

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

<p>1a Name of plan <u>SPOKANE EYE CLINIC, PS AND INLAND EMPIRE OPTICAL EMPLOYEES 401(K) PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SPOKANE EYE CLINIC PS</u></p> <p><u>427 SOUTH BERNARD STREET</u> <u>SPOKANE, WA 99204</u></p>	<p>1c Effective date of plan <u>06/29/1970</u></p> <p>2b Employer Identification Number (EIN) <u>91-0852217</u></p> <p>2c Plan Sponsor's telephone number <u>509-456-0107</u></p> <p>2d Business code (see instructions) <u>621111</u></p>

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.	01/22/2025	JAROD CROOKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/22/2025	JAROD CROOKS
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	412
6 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). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	283
	6a(2)	264
	6b	28
	6c	121
	6d	413
	6e	0
	6f	413
	6g(1)	383
	6g(2)	411
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2J 2F 2G 2R 3D 3H

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan SPOKANE EYE CLINIC, PS AND INLAND EMPIRE OPTICAL EMPLOYEES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPOKANE EYE CLINIC PS	D Employer Identification Number (EIN) 91-0852217	

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 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

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

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)

WASHINGTON TRUST BANK

717 W SPRAGUE AVE
SPOKANE, WA 99201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	50736	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)

EMPOWER ANNUITY INSURANCE CO OD AME

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	30220	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MML INVESTORS SERVICES, LLC

PO BOX 8099
SPRINGFIELD, MA 01102-8099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	12284	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"/>

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 (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 (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 (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)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>SPOKANE EYE CLINIC, PS AND INLAND EMPIRE OPTICAL EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE EYE CLINIC PS</u>	D Employer Identification Number (EIN) <u>91-0852217</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PUTNAM STABLE VALUE FUND</u>	
b Name of sponsor of entity listed in (a):	<u>PUTNAM INVESTMENTS</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>04-3159710-202</u>	<u>C</u>	<u>2111876</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan SPOKANE EYE CLINIC, PS AND INLAND EMPIRE OPTICAL EMPLOYEES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPOKANE EYE CLINIC PS	D Employer Identification Number (EIN) 91-0852217	

Part I Asset and Liability Statement

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
a Total noninterest-bearing cash	1a 0	710429
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 947915	918234
(2) Participant contributions	1b(2) 0	25259
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1340842	902984
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B) 5223971	3723658
(5) Partnership/joint venture interests	1c(5) 0	0
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8) 447652	415999
(9) Value of interest in common/collective trusts	1c(9) 4302285	5664030
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 27002427	32173506
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 1064329	1529461

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	40329421	46063560
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	10071	10466
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10071	10466
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	40319350	46053094

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1610200	
(B) Participants	2a(1)(B)	1203197	
(C) Others (including rollovers)	2a(1)(C)	386546	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3199943
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	26670	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26670
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1736656	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1736656
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		4350681
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9313950

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3444318	
(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)		3444318
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	56233	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	79655	
(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)		135888
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3580206

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5733744
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: **SCHOEDEL & SCHOEDEL, CPAS PLLC**

(2) EIN: **91-0614823**

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
a 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.)		X	
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.).....		X	
c 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.)		X	
d 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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g 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?		X	
h 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?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j 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.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n 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.			

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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>SPOKANE EYE CLINIC, PS AND INLAND EMPIRE OPTICAL EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SPOKANE EYE CLINIC PS</u>	D Employer Identification Number (EIN) <u>91-0852217</u>	

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):
EIN(s): 91-6101449 20-3691658

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)? Yes No 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 _____
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? Yes No 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? Yes No 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. Increase Decrease Both 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?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes 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.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes 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): _____

14 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:

a 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)	14a	
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)	14b	
c 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).....	14c	

15 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:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
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	16b	

17 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.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 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.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

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:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a 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? Yes No

21b 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).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 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 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704310A.

