

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2019
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 91-1525215
2c Plan Sponsor's telephone number: 253-848-3000
2d Business code (see instructions): 621111

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 250 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 197 |
| | 6a(2) | 212 |
| | 6b | 0 |
| | 6c | 64 |
| | 6d | 276 |
| | 6e | 0 |
| | 6f | 276 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 11 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1C 3D

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CASCADE EYE & SKIN CENTERS, P.C.</u> | D Employer Identification Number (EIN) <u>91-1525215</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | | |
|---|----------------------------|---------------------------|--------------------------|--|
| 1 Enter the valuation date: | Month <u>01</u> | Day <u>01</u> | Year <u>2024</u> | |
| 2 Assets: | | | | |
| a Market value | 2a | <u>3334792</u> | | |
| b Actuarial value | 2b | <u>3334792</u> | | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target | |
| a For retired participants and beneficiaries receiving payment | <u>0</u> | <u>0</u> | <u>0</u> | |
| b For terminated vested participants | <u>53</u> | <u>184371</u> | <u>184371</u> | |
| c For active participants | <u>222</u> | <u>2531871</u> | <u>2618038</u> | |
| d Total | <u>275</u> | <u>2716242</u> | <u>2802409</u> | |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | | |
| 5 Effective interest rate | 5 | <u>5.09 %</u> | | |
| 6 Target normal cost | | | | |
| a Present value of current plan year accruals | 6a | <u>635024</u> | | |
| b Expected plan-related expenses | 6b | <u>20000</u> | | |
| c Target normal cost | 6c | <u>655024</u> | | |

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

| | |
|---|--|
| SIGN HERE <u>VINCENT YANG</u> Signature of actuary <u>NWPS</u> Firm name <u>160 W SANTA CLARA ST</u> <u>SUITE 1550</u> <u>SAN JOSE, CA 95113</u> Address of the firm | <u>10/13/2025</u> Date <u>23-08878</u> Most recent enrollment number <u>408-618-0111</u> Telephone number (including area code) |
|---|--|

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of _____ %..... | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 564363 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> % | | 29403 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 593766 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|---|-----------|----------|
| 14 | Funding target attainment percentage..... | 14 | 118.99 % |
| 15 | Adjusted funding target attainment percentage | 15 | 118.99 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 113.52 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage..... | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| 07/02/2024 | 200000 | 0 | | | | | |
| 09/09/2024 | 200000 | 0 | | | | | |
| 10/01/2024 | 10000 | 0 | | | | | |
| 10/16/2024 | 50000 | 0 | | | | | |
| 11/18/2024 | 200000 | 0 | | | | | |
| 12/27/2024 | 20000 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 680000 | 18(c) | 0 |

| | | | | |
|--|--|------------|---|--|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years..... | 19a | 0 | |
| b | Contributions made to avoid restrictions adjusted to valuation date..... | 19b | 0 | |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c | 656522 | |
| 20 | Quarterly contributions and liquidity shortfalls: | | | |
| a | Did the plan have a "funding shortfall" for the prior year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c | If line 20a is "Yes," see instructions and complete the following table as applicable: | | | |
| Liquidity shortfall as of end of quarter of this plan year | | | | |
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th | |
| | | | | |

| | | | |
|--|------------------------|------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | 21b 2 |
| 22 Weighted average retirement age | | | 22 67 |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

| | | | |
|---|--|--|---|
| Part VI Miscellaneous Items | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 26 Demographic and benefit information | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | 27 |

| | | | |
|---|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | |
| 28 Unpaid minimum required contributions for all prior years | | | 28 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | 29 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | | | 30 0 |

| | | | |
|--|---------------------|--------------------|-------------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | | | 31a 655024 |
| b Excess assets, if applicable, but not greater than line 31a | | | 31b 532383 |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 0 | 0 | |
| b Waiver amortization installment..... | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | 34 122641 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | | | 36 122641 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | 37 656522 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 38a 533881 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | 40 0 |

| | | | |
|---|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | |

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|------------|
| A Name of plan CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CASCADE EYE & SKIN CENTERS, P.C. | D Employer Identification Number (EIN) 91-1525215 | |

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

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

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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)

NWPS

91-2090931

| (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? |
|------------------------|---|--|--|--|---|--|
| 11 15 17 50 | NONE | 21585 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

DWYER, PEMBERTON & COULSON PC

91-1503183

| (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? |
|------------------------|---|--|--|--|---|--|
| 10 50 | NONE | 17524 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

RETIREMENT CONSULTING GROUP, INC.

