

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>SOLINSKY EYECARE LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> 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>SOLINSKY EYECARE LLC</u>  <u>1013 FARMINGTON AVE STE 4</u> <u>WEST HARTFORD, CT 06107-2181</u>	<b>1c</b> Effective date of plan <u>01/01/1997</u>  <b>2b</b> Employer Identification Number (EIN) <u>06-1354112</u>  <b>2c</b> Plan Sponsor's telephone number <u>860-463-9958</u>  <b>2d</b> Business code (see instructions) <u>621210</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/30/2025	ERICA MEYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	157
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	102
	<b>6a(2)</b>	98
	<b>6b</b>	0
	<b>6c</b>	23
	<b>6d</b>	121
	<b>6e</b>	0
	<b>6f</b>	121
	<b>6g(1)</b>	141
	<b>6g(2)</b>	117
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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**
- (1)  **R** (Retirement Plan Information)
  - (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
  - (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
  - (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  **MEP** (Multiple-Employer Retirement Plan Information)

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

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SOLINSKY EYECARE LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOLINSKY EYECARE LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1354112</b>	

**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

<b>PAYCHEX SECURITIES CORPORATION</b>	<b>225 KENNETH DRIVE ROCHESTER, NY 14623</b>
<b>16-1486352</b>	

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

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

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

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

PAYCHEX, INC.

911 PANORAMA TRAIL S  
ROCHESTER, NY 14625

16-1124166

(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?
15	RECORDKEEPER	14517	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RAYMOND JAMES & ASSOCIATES, INC.

PO BOX 23641  
ST. PETERSBURG, FL 33742

59-1199408

(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	ADVISOR	22630	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SOLINSKY EYECARE LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOLINSKY EYECARE LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1354112</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	148391	1345001
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	64431	92761
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7974608	5902572
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	680538

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	
(2) Employer real property.....	<b>1d(2)</b>	0	
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8187430	8020872
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	
<b>h</b> Operating payables.....	<b>1h</b>	0	
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	
<b>j</b> Other liabilities.....	<b>1j</b>	0	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8187430	8020872

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	469340	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	355876	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		825216
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	10271	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	5474	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		15745
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	430602	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		430602
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1559658
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2831221

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2960032	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2960032
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	14257	
(3) Recordkeeping fees .....	<b>2i(3)</b>	0	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	22630	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	860	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	0	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		37747
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2997779

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-166558
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: BELFINT LYONS & SHUMAN, P.A.

(2) EIN: 51-0232399

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SOLINSKY EYECARE LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SOLINSKY EYECARE LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1354112</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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	
---	--

**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): 27-3169253

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**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 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

**SOLINSKY EYECARE, LLC  
401(k) PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS, INDEPENDENT  
AUDITOR'S REPORT, AND ERISA-REQUIRED  
SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2024 AND 2023**

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
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**DECEMBER 31, 2024 AND 2023**

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***Independent Auditor's Report***

To the Plan Administrator  
Solinsky EyeCare, LLC 401(k) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Solinsky Eyecare, LLC 401(k) Profit Sharing Plan and Trust (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 December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2024, 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 Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust'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 (DOL) 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 by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Mid Atlantic Trust Company, the custodian of the Plan, as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 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.

To the Plan Administrator  
Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust

- The information in the financial statements referred to above related to assets held and certified 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 Solinsky Eyecare, LLC 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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, that raise substantial doubt about Solinsky Eyecare, LLC 401(k) Profit Sharing Plan and Trust'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

To the Plan Administrator  
Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust

override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust'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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust'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.

To the Plan Administrator  
Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust

***Other Matter - Supplemental Schedule Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held and certified 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).

*Belfint, Lyons & Shuman, P.A.*

September 17, 2025  
Wilmington, Delaware

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments, at Fair Value (See Notes 3 and 4)	\$ 7,928,111	\$ 8,122,999
Receivables		
Employer Contributions	468,326	479,055
Participant Contributions	-	9,130
Notes Receivable from Participants	92,761	64,431
Total Receivables	561,087	552,616
<b>TOTAL ASSETS</b>	8,489,198	8,675,615
<b>LIABILITIES</b>	-	-
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 8,489,198	\$ 8,675,615