**SPOKANE EYE CLINIC, P.S.
AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington**

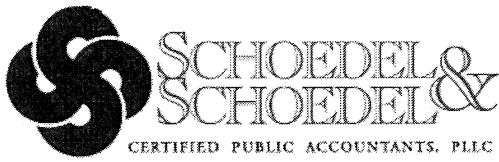
**FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITOR'S REPORT
June 30, 2024 and 2023**

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

AUDITED FINANCIAL STATEMENTS
June 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Spokane Eye Clinic, P.S. and Inland Empire Optical
Employees' 401(k) Profit Sharing Plan
Spokane, Washington

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Spokane Eye Clinic, P.S. and Inland Empire Optical Employees' 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITOR'S REPORT (Continued)

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 generally accepted auditing standards 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.

INDEPENDENT AUDITOR'S REPORT (Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 Spokane Eye Clinic, P.S. and Inland Empire Optical Employees' 401(k) Profit Sharing 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, which raise substantial doubt about the Spokane Eye Clinic, P.S. and Inland Empire Optical Employees' 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor'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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of

INDEPENDENT AUDITOR'S REPORT (Continued)

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 generally accepted auditing standards.

For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Schoedel & Schoedel CPAs PLLC

Spokane, Washington
January 14, 2025

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of June 30, 2024 and 2023

	2024			
	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	\$ 24,607,853	\$ 20,096,215	\$ -	\$ 44,704,068
Employer contributions receivable	661,086	257,148	-	918,234
Participant contributions receivable	-	25,259	-	25,259
Participant notes receivable	-	-	416,000	416,000
Total assets	25,268,939	20,378,622	416,000	46,063,561
LIABILITIES:				
Forfeitures	10,466	-	-	10,466
NET ASSETS AVAILABLE FOR BENEFITS	\$ 25,258,473	\$ 20,378,622	\$ 416,000	\$ 46,053,095
	2023			
	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ASSETS:				
Investments, at fair value	\$ 21,174,712	\$ 17,759,142	\$ -	\$ 38,933,854
Employer contributions receivable	630,885	317,030	-	947,915
Participant notes receivable	-	-	447,652	447,652
Total assets	21,805,597	18,076,172	447,652	40,329,421
LIABILITIES:				
Forfeitures	10,071	-	-	10,071
NET ASSETS AVAILABLE FOR BENEFITS	\$ 21,795,526	\$ 18,076,172	\$ 447,652	\$ 40,319,350

The accompanying notes are an integral part of these financial statements.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended June 30, 2024

	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ADDITIONS TO NET ASSETS				
ATTRIBUTED TO:				
Employer contributions	\$ 1,300,043	\$ 283,907	\$ -	\$ 1,583,950
Participant contributions	1,016,662	186,527	-	1,203,189
Rollover contributions	181,252	205,257	-	386,509
Net appreciation (depreciation) in fair value of investments	1,833,352	2,522,602	-	4,355,954
Other investment income, net	1,104,126	319,995	26,670	1,450,791
Transfers and exchanges	(292,545)	350,867	(58,322)	-
Total additions	<u>5,142,890</u>	<u>3,869,155</u>	<u>(31,652)</u>	<u>8,980,393</u>
DEDUCTIONS FROM NET ASSETS				
ATTRIBUTED TO:				
Distributions to or for participants	1,600,288	1,510,422	-	3,110,710
Investment and trust fees	79,655	56,283	-	135,938
Total deductions	<u>1,679,943</u>	<u>1,566,705</u>	<u>-</u>	<u>3,246,648</u>
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS DURING THE YEAR	3,462,947	2,302,450	(31,652)	5,733,745
NET ASSETS AVAILABLE FOR BENEFITS:				
As of June 30, 2023	<u>21,795,526</u>	<u>18,076,172</u>	<u>447,652</u>	<u>40,319,350</u>
As of June 30, 2024	<u>\$ 25,258,473</u>	<u>\$ 20,378,622</u>	<u>\$ 416,000</u>	<u>\$ 46,053,095</u>