91-1769299

| (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 27 38 50 | NONE | 10000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN | B Three-digit plan number (PN) 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CASCADE EYE & SKIN CENTERS, P.C. | D Employer Identification Number (EIN) 91-1525215 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 169024 | 4104260 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 20000 | 0 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | 1699949 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 1455028 | 0 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 3344001 | 4104260 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 8993 | 13614 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 8993 | 13614 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 3335008 | 4090646 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 680000 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 680000 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 186 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 153411 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 153597 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 13601 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 13601 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 4357 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 851555 |

Expenses

| | | | |
|--|--------|-------|-------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 19541 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 19541 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 17524 | |
| (5) Investment advisory and investment management fees | 2i(5) | 10000 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 2017 | |
| (7) Actuarial fees | 2i(7) | 21585 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 25250 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 76376 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 95917 |

Net Income and Reconciliation

| | | | |
|--|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 755638 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DWYER PEMBERTON & COULSON, PC**

(2) EIN: **91-1503183**

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 558070.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>CASCADE EYE & SKIN CENTERS, P.C.</u> | D Employer Identification Number (EIN) <u>91-1525215</u> | |

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

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

| | | |
|---|---|---|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-1558009

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 | 7 |
|--|---|---|

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|----|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

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

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

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

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

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

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

No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501819A.



CASH BALANCE PLAN

FINANCIAL STATEMENTS

For the year ended December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Cascade Eye & Skin Centers P.C.
Cash Balance Plan
University Place, Washington

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

We have performed audits of the accompanying financial statements of Cascade Eye & Skin Centers, P.C. Cash Balance Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation), and the related statement of changes in net assets available for benefits for the year then ended (in liquidation), and the statement of net assets available for benefits as of December 31, 2023 (ongoing), and the related notes to the financial statements.

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter—Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the governing body of Cascade Eye & Skin Centers, P.C. Cash Balance Plan approved a plan of liquidation on December 31, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the accrual basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cascade Eye & Skin Centers, P.C. Cash Balance Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules as noted in the Table of Contents are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its' form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

A handwritten signature in black ink, consisting of the letters 'D', 'P', and 'C' with an ampersand between 'P' and 'C'. The 'D' is a simple block letter, the 'P' has a loop at the top, and the 'C' is a simple curve.

Tacoma, Washington
October 9, 2025

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| | (In Liquidation) | (Ongoing) |
| ASSETS: | | |
| Non interest bearing cash | \$ 3,892,556 | \$ 169,024 |
| Employer contribution receivable | --- | 20,000 |
| Accrued investment income expected to be earned in liquidation | 93,340 | --- |
| Investments, at fair value | <u>211,704</u> | <u>3,154,977</u> |
| TOTAL ASSETS | <u>4,197,600</u> | <u>3,344,001</u> |
| LIABILITIES: | | |
| Other liabilities | 13,614 | 8,993 |
| Accrued expenses expected to be incurred in liquidation | <u>38,512</u> | --- |
| TOTAL LIABILITIES | <u>52,126</u> | <u>8,993</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 4,145,474</u> | <u>\$ 3,335,008</u> |

See accompanying notes.

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
For the year ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

| | |
|---|----------|
| Net investment income: | |
| Net appreciation in fair value of investments | \$ 4,357 |
| Interest and dividends | 167,198 |
| TOTAL INVESTMENT INCOME | 171,555 |
| Less investment fees | 10,000 |
| NET INVESTMENT INCOME | 161,555 |
| Employer contributions | 680,000 |
| TOTAL ADDITIONS | 841,555 |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

| | |
|---|---------|
| Benefits paid to participants | 19,541 |
| Administrative expenses | 66,376 |
| TOTAL DEDUCTIONS | 85,917 |
| NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS | 755,638 |

ADJUSTMENT TO LIQUIDATION BASIS 54,828

NET ASSETS AVAILABLE FOR BENEFITS, Beginning 3,335,008

NET ASSETS AVAILABLE FOR BENEFITS, Ending \$ 4,145,474

See accompanying notes.

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 1. Description of the Plan

The following description of the Cascade Eye & Skin Centers P.C. Cash Balance Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

General:

The Plan is a non contributory defined benefit plan established January 1, 2019. The Plan was established to provide retirement benefits to the certain employees of Cascade Eye & Skin Centers, P.C. (the Sponsor). In December 2024, the Plan was frozen by the Plan Trustees, with an effective date of December 31, 2024.

On December 29, 2022, the SECURE 2.0 Act of 2022 was signed into law, which provides both required and optional future enhancements to tax qualified retirement plans and their participants. The provisions of the SECURE 2.0 Act may be effective and operationalized prior to formally amending the Plan document. The Plan formally amended their Plan documents on October 24, 2024 for any required provisions as well as any optional provisions that the Plan elected to add.

Plan Termination:

In October 2024, the Plan Sponsor resolved to terminate the Plan and notice was provided to the participants of the intent to terminate the Plan with a termination date of December 31, 2024. Plan participants became fully vested. Since the termination of the Plan was imminent at December 31, 2024, the Plan has changed its basis of accounting from the accrual basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Subsequent to December 31, 2024, the Plan is following all required standard termination procedures as outlined by regulatory agencies and is still in the process of distributing assets to Plan participants and paying any applicable administrative expenses. The Plan expects to distribute all of it's assets by the end of 2025.