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

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2024**

**ADDITIONS**

Investment Income	
Net Appreciation in Fair Value of Investments	\$ 1,648,115
Interest	10,271
Dividends	<u>347,762</u>
Net Investment Income	<u>2,006,148</u>
Interest on Notes Receivable from Participants	<u>5,474</u>
Contributions	
Participant	346,746
Employer	<u>458,612</u>
Total Contributions	<u>805,358</u>
<b>TOTAL ADDITIONS</b>	<u><u>2,816,980</u></u>

**DEDUCTIONS**

Benefits Paid to Participants	2,965,500
Administrative Expenses	<u>37,897</u>
<b>TOTAL DEDUCTIONS</b>	<u><u>3,003,397</u></u>

<b>NET CHANGE</b>	(186,417)
<b>NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year</b>	<u>8,675,615</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS - End of Year</b>	<u><u>\$ 8,489,198</u></u>

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

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF PLAN**

The following description of Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

*General* - The Plan, originally effective January 1, 1997 and most recently restated April 24, 2024, is a defined contribution plan established by Solinsky Eyecare, LLC (the “Company” and the “Plan Administrator”) under the provisions of Section 401(k) of the Internal Revenue Code (the “IRC”), which includes a deferred arrangement for the benefit of eligible employees of the Company. The Plan is structured to comply with the requirements of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s assets are held by Mid Atlantic Trust Company, the custodian of the Plan. The Plan’s recordkeeper is Paychex Retirement.

*Eligibility* - All employees, except for those covered by a collective bargaining agreement, nonresident aliens, and employees as the result of a transaction described in Code section 410(b)(6)(C), are eligible to enter the Plan upon completing one year of service and attaining 21 years of age. Entry into the Plan is the first day of the plan year and the first day of the seventh month of the plan year.

*Contributions* - Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, up to the maximum permitted by law. Participants may also elect to contribute after-tax Roth deferrals. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes a 3% safe harbor nonelective contribution to eligible participants. The Company may also make discretionary profit-sharing contributions. A participant must complete at least 501 hours of service during the plan year and be employed on the last day of the plan year to share in an allocation of the Company profit-sharing contributions.

*Participant Accounts* - Each participant's account is credited with the participant's contributions, and allocations of the Company’s contributions, and plan earnings. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF PLAN - CONTINUED**

*Vesting* - Participants are immediately vested in their salary deferral contributions, Company safe harbor nonelective contributions, and actual earnings thereon. Vesting in the Company's profit-sharing contribution portion of their accounts is based on years of service as noted below. A year of service for vesting purposes is a plan-year during which the participant completes 1,000 hours of service.

<u>Years of Service</u>	<u>Vesting</u>
<1	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

*Notes Receivable from Participants* - Participants may borrow from their pretax accounts a minimum of \$1,000. The maximum amount of an outstanding loan cannot exceed the lesser of 95% of one-half the vested account balance or 95% of the total vested account balance excluding the Roth Elective Deferral balance. Under no event will the loan amount exceed \$50,000. The \$50,000 is reduced by the highest outstanding loan balance during the one-year period ending on the day before the date the loan agreement becomes effective. The loans are secured by the balance in the participant's account and accrue interest at the prime rate plus 1%. The repayment period cannot be greater than 4.5 years (54 months), unless for the purchase of a primary residence. The principal and interest are paid ratably through payroll deductions.

*Payment of Benefits* - Upon termination of service due to death, disability, retirement (age 65), or severance of employment, a participant with a vested account balance greater than \$5,000 may request to receive a distribution in the form of a single lump-sum payment, partial payments, installment payments, or annuity contracts. Participants with a vested account balance less than \$1,000 will receive a lump-sum distribution. Participants with a vested account balance between \$1,000 and \$5,000 who do not elect a form of distribution will have their vested account balance rolled over to an individual retirement account selected by the Plan. A participant who has reached age 59½ may elect to withdraw all or a portion of his vested account balance while still employed.

As required under Section 401(a)(9) of the Internal Revenue Code (IRC), a participant must begin receiving required minimum distributions from the Plan by April 1 of the calendar year following the later of (i) the calendar year following the year in which the participant reaches age 73, or (ii) the calendar year in which the participant retires.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF PLAN - CONTINUED**

*Hardship Withdrawals* - Participants may withdraw their pretax and Roth elective deferral, rollover, and employer contribution account balances in the form of a hardship withdrawal to satisfy an immediate and heavy financial need as defined by the Plan. The participants must exhaust all other assets prior to attaining a hardship withdrawal.