The accompanying notes are an integral part of these financial statements.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended June 30, 2023

	Pooled Participant Accounts	Independently Directed Participant Accounts	Loan Fund	Total
ADDITIONS TO NET ASSETS				
ATTRIBUTED TO:				
Employer contributions	\$ 1,208,477	\$ 319,463	\$ -	\$ 1,527,940
Participant contributions	826,671	348,448	-	1,175,119
Rollover contributions	56,584	-	-	56,584
Net appreciation (depreciation) in fair value of investments	348,858	1,614,639	-	1,963,497
Other investment income, net	1,591,746	567,834	21,127	2,180,707
Transfers and exchanges	362,191	(344,541)	(17,650)	-
Total additions	<u>4,394,527</u>	<u>2,505,843</u>	<u>3,477</u>	<u>6,903,847</u>
DEDUCTIONS FROM NET ASSETS				
ATTRIBUTED TO:				
Distributions to or for participants	935,676	2,099,767	-	3,035,443
Investment and trust fees	71,954	55,507	-	127,461
Total deductions	<u>1,007,630</u>	<u>2,155,274</u>	<u>-</u>	<u>3,162,904</u>
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS DURING THE YEAR	3,386,897	350,569	3,477	3,740,943
NET ASSETS AVAILABLE FOR BENEFITS:				
As of June 30, 2022	<u>18,408,629</u>	<u>17,725,603</u>	<u>444,175</u>	<u>36,578,407</u>
As of June 30, 2023	<u>\$ 21,795,526</u>	<u>\$ 18,076,172</u>	<u>\$ 447,652</u>	<u>\$ 40,319,350</u>

The accompanying notes are an integral part of these financial statements.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN:

The following description of the Spokane Eye Clinic, P.S. and Inland Empire Optical Employees' 401(k) Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document, summary and other descriptive plan literature for a more complete description of the provisions of the Plan.

General - The Plan is sponsored by the Spokane Eye Clinic, P.S. and Inland Empire Optical, L.L.C. The Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all subsequent statutory revisions thereto, was created for the benefit of all eligible employees. The Plan is a defined contribution retirement plan. Under this plan, there is no fixed dollar amount of retirement benefits, and the actual retirement benefit depends on the amount of each participant's individual account balance at the time of retirement.

Eligibility - Employees of either the Spokane Eye Clinic, P.S. or Inland Empire Optical, L.L.C., who are age twenty-one or older, and who have completed at least 1,000 hours of service in each of two consecutive plan years, are eligible to participate in the Plan.

Contributions - The Plan allows participant contributions consisting of elective deferrals made under the 401(k) arrangement. This arrangement allows participants to contribute a portion of their compensation to the Plan. These contributions are allocated to a separate account maintained by the Plan. Participants may also rollover amounts representing distributions from other qualified plans. The employer is required to make an annual "safe harbor" contribution for the participants. Additional profit sharing amounts may be contributed at the employer's option. All contributions are subject to the rules and regulations of ERISA and the Internal Revenue Code.

Participant Accounts - A separate account is established for each participant to reflect the participant's employer and elective deferral contributions, plus the investment gains and losses attributable to such contributions, and the participant's share of the expenses of administering the Plan.

Vesting - A participant is immediately 100% vested in his or her account balance at any time.

Investment Options - Upon eligibility, a participant may direct contributions to any offered investment option or may establish an independently directed account.

