Common Stock     | 1,077    | 1,168     |
| Paypal Holdings Inco (142 shares)      | Common Stock     | 6,128    | 8,720     |
| ROBLOX CORP (25 shares)                | Common Stock     | 1,086    | 1,143     |
| Vicarious Surgical Inc (100 shares)    | Common Stock     | 1,062    | 37        |
| ROCHE HLDG AG (100 shares)             | Common Stock     | 3,580    | 3,623     |
| RYMAN HOSPITALITY PR (10 shares)       | Common Stock     | 830      | 1,134     |
| RISKIFIED LTD (500 shares)             | Common Stock     | 3,190    | 2,340     |
| RXSIGHT INC                            |                  | 7,302    | 12,943    |
| SCHWAB 1000 INDEX ETF                  |                  | 973      | 1,059     |
| Sea LTD (564 shares)                   | Common Stock     | 32,856   | 22,842    |
| SEEING MACHINE LT (5000 shares)        | Common Stock     | 550      | 344       |

| (a) (b) & (c) Identity and Description   |              | (d) Cost   | (e) Value  |
|------------------------------------------|--------------|------------|------------|
| SHOPIFY INC (40 shares)                  | Common Stock | 1,958      | 3,116      |
| Skillz Inc (90 shares)                   | Common Stock | 272        | 562        |
| SKY HARBOUR GROUP (150 shares)           | Common Stock | 1,205      | 1,449      |
| Solid Power Inc (50 shares)              | Common Stock | 117        | 73         |
| Smartsheet Inc Class (328 shares)        | Common Stock | 17,755     | 15,685     |
| Semler Scientific (100 shares)           | Common Stock | 10,800     | 4,429      |
| DIREXION DAILY SEMI COND (402 shares)    | Common Stock | 6,870      | 12,623     |
| Sprout Social Inc (327 shares)           | Common Stock | 18,914     | 20,091     |
| SCHWAB US AGGREGATE BOND INDEX           |              | 38,391     | 33,405     |
| SCHWAB TARGET 2035: SWIRX (17328 shares) | Common Stock | 259,087    | 274,647    |
| SCHWAB INTERNATIONAL INDEX               |              | 43,656     | 42,328     |
| Schwab S&P 500 Index Fd (3764 shares)    | Mutual Fund  | 225,858    | 275,120    |
| SCHWAB SMALL CAP INDEX                   |              | 38,203     | 34,052     |
| A T & T INC (2628 shares)                | Common Stock | 43,603     | 44,093     |
| THREDUP (500 shares)                     | Common Stock | 1,500      | 1,125      |
| TERADYNE (15 shares)                     | Common Stock | 1,516      | 1,633      |
| TESLA (14 shares)                        | Common Stock | 2,803      | 3,479      |
| TORO CO (10 shares)                      | Common Stock | 1,100      | 970        |
| THE TRADE DESK INC (40 shares)           | Common Stock | 2,017      | 2,878      |
| TAKE TWO INTERACTV (20 shares)           | Common Stock | 2,245      | 3,219      |
| UPSTART HLDGS INC (332 shares)           | Common Stock | 15,495     | 13,566     |
| Visa Inc Cl A (10 shares)                | Common Stock | 1,642      | 2,624      |
| VINCI PARTNERS INVTS (600 shares)        | Common Stock | 7,878      | 6,570      |
| VELO3D INC (450 shares)                  | Common Stock | 1,350      | 179        |
| VAREX IMAGING CORP (45 shares)           | Common Stock | 1,037      | 923        |
| VERIZON COMMUNICATN (1558 shares)        | Common Stock | 64,461     | 58,752     |
| WARNER BROTHERS DISCOVER (100 shares)    | Common Stock | 1,458      | 1,138      |
| Walker & Dunlop Inc (336 shares)         | Common Stock | 17,725     | 37,259     |
| WIX COM LTD (108 shares)                 | Common Stock | 17,303     | 13,286     |
| Walmart Inc (7 shares)                   | Common Stock | 969        | 1,107      |
| ZEBRA TECHNOLOGIES (3 shares)            | Common Stock | 927        | 820        |
| Zscaler Inc (360 shares)                 | Common Stock | 44,738     | 79,762     |
| Rounding adjustment                      |              |            | -6         |
|                                          |              | 10,708,594 | 12,535,159 |

| (a) & (b) Identity and Description | (c) Cost | (d) Proceeds |
|------------------------------------|----------|--------------|
|------------------------------------|----------|--------------|

**Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)**

|                    |              |        |        |
|--------------------|--------------|--------|--------|
| AMERICAN GROUP     | Common Stock | 21,129 | 21,826 |
| ALBEMARLE CORP     | Common Stock | 11,819 | 9,900  |
| Burberry Group PLC | Common Stock | 2,936  | 2,589  |
| COMCAST CORP NEW   | Common Stock | 23,001 | 26,523 |

| (a) & (b) Identity and Description |               | (c) Cost | (d) Proceeds |
|------------------------------------|---------------|----------|--------------|
| C R H PLC CO                       | Common Stock  | 4,032    | 3,756        |
| ISHARES MSCI EMERGING MK           |               | 3,960    | 4,095        |
| GE HEALTHCARE TECHNOLOGI           | Common Stock  | 14,629   | 12,563       |
| GILEAD SCIENCES INC                | Common Stock  | 17,289   | 15,210       |
| ISHARES CORE S&P                   |               | 90,648   | 91,960       |
| PPG INDUSTRIES                     | Common Stock  | 21,774   | 20,493       |
| ROKU INC                           | Common Stock  | 1,802    | 2,112        |
| SAP SE                             | Common Stock  | 2,993    | 3,368        |
| STATE STREET CORP                  | Common Stock  | 21,714   | 21,871       |
| SCHWAB VALUE ADVANTAGE M           | Common Stock  | 226,812  | 226,812      |
| TAPESTRY INC                       | Common Stock  | 19,616   | 13,301       |
| UNIVERSAL MUSIC GROUP              | Common Stock  | 6,473    | 7,004        |
| US TREASURY NT 2% 11/26            | Govt Security | 18,712   | 18,419       |
| SPDR S&P OIL & GAS                 | Common Stock  | 18,249   | 18,437       |