*Forfeitures* - Forfeitures may be used to pay appropriate Plan expenses, to reduce Company contributions, or as a Company profit-sharing contribution allocation in the ratio that each participant's compensation for the plan year bears to the total compensation of all participants for such plan year (or a combination of the foregoing). As of December 31, 2024 and 2023, forfeited, nonvested accounts totaled \$11,024 and \$9,714, respectively. During 2024, \$9,714 of forfeitures were used to reduce employer contributions.

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

*Basis of Accounting* - The financial statements of the Plan have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

*Use of Estimates* - The preparation of financial statements, in accordance with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition* - Investments are reported at fair value. Fair value is the price that would be received to trigger the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 3 for discussion of fair value measurement. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Notes Receivable from Participants* - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

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

*Payment of Benefits* - Benefits are recorded when paid.

*Administrative Expenses* - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees associated with participant-initiated transactions are charged directly to participant's accounts and are included in administrative expenses. Some administrative expenses are paid from the annual operating expenses of the Plan's designated investment alternatives, which are netted against the investment earnings of the relevant participant-directed investments.

*Subsequent Events* - The Company's policy is to evaluate events and transactions subsequent to its year end for potential recognition in the financial statements or disclosure in the notes to the financial statements. Management has evaluated events and transactions through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

**NOTE 3: FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This 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 fair value hierarchy under the Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements*, are described as follows:

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

*Level 2* - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; 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.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED**

*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 relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024:

*Interest-Bearing Cash* - Includes a money market fund valued at cost, which equals fair value.

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

*Self-Directed Brokerage Account* - Self-Directed Brokerage Account primarily consists of common stocks and a government cash reserves fund. These are valued at the closing price reported in the active market in which the individual securities are traded. This account also includes a cash reserves fund and an exchanged-traded fund, which are valued at the NAV of shares held by the Plan at year end.

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

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2024			Total
	Level 1	Level 2	Level 3	
Interest-Bearing Cash	\$ 1,345,001	\$ -	\$ -	\$ 1,345,001
Registered Investment Companies	5,902,572	-	-	5,902,572
Self-Directed Brokerage Account	680,538	-	-	680,538
<b>Total Investments, at Fair Value</b>	<b>\$ 7,928,111</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,928,111</b>

  

	2023			Total
	Level 1	Level 2	Level 3	
Interest-Bearing Cash	\$ 148,391	\$ -	\$ -	\$ 148,391
Registered Investment Companies	7,974,608	-	-	7,974,608
<b>Total Investments, at Fair Value</b>	<b>\$ 8,122,999</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,122,999</b>

**NOTE 4: INFORMATION CERTIFIED BY CUSTODIAN**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been certified as complete and accurate by Mid Atlantic Trust Company, the custodian of the Plan.

	2024	2023
Investments, at Fair Value		
Interest-Bearing Cash	\$ 1,345,001	\$ 148,391
Registered Investment Companies	5,902,572	7,974,608
<b>Total Investments, at Fair Value</b>	<b>\$ 7,247,573</b>	<b>\$ 8,122,999</b>
Notes Receivable from Participants	\$ 92,761	\$ 64,431

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 4: INFORMATION CERTIFIED BY CUSTODIAN - CONTINUED**

	2024
Investment Income	
Net Appreciation in Fair Value of Investments	\$ 1,565,275
Dividends	335,597
Interest	10,271
Net Investment Income	\$ 1,911,143
Interest on Notes Receivable from Participants	\$ 5,474

The following investments held in a self-directed brokerage account were not covered by the certification:

	2024	2023
Self-Directed Brokerage Not Certified	\$ 680,538	\$ -

	2024
Self-Directed Brokerage Investment Income Not Certified:	
Net Appreciation in Self-Directed Brokerage	\$ 82,840
Interest and Dividends	12,165
Net Investment Income - Not Certified	\$ 95,005

**NOTE 5: RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan does not consider normal plan operations such as participant or employer contributions to the Plan or benefits accrued or paid by the Plan for participants as party-in-interest transactions that require separate disclosure.

Fees for professional services rendered by some parties in interest are substantially absorbed by the plan sponsor. These transactions qualify as party-in-interest transactions that are exempt from the prohibited transaction rules.

The Plan issues loans to participants, which are secured by the balances in the participants' accounts. Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions qualify as party-in-interest transactions that are exempt from the prohibited transaction rules.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 6: PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their account balances.