Participant Notes Receivable - A plan participant may apply for a loan from the Plan by completing an Account Reduction Loan Application. Loan payments are made by after-tax payroll deduction. Additional payments can be made by the borrower. Loans for the purchase of a principal residence or for building a principal residence may be repaid over a period not more than 120 months. All other loans are to be repaid over a period not more than 60 months. The minimum amount a participant can borrow is \$1,000. The maximum amount a participant can

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN (Continued):

borrow is the lesser of 50% of their vested account balance, or \$50,000 reduced by the participant's highest outstanding loan balance during the previous 12 months. All loans bear a fixed interest rate equal to the Prime Rate published in the Wall Street Journal on the first business day of the month the loan is originated plus one per cent. Loans are in arrears and delinquent when any payment is missed. If the sum of all loan payments due in a calendar quarter are not made and payments are not received by the end of the following quarter, the loan is in default. As a result, the entire outstanding loan balance, including accrued but unpaid interest, will be deemed distributed and will be taxed to the participant in the calendar year of default.

Distribution of Benefits - Participants or their beneficiaries are eligible to receive payment of benefits in the event of the participant's retirement, death, disability, termination, or the termination of the Plan.

Benefits are paid under various options as defined in the Plan. Such payment options include lump sum, partial distribution, rollover distribution, and annuity.

Administration of the Plan - The Plan is administered by the sponsor, who has the sole and ultimate responsibility to interpret Plan provisions and determine Plan benefits. The Plan permits the employer to appoint an Advisory Committee to assist in the administration of the Plan. The sponsor is responsible for the safekeeping of the Plan investments and also for investing the Plan contributions. However, participants direct the investment of their interests into various options offered by the Plan. Neither the administrator nor the Advisory Committee is responsible for providing investment advice. Administrative costs of the Plan are partially absorbed and paid for by the sponsor.

Termination of the Plan - Although the Plan is intended to be permanent, the Plan sponsor has the right to amend or terminate the Plan at any time.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are the representations of the Plan's Trustees, who are responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Presentation - The financial statements of the Plan are prepared using the accrual basis of accounting.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation - In general, the Plan's investments are reported at fair value. For a further discussion of fair value measurements, see Note 6.

Employer Contributions Recognition and Employer Contributions Receivable - Employer contributions are recognized in the period compensation is paid to covered employees, regardless of when such contributions are reported or remitted to the Plan. As of June 30, 2024 and 2023, employers were liable for contributions based upon compensation paid prior to July 1 of each year and not remitted to the Plan until after June 30 of each year. Such estimated contributions have been recorded as receivable.

Participant Contributions Recognition and Participant Contributions Receivable - Participant contributions are recognized in the period withheld from the employee, regardless of when such contributions are reported or remitted to the Plan. As of June 30, 2024 and 2023, employers were liable for contributions withheld prior to July 1 of each year and not remitted to the Plan until after June 30 of each year. Such estimated contributions have been recorded as receivable.

Participant Notes Receivable - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Based upon the terms of the Plan document, delinquent participant loans are treated as distributions.

Investment Income Recognition - Investment transactions are recorded on a trade-date basis. Acquisition costs are included in the cost of investments purchased, and sales are recorded net of selling expenses. Realized gains and losses from security transactions are determined by the average cost method. Realized gains and losses on investments sold during the year, as well as unrealized gains and losses on investments held during the year, are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Income from the Plan's investments is included in other net investment income in the Statements of Changes in Net Assets Available for Benefits.

Payments of Participant Distributions - Distributions to or for participants are recognized when paid.

Valuation of Other Financial Instruments - The Plan recognizes other financial instruments at historical cost, which approximates fair value due to the short maturities of those instruments.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Net Asset Restrictions - All net assets are restricted to providing benefits and related administrative support.

NOTE 3 - INCOME TAX STATUS:

The Plan has adopted a prototype plan, which is intended to be exempt from federal income tax under current provisions of the Internal Revenue Code (IRC). The prototype plan obtained its latest determination letter dated August 30, 2001, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The prototype plan has been amended since receiving the determination letter. The most recent restatement and amendment was effective July 1, 2021 for the SECURE/CARES/CAA Act. The Trustees, Plan administrator, and the Plan's tax counsel believe that the prototype plan is currently designed and has been operated through June 30, 2024 in accordance with applicable provisions of the IRC.