**NOTE 7: TAX STATUS**

The Plan has adopted the Paychex non-standardized pre-approved profit-sharing plan with cash or deferred arrangement, which has received an opinion letter from the Internal Revenue Service (IRS) dated August 31, 2020, stating that the form of the Plan is qualified under the Internal Revenue Code (IRC), and therefore, the related trust is tax exempt. Although the Plan was amended since receiving the opinion letter, the Company believes that the Plan is designed, and is being currently operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS or DOL. The Company has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan's federal Form 5500 is subject to examination by the IRS and DOL, generally for the three years after it is filed.

**NOTE 8: RISKS AND UNCERTAINTIES**

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

**NOTE 9: COMMITMENTS AND CONTINGENCIES**

In the normal course of business, there may be various commitments and outstanding contingencies which may not be reflected in these financial statements. In the opinion of the Company, the outcome of such events, if any, would not have a material effect on the Plan's financial position or operations.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500 as of December 31:

	2024	2023
Net Assets Available for Benefits per the Financial Statements	\$ 8,489,198	\$ 8,675,615
Less: Employer Contributions Receivable December 31	(468,326)	(479,055)
Less: Participant Contribution Receivable December 31	-	(9,130)
Net Assets Available for Benefits per the Form 5500	\$ 8,020,872	\$ 8,187,430

The following is a reconciliation of net income per the financial statements to the Form 5500 for the year ended December 31, 2024:

	2024
Net Change per the Financial Statements	\$ (186,417)
Add: Employer Contributions Receivable December 31, 2023	479,055
Add: Participant Contributions Receivable December 31, 2023	9,130
Less: Employer Contributions Receivable December 31, 2024	(468,326)
Net Income per the Form 5500	\$ (166,558)

**ERISA-REQUIRED SUPPLEMENTAL SCHEDULE**

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**  
**EIN: 06-1354112, PLAN #001**  
**ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds American Balanced	Registered Investment Company	\$ -	\$ 4,796
	Columbia Small-Cap Value	Registered Investment Company	-	816
	DFA Large-Cap International	Registered Investment Company	-	2,077
	Fidelity Advisor New Insights	Registered Investment Company	-	129,549
	First Eagle Global	Registered Investment Company	-	197,474
	Invesco Discovery Mid-Cap Growth	Registered Investment Company	-	112,433
	Janus Henderson Triton	Registered Investment Company	-	196,204
	Manning and Napier Disciplined Value	Registered Investment Company	-	98,715
	PGIM Absolute Return Bond	Registered Investment Company	-	17,781
	Pioneer Strategic Income	Registered Investment Company	-	3,383
	T. Rowe Price Blue Chip Growth	Registered Investment Company	-	384,943
	T. Rowe Price Capital Appreciation	Registered Investment Company	-	460,374
	Vanguard Utilities Index	Registered Investment Company	-	1,556
	Vanguard Real Estate Index	Registered Investment Company	-	83,273
	Vanguard Health Care	Registered Investment Company	-	36,286
	Vanguard Information Technology Index	Registered Investment Company	-	66,828
	Vanguard Financials Index	Registered Investment Company	-	33,475
	Vanguard Energy Index	Registered Investment Company	-	755
	Vanguard Consumer Discretionary Index	Registered Investment Company	-	16,793
	Vanguard Mid-Cap Index	Registered Investment Company	-	33,241
	Vanguard Small-Cap Index	Registered Investment Company	-	152,828
	Vanguard 500 Index	Registered Investment Company	-	71,139
	Vanguard Total Stock Market Index	Registered Investment Company	-	193,634
	Vanguard Total International Stock Index	Registered Investment Company	-	66,913
	Vanguard International Growth	Registered Investment Company	-	214,804
	Vanguard International Value	Registered Investment Company	-	58,826
	Vanguard Emerging Markets Stock Index	Registered Investment Company	-	44,012
	Vanguard Total Bond Market Index	Registered Investment Company	-	55,863
	Vanguard Total International Bond Index	Registered Investment Company	-	2,199
	Vanguard Target Retirement Income	Registered Investment Company	-	94,914
	Vanguard Target Retirement 2025	Registered Investment Company	-	179,761
	Vanguard Target Retirement 2035	Registered Investment Company	-	382,954
	Vanguard Target Retirement 2045	Registered Investment Company	-	1,259,206
	Vanguard Target Retirement 2065	Registered Investment Company	-	35,308
	Vanguard Target Retirement 2020	Registered Investment Company	-	22,244
	Vanguard Target Retirement 2060	Registered Investment Company	-	291,829
	Vanguard Target Retirement 2070	Registered Investment Company	-	444

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**  
**EIN: 06-1354112, PLAN #001**  
**ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED**  
**DECEMBER 31, 2024**

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Target Retirement 2055	Registered Investment Company	\$ -	\$ 152,410
	Vanguard Target Retirement 2050	Registered Investment Company	-	169,713
	Vanguard Target Retirement 2040	Registered Investment Company	-	334,168
	Vanguard Target Retirement 2030	Registered Investment Company	-	84,119
	Virtus NFJ Mid-Cap Value	Registered Investment Company	-	154,532
	Vanguard Federal Market	Interest-Bearing Cash	-	1,345,001
	Fidelity	Self-Directed Brokerage Account	-	680,538
		Total Investments	<u>\$ -</u>	<u>\$ 7,928,111</u>
		Interest Rates from 4.25% to 9.5%;		
*	Participant Loans	Various Due Dates	<u>\$ -</u>	<u>\$ 92,761</u>

**SOLINSKY EYECARE, LLC  
401(k) PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS, INDEPENDENT  
AUDITOR'S REPORT, AND ERISA-REQUIRED  
SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2024 AND 2023**

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
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***Independent Auditor's Report***

To the Plan Administrator  
Solinsky EyeCare, LLC 401(k) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Solinsky Eyecare, LLC 401(k) Profit Sharing Plan and Trust (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 December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2024, 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 Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust'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 (DOL) 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 by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Mid Atlantic Trust Company, the custodian of the Plan, as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 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.

To the Plan Administrator  
Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust

- The information in the financial statements referred to above related to assets held and certified 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 Solinsky Eyecare, LLC 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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, that raise substantial doubt about Solinsky Eyecare, LLC 401(k) Profit Sharing Plan and Trust'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

To the Plan Administrator  
Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust

override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust'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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust'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.

To the Plan Administrator  
Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust

***Other Matter - Supplemental Schedule Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held and certified 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).

*Belfint, Lyons & Shuman, P.A.*

September 17, 2025  
Wilmington, Delaware

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments, at Fair Value (See Notes 3 and 4)	\$ 7,928,111	\$ 8,122,999
Receivables		
Employer Contributions	468,326	479,055
Participant Contributions	-	9,130
Notes Receivable from Participants	92,761	64,431
Total Receivables	561,087	552,616
<b>TOTAL ASSETS</b>	8,489,198	8,675,615
<b>LIABILITIES</b>	-	-
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 8,489,198</b>	<b>\$ 8,675,615</b>

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

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2024**

**ADDITIONS**

Investment Income	
Net Appreciation in Fair Value of Investments	\$ 1,648,115
Interest	10,271
Dividends	<u>347,762</u>
Net Investment Income	<u>2,006,148</u>
Interest on Notes Receivable from Participants	<u>5,474</u>
Contributions	
Participant	346,746
Employer	<u>458,612</u>
Total Contributions	<u>805,358</u>
<b>TOTAL ADDITIONS</b>	<u><u>2,816,980</u></u>

**DEDUCTIONS**

Benefits Paid to Participants	2,965,500
Administrative Expenses	<u>37,897</u>
<b>TOTAL DEDUCTIONS</b>	<u><u>3,003,397</u></u>

<b>NET CHANGE</b>	(186,417)
<b>NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year</b>	<u>8,675,615</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS - End of Year</b>	<u><u>\$ 8,489,198</u></u>

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

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF PLAN**

The following description of Solinsky EyeCare, LLC 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

*General* - The Plan, originally effective January 1, 1997 and most recently restated April 24, 2024, is a defined contribution plan established by Solinsky Eyecare, LLC (the “Company” and the “Plan Administrator”) under the provisions of Section 401(k) of the Internal Revenue Code (the “IRC”), which includes a deferred arrangement for the benefit of eligible employees of the Company. The Plan is structured to comply with the requirements of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan’s assets are held by Mid Atlantic Trust Company, the custodian of the Plan. The Plan’s recordkeeper is Paychex Retirement.