NOTE 4 - RISKS AND UNCERTAINTIES:

In determining the fair value of financial instruments, the Trustees of the Plan use a variety of methods and assumptions that are based on market conditions and risks existing at the date of the Statement of Net Assets Available for Benefits. All methods of assessing fair value result in a general approximation of value, and such value may never actually be realized.

As of the audit report date, the U.S. Federal Deposit Insurance Corporation (FDIC) provides coverage up to \$250,000 per depositor per ownership category on deposit accounts at FDIC-insured institutions. As of June 30, 2024, the Plan had no account balances in excess of the FDIC-insured coverage.

The Plan invests in money market accounts which are not insured by the FDIC. The investments are collateralized by government backed securities and high grade corporate debt obligations. As of June 30, 2024, the Plan's investments in these accounts totaled \$2,399,516.

Investment securities are exposed to various risks such as interest rate fluctuations, market fluctuations, and credit risks. Due to the level of risk associated with certain types of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 5 - INVESTMENTS, AT FAIR VALUE:

As of June 30, 2024, the investments of the Plan are summarized as follows:

	Cost	Fair Value
Independently directed participant accounts:		
Non-interest bearing cash	\$ 45,106	\$ 45,106
Interest bearing cash	2,395,302	2,395,302
Corporate equities	**	2,405,705
Mutual and exchange traded funds	**	15,250,102
Pooled participant accounts:		
Interest bearing cash	665,207	665,207
Common/collective trusts (participant directed accounts)	**	2,111,876
Mutual funds (participant directed accounts)	**	21,830,770
		\$ 44,704,068

** Cost basis not maintained at the Plan level

As of June 30, 2023, the investments of the Plan are summarized as follows:

	Cost	Fair Value
Independently directed participant accounts:		
Non-interest bearing cash	\$ 194,689	\$ 194,689
Interest bearing cash	834,748	834,748
Corporate equities	**	2,762,885
Mutual and exchange traded funds	**	13,966,820
Pooled participant accounts:		
Interest bearing cash	590,413	590,413
Common/collective trusts (participant directed accounts)	**	2,242,780
Mutual funds (participant directed accounts)	**	18,341,519
		\$ 38,933,854

** Cost basis not maintained at the Plan level

NOTE 6 - FAIR VALUE MEASUREMENTS:

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instruments, including estimates of timing, amount of expected future cash flows and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management 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.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

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) and the lowest priority to unobservable inputs (level 3).

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 the following: 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; and 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's 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2024 and 2023.

Cash - Investments in cash are valued at fair value, which approximates cost, due to the short maturities of those investments. Fair values of cash equivalents may be determined using public quotations, when available.

Corporate equities - Investments in corporate equity securities are valued at the latest reported sales price on the last business day of the plan year.

Common/collective trust - The investment in a common/collective trust is valued at fair value, which is determined by the fair values of the underlying assets and liabilities of the trust. With respect to the trust's underlying assets and liabilities, cost approximates fair value for short-term assets and liabilities, while the fair values of investments in securities are based on the trustee/custodian's independent pricing services.

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued):

Mutual and exchange traded funds - Investments in mutual and exchange traded funds are valued at quoted market prices in active markets, which are derived by the fair values of the underlying assets and liabilities of the specific fund.

As of June 30, 2024, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Non-interest bearing cash	\$ 45,106	\$ -	\$ -	\$ 45,106
Interest bearing cash	3,060,509	-	-	3,060,509
Corporate equities	2,405,705	-	-	2,405,705
Common/collective trust	-	2,111,876	-	2,111,876
Mutual and exchange traded funds	<u>37,080,872</u>	<u>-</u>	<u>-</u>	<u>37,080,872</u>
	<u>\$ 42,592,192</u>	<u>\$ 2,111,876</u>	<u>\$ -</u>	<u>\$ 44,704,068</u>