*Eligibility* - All employees, except for those covered by a collective bargaining agreement, nonresident aliens, and employees as the result of a transaction described in Code section 410(b)(6)(C), are eligible to enter the Plan upon completing one year of service and attaining 21 years of age. Entry into the Plan is the first day of the plan year and the first day of the seventh month of the plan year.

*Contributions* - Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, up to the maximum permitted by law. Participants may also elect to contribute after-tax Roth deferrals. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes a 3% safe harbor nonelective contribution to eligible participants. The Company may also make discretionary profit-sharing contributions. A participant must complete at least 501 hours of service during the plan year and be employed on the last day of the plan year to share in an allocation of the Company profit-sharing contributions.

*Participant Accounts* - Each participant's account is credited with the participant's contributions, and allocations of the Company’s contributions, and plan earnings. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF PLAN - CONTINUED**

*Vesting* - Participants are immediately vested in their salary deferral contributions, Company safe harbor nonelective contributions, and actual earnings thereon. Vesting in the Company's profit-sharing contribution portion of their accounts is based on years of service as noted below. A year of service for vesting purposes is a plan-year during which the participant completes 1,000 hours of service.

<u>Years of Service</u>	<u>Vesting</u>
<1	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

*Notes Receivable from Participants* - Participants may borrow from their pretax accounts a minimum of \$1,000. The maximum amount of an outstanding loan cannot exceed the lesser of 95% of one-half the vested account balance or 95% of the total vested account balance excluding the Roth Elective Deferral balance. Under no event will the loan amount exceed \$50,000. The \$50,000 is reduced by the highest outstanding loan balance during the one-year period ending on the day before the date the loan agreement becomes effective. The loans are secured by the balance in the participant's account and accrue interest at the prime rate plus 1%. The repayment period cannot be greater than 4.5 years (54 months), unless for the purchase of a primary residence. The principal and interest are paid ratably through payroll deductions.

*Payment of Benefits* - Upon termination of service due to death, disability, retirement (age 65), or severance of employment, a participant with a vested account balance greater than \$5,000 may request to receive a distribution in the form of a single lump-sum payment, partial payments, installment payments, or annuity contracts. Participants with a vested account balance less than \$1,000 will receive a lump-sum distribution. Participants with a vested account balance between \$1,000 and \$5,000 who do not elect a form of distribution will have their vested account balance rolled over to an individual retirement account selected by the Plan. A participant who has reached age 59½ may elect to withdraw all or a portion of his vested account balance while still employed.

As required under Section 401(a)(9) of the Internal Revenue Code (IRC), a participant must begin receiving required minimum distributions from the Plan by April 1 of the calendar year following the later of (i) the calendar year following the year in which the participant reaches age 73, or (ii) the calendar year in which the participant retires.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF PLAN - CONTINUED**

*Hardship Withdrawals* - Participants may withdraw their pretax and Roth elective deferral, rollover, and employer contribution account balances in the form of a hardship withdrawal to satisfy an immediate and heavy financial need as defined by the Plan. The participants must exhaust all other assets prior to attaining a hardship withdrawal.

*Forfeitures* - Forfeitures may be used to pay appropriate Plan expenses, to reduce Company contributions, or as a Company profit-sharing contribution allocation in the ratio that each participant's compensation for the plan year bears to the total compensation of all participants for such plan year (or a combination of the foregoing). As of December 31, 2024 and 2023, forfeited, nonvested accounts totaled \$11,024 and \$9,714, respectively. During 2024, \$9,714 of forfeitures were used to reduce employer contributions.

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

*Basis of Accounting* - The financial statements of the Plan have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

*Use of Estimates* - The preparation of financial statements, in accordance with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Investment Valuation and Income Recognition* - Investments are reported at fair value. Fair value is the price that would be received to trigger the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 3 for discussion of fair value measurement. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Notes Receivable from Participants* - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

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

*Payment of Benefits* - Benefits are recorded when paid.

*Administrative Expenses* - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees associated with participant-initiated transactions are charged directly to participant's accounts and are included in administrative expenses. Some administrative expenses are paid from the annual operating expenses of the Plan's designated investment alternatives, which are netted against the investment earnings of the relevant participant-directed investments.