As of June 30, 2023, the following financial assets of the Plan were measured at fair value on a recurring basis consistent with the fair value hierarchy provisions:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Non-interest bearing cash	\$ 194,689	\$ -	\$ -	\$ 194,689
Interest bearing cash	1,425,161	-	-	1,425,161
Corporate equities	2,762,885	-	-	2,762,885
Common/collective trust	-	2,242,780	-	2,242,780
Mutual and exchange traded funds	<u>32,308,339</u>	<u>-</u>	<u>-</u>	<u>32,308,339</u>
	<u>\$ 36,691,074</u>	<u>\$ 2,242,780</u>	<u>\$ -</u>	<u>\$ 38,933,854</u>

NOTE 7 - NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS:

During the years ended June 30, 2024 and 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2024</u>	<u>2023</u>
Independently directed participant accounts	\$ 2,522,602	\$ 1,614,639
Pooled participant accounts	<u>1,833,352</u>	<u>348,858</u>
	<u>\$ 4,355,954</u>	<u>\$ 1,963,497</u>

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN
Spokane, Washington

NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 8 - OTHER INVESTMENT INCOME, NET:

For the years ended June 30, 2024 and 2023, other investment income, net consisted of the following:

	2024	2023
Pooled participant accounts (participant directed accounts):		
Interest bearing cash earnings	\$ 20,711	\$ 12,822
Mutual fund earnings	1,002,842	1,516,904
Common collective trust earnings	80,573	62,020
	1,104,126	1,591,746
Independently directed participant accounts	319,995	567,834
Participant loan interest	26,670	21,127
	\$ 1,450,791	\$ 2,180,707

NOTE 9 - INFORMATION CERTIFIED BY THE CUSTODIAN:

Empower Retirement is the custodian of the pooled participant accounts. As such, the custodian holds such assets of the Plan and executes investment transactions. The custodian has provided information to the Trustees regarding Plan assets held as of June 30, 2024 and 2023 and the investment activity of the related assets for the years then ended. The plan administrator has obtained a certification from the custodian in accordance with 29 CFR 2520-103.5 that the information provided was complete and accurate.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The Form 5500, which is filed with the DOL, has several items that differ from the amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon the net assets available for benefits.

NOTE 11 - SUBSEQUENT EVENTS:

The Trustees have evaluated events from June 30, 2024 through January 14, 2025, (the date the financial statements were available to be issued) and have identified no events that, if disclosed, would influence the readers' opinion concerning these financial statements.

SUPPLEMENTAL INFORMATION

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN

EIN: 91-0852217

Plan Number: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Pooled Participant Accounts:				
Interest Bearing Cash:				
Federated Government Obligations Fund	Money market fund	\$ 665,207	\$ 665,207	
Common/Collective Trust:				
Putnam Stable Value Fund #	2,101,409.9816 shares	**	2,111,876	
Mutual Funds:				
Empower Lifetime 2015 Fund #	23,271.8249 shares	**	176,168	
Empower Lifetime 2020 Fund #	160,346.8237 shares	**	1,656,383	
Empower Lifetime 2025 Fund #	233,978.0947 shares	**	1,497,460	
Empower Lifetime 2030 Fund #	347,947.5274 shares	**	3,743,915	
Empower Lifetime 2035 Fund #	350,677.8877 shares	**	2,135,628	
Empower Lifetime 2040 Fund #	86,457.1915 shares	**	954,487	
Empower Lifetime 2045 Fund #	216,570.4299 shares	**	1,368,725	
Empower Lifetime 2050 Fund #	95,525.2176 shares	**	1,115,734	
Empower Lifetime 2055 Fund #	119,931.5098 shares	**	624,843	
American Funds EuroPacific Growth Fd #	9,737.7564 shares	**	557,584	
American Funds New World Fund #	1,762.8960 shares	**	141,349	
Cohen & Steers Real Estate Fund #	9,237.4131 shares	**	152,510	
Columbia Small Cap Index Fund #	22,048.8401 shares	**	513,517	
Vanguard Mid Cap Index Fund #	3,814.1760 shares	**	1,143,719	
T. Rowe Price Blue Chip Growth Fund #	7,112.4984 shares	**	1,326,410	
Vanguard 500 Index Fund #	8,250.4069 shares	**	4,156,226	
Loomis Sayles Core Plus Bond Fund #	49,658.9866 shares	**	566,112	
Total Pooled Participant Accounts			24,607,853	
Independently Directed Participant Accounts #			**	20,096,215
Participant Notes Receivable			\$ -	416,000
				\$ 45,120,068