*Subsequent Events* - The Company's policy is to evaluate events and transactions subsequent to its year end for potential recognition in the financial statements or disclosure in the notes to the financial statements. Management has evaluated events and transactions through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

**NOTE 3: FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This 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 fair value hierarchy under the Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements*, are described as follows:

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

*Level 2* - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; 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.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED**

*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 relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024:

*Interest-Bearing Cash* - Includes a money market fund valued at cost, which equals fair value.

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

*Self-Directed Brokerage Account* - Self-Directed Brokerage Account primarily consists of common stocks and a government cash reserves fund. These are valued at the closing price reported in the active market in which the individual securities are traded. This account also includes a cash reserves fund and an exchanged-traded fund, which are valued at the NAV of shares held by the Plan at year end.

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

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2024			Total
	Level 1	Level 2	Level 3	
Interest-Bearing Cash	\$ 1,345,001	\$ -	\$ -	\$ 1,345,001
Registered Investment Companies	5,902,572	-	-	5,902,572
Self-Directed Brokerage Account	680,538	-	-	680,538
<b>Total Investments, at Fair Value</b>	<b>\$ 7,928,111</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,928,111</b>

  

	2023			Total
	Level 1	Level 2	Level 3	
Interest-Bearing Cash	\$ 148,391	\$ -	\$ -	\$ 148,391
Registered Investment Companies	7,974,608	-	-	7,974,608
<b>Total Investments, at Fair Value</b>	<b>\$ 8,122,999</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,122,999</b>

**NOTE 4: INFORMATION CERTIFIED BY CUSTODIAN**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been certified as complete and accurate by Mid Atlantic Trust Company, the custodian of the Plan.

	2024	2023
Investments, at Fair Value		
Interest-Bearing Cash	\$ 1,345,001	\$ 148,391
Registered Investment Companies	5,902,572	7,974,608
<b>Total Investments, at Fair Value</b>	<b>\$ 7,247,573</b>	<b>\$ 8,122,999</b>
Notes Receivable from Participants	\$ 92,761	\$ 64,431

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 4: INFORMATION CERTIFIED BY CUSTODIAN - CONTINUED**

	2024
Investment Income	
Net Appreciation in Fair Value of Investments	\$ 1,565,275
Dividends	335,597
Interest	10,271
Net Investment Income	\$ 1,911,143
Interest on Notes Receivable from Participants	\$ 5,474

The following investments held in a self-directed brokerage account were not covered by the certification:

	2024	2023
Self-Directed Brokerage Not Certified	\$ 680,538	\$ -

	2024
Self-Directed Brokerage Investment Income Not Certified:	
Net Appreciation in Self-Directed Brokerage	\$ 82,840
Interest and Dividends	12,165
Net Investment Income - Not Certified	\$ 95,005

**NOTE 5: RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan does not consider normal plan operations such as participant or employer contributions to the Plan or benefits accrued or paid by the Plan for participants as party-in-interest transactions that require separate disclosure.

Fees for professional services rendered by some parties in interest are substantially absorbed by the plan sponsor. These transactions qualify as party-in-interest transactions that are exempt from the prohibited transaction rules.

The Plan issues loans to participants, which are secured by the balances in the participants' accounts. Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions qualify as party-in-interest transactions that are exempt from the prohibited transaction rules.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 6: PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their account balances.

**NOTE 7: TAX STATUS**

The Plan has adopted the Paychex non-standardized pre-approved profit-sharing plan with cash or deferred arrangement, which has received an opinion letter from the Internal Revenue Service (IRS) dated August 31, 2020, stating that the form of the Plan is qualified under the Internal Revenue Code (IRC), and therefore, the related trust is tax exempt. Although the Plan was amended since receiving the opinion letter, the Company believes that the Plan is designed, and is being currently operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS or DOL. The Company has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan's federal Form 5500 is subject to examination by the IRS and DOL, generally for the three years after it is filed.

**NOTE 8: RISKS AND UNCERTAINTIES**

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

**NOTE 9: COMMITMENTS AND CONTINGENCIES**

In the normal course of business, there may be various commitments and outstanding contingencies which may not be reflected in these financial statements. In the opinion of the Company, the outcome of such events, if any, would not have a material effect on the Plan's financial position or operations.

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN AND TRUST**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500 as of December 31:

	2024	2023
Net Assets Available for Benefits per the Financial Statements	\$ 8,489,198	\$ 8,675,615
Less: Employer Contributions Receivable December 31	(468,326)	(479,055)
Less: Participant Contribution Receivable December 31	-	(9,130)
Net Assets Available for Benefits per the Form 5500	\$ 8,020,872	\$ 8,187,430

The following is a reconciliation of net income per the financial statements to the Form 5500 for the year ended December 31, 2024:

	2024
Net Change per the Financial Statements	\$ (186,417)
Add: Employer Contributions Receivable December 31, 2023	479,055
Add: Participant Contributions Receivable December 31, 2023	9,130
Less: Employer Contributions Receivable December 31, 2024	(468,326)
Net Income per the Form 5500	\$ (166,558)

**ERISA-REQUIRED SUPPLEMENTAL SCHEDULE**

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**  
**EIN: 06-1354112, PLAN #001**  
**ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds American Balanced	Registered Investment Company	\$ -	\$ 4,796
	Columbia Small-Cap Value	Registered Investment Company	-	816
	DFA Large-Cap International	Registered Investment Company	-	2,077
	Fidelity Advisor New Insights	Registered Investment Company	-	129,549
	First Eagle Global	Registered Investment Company	-	197,474
	Invesco Discovery Mid-Cap Growth	Registered Investment Company	-	112,433
	Janus Henderson Triton	Registered Investment Company	-	196,204
	Manning and Napier Disciplined Value	Registered Investment Company	-	98,715
	PGIM Absolute Return Bond	Registered Investment Company	-	17,781
	Pioneer Strategic Income	Registered Investment Company	-	3,383
	T. Rowe Price Blue Chip Growth	Registered Investment Company	-	384,943
	T. Rowe Price Capital Appreciation	Registered Investment Company	-	460,374
	Vanguard Utilities Index	Registered Investment Company	-	1,556
	Vanguard Real Estate Index	Registered Investment Company	-	83,273
	Vanguard Health Care	Registered Investment Company	-	36,286
	Vanguard Information Technology Index	Registered Investment Company	-	66,828
	Vanguard Financials Index	Registered Investment Company	-	33,475
	Vanguard Energy Index	Registered Investment Company	-	755
	Vanguard Consumer Discretionary Index	Registered Investment Company	-	16,793
	Vanguard Mid-Cap Index	Registered Investment Company	-	33,241
	Vanguard Small-Cap Index	Registered Investment Company	-	152,828
	Vanguard 500 Index	Registered Investment Company	-	71,139
	Vanguard Total Stock Market Index	Registered Investment Company	-	193,634
	Vanguard Total International Stock Index	Registered Investment Company	-	66,913
	Vanguard International Growth	Registered Investment Company	-	214,804
	Vanguard International Value	Registered Investment Company	-	58,826
	Vanguard Emerging Markets Stock Index	Registered Investment Company	-	44,012
	Vanguard Total Bond Market Index	Registered Investment Company	-	55,863
	Vanguard Total International Bond Index	Registered Investment Company	-	2,199
	Vanguard Target Retirement Income	Registered Investment Company	-	94,914
	Vanguard Target Retirement 2025	Registered Investment Company	-	179,761
	Vanguard Target Retirement 2035	Registered Investment Company	-	382,954
	Vanguard Target Retirement 2045	Registered Investment Company	-	1,259,206
	Vanguard Target Retirement 2065	Registered Investment Company	-	35,308
	Vanguard Target Retirement 2020	Registered Investment Company	-	22,244
	Vanguard Target Retirement 2060	Registered Investment Company	-	291,829
	Vanguard Target Retirement 2070	Registered Investment Company	-	444

**SOLINSKY EYECARE, LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**  
**EIN: 06-1354112, PLAN #001**  
**ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED**  
**DECEMBER 31, 2024**

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Target Retirement 2055	Registered Investment Company	\$ -	\$ 152,410
	Vanguard Target Retirement 2050	Registered Investment Company	-	169,713
	Vanguard Target Retirement 2040	Registered Investment Company	-	334,168
	Vanguard Target Retirement 2030	Registered Investment Company	-	84,119
	Virtus NFJ Mid-Cap Value	Registered Investment Company	-	154,532
	Vanguard Federal Market	Interest-Bearing Cash	-	1,345,001
	Fidelity	Self-Directed Brokerage Account	-	680,538
		Total Investments	<u>\$ -</u>	<u>\$ 7,928,111</u>
		Interest Rates from 4.25% to 9.5%;		
*	Participant Loans	Various Due Dates	<u>\$ -</u>	<u>\$ 92,761</u>