** Cost basis not maintained at the Plan level

Participant directed accounts

Form 5500 Department of the Treasury Internal Revenue Service Department 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
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
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 Spokane Eye Clinic, PS and Inland Empire Optical Employees 401(k) Profit Sharing Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 06/29/1970</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 06/29/1970			
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan 06/29/1970							
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Spokane Eye Clinic PS 427 South Bernard Street Spokane WA 99204	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 91-0852217</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 509-456-0107</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 91-0852217		2c Plan Sponsor's telephone number 509-456-0107		2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 91-0852217							
2c Plan Sponsor's telephone number 509-456-0107							
2d Business code (see instructions) 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		<u>1/22/25</u>	Jarod Crooks
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>1/22/25</u>	Jarod Crooks
	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

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

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5	412	
6 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).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	283	
a(2) Total number of active participants at the end of the plan year	6a(2)	264	
b Retired or separated participants receiving benefits	6b	28	
c Other retired or separated participants entitled to future benefits	6c	121	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	413	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0	
f Total. Add lines 6d and 6e	6f	413	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	383	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	411	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) **7**

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2J 2F 2G 2R 3D 3H

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

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

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

SPOKANE EYE CLINIC, P.S. AND INLAND EMPIRE OPTICAL
EMPLOYEES' 401(k) PROFIT SHARING PLAN

EIN: 91-0852217

Plan Number: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Pooled Participant Accounts:				
Interest Bearing Cash:				
Federated Government Obligations Fund	Money market fund	\$ 665,207	\$ 665,207	
Common/Collective Trust:				
Putnam Stable Value Fund #	2,101,409.9816 shares	**	2,111,876	
Mutual Funds:				
Empower Lifetime 2015 Fund #	23,271.8249 shares	**	176,168	
Empower Lifetime 2020 Fund #	160,346.8237 shares	**	1,656,383	
Empower Lifetime 2025 Fund #	233,978.0947 shares	**	1,497,460	
Empower Lifetime 2030 Fund #	347,947.5274 shares	**	3,743,915	
Empower Lifetime 2035 Fund #	350,677.8877 shares	**	2,135,628	
Empower Lifetime 2040 Fund #	86,457.1915 shares	**	954,487	
Empower Lifetime 2045 Fund #	216,570.4299 shares	**	1,368,725	
Empower Lifetime 2050 Fund #	95,525.2176 shares	**	1,115,734	
Empower Lifetime 2055 Fund #	119,931.5098 shares	**	624,843	
American Funds EuroPacific Growth Fd #	9,737.7564 shares	**	557,584	
American Funds New World Fund #	1,762.8960 shares	**	141,349	
Cohen & Steers Real Estate Fund #	9,237.4131 shares	**	152,510	
Columbia Small Cap Index Fund #	22,048.8401 shares	**	513,517	
Vanguard Mid Cap Index Fund #	3,814.1760 shares	**	1,143,719	
T. Rowe Price Blue Chip Growth Fund #	7,112.4984 shares	**	1,326,410	
Vanguard 500 Index Fund #	8,250.4069 shares	**	4,156,226	
Loomis Sayles Core Plus Bond Fund #	49,658.9866 shares	**	566,112	
Total Pooled Participant Accounts			24,607,853	
Independently Directed Participant Accounts #			**	20,096,215
Participant Notes Receivable			\$ -	416,000
				\$ 45,120,068

** Cost basis not maintained at the Plan level

Participant directed accounts