Eligibility and Participant Accounts:

To be eligible to the Plan, an employee must be twenty one years of age and have completed one year of service. All employees covered by a collective bargaining agreement or are leased employees are not eligible to participate in the Plan. Eligible employees may enter the Plan on January 1 or July 1 following meeting the eligibility requirements.

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 1. (Continued)

The Plan has established for each participant, a hypothetical account that is the sum of:

- Pay credits: A contribution level established for each participant based on an assigned group as defined by the Plan. There are nine total contribution levels, ranging from \$-0- to \$120,000 per participant. Contributions may be based on compensation, or a set amount.
- Interest credits: Interest crediting rates are six percent or the actual rate of return for highly compensated employees, and for the remainder of employees the interest crediting rates are the greater of four percent or the actual rate of return.

Investments:

Employer contributions are deposited into accounts held at Charles Schwab Trust Bank. The Plan Sponsor is responsible for oversight of the Plan's investment decisions.

Funding:

The Plan Sponsor makes annual contributions to the Plan in amounts that are in between the minimum funding requirement and the maximum tax-deductible amount allowed by the Internal Revenue Service as calculated by the Plan's independent actuary. The Plan has met the minimum funding requirements for the year ended December 31, 2024.

Vesting:

Participants become fully vested upon reaching normal retirement age of 65 or completing three years of vesting service, upon death or disability, or upon Plan termination. Participants who terminate prior to these events receive no vested benefits.

Payment of Benefits:

At termination of service due to death, disability, or retirement, participants are entitled to vested benefits from their hypothetical account. In-service withdrawal of benefits are only allowed for participants who are still employed after the normal retirement age. Participants may choose from an annuity, installment payments, or a lump sum payment as defined by the Plan document. Participants eligible for benefits with a vested account balance less than \$7,000 will automatically be paid as a single, lump sum cash payment.

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 1. (Continued)

Date Through Which Subsequent Events Evaluated:

The date to which events occurring after December 31, 2024, the date of the most recent statement of net assets available for benefits, have been evaluated for possible adjustments to the financial statements or disclosure is October 9, 2025, which is the date on which the financial statements were available to be issued.

NOTE 2. Summary of Significant Accounting Policies

Basis of Presentation:

Due to the pending termination of the Plan (discussed in Note 1), the accompanying financial statements have been prepared on the liquidation basis of accounting as of and for the year ending December 31, 2024, and present the net assets available for Plan benefits and the changes in those net assets. Liquidation basis requires the Plan to accrue all future amounts related to contributions, income, and expenses at the time the amount is known or has a reasonable basis for estimation, which may differ from the accrual basis of accounting. The Plan has accrued for investment income and administrative expenses based on known amounts reported subsequent to December 31, 2024 and up through the date of evaluation for subsequent events. The statement of net assets available for benefits as of December 31, 2023 is presented on the ongoing accrual basis of accounting. Both basis of accounting are in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, changes to net assets available for benefits, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may 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 sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 2. (Continued)

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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits:

Benefits are recorded when paid.

Administrative and Investment Management Expenses:

The Plan's expenses are paid either by the Plan or Plan Sponsor, as determined by the trustees, plan document, or service provider agreements. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements and are not intended to be reimbursed by the Plan. Certain expenses incurred in connection with the general administration and investment management expenses of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation or depreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

NOTE 3. Risks and Uncertainties

The Plan is exposed to market and credit risk due to the various foreign and domestic investment securities that may be selected by the Plan in any combination. Investment securities are exposed to various risks such as foreign currency exchange rate, 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Due to the changing nature of these assumptions and the uncertainty inherent in setting assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term. These changes could be material to the financial statements.

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 4. Information Certified by the Custodian

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, was obtained by management and agreed to or derived from information certified as complete and accurate as of December 31, 2024 and 2023, and for the year ended December 31, 2024, by Charles Schwab Trust Bank as follows:

- Investments and non interest bearing cash reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023.
- Net appreciation or depreciation in fair value of investments and interest and dividends on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.
- Investments reflected on the supplementary Schedule of Assets (Held at End of Year) at December 31, 2024.
- Reportable transactions reflected on the supplementary Schedule of Reportable Transactions at December 31, 2024.

NOTE 5. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that are accessible at the measurement date for identical assets or liabilities that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology other than level 1 inputs that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of assets or liabilities. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 5. (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Mutual Funds and Exchange Traded Funds (Registered Investment Companies): The number of shares held by the Plan at year end, are valued at the closing quoted prices reported on the active market on which the individual funds or stocks are traded.

U.S. Treasury Securities: Valued at cost plus accrued interest, which approximates fair value.

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 techniques and inputs is appropriate and consistent with other market participants, the use of different techniques and inputs or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

| Assets at Fair value as of December 31, 2024 | | | | |
|---|---------|------------|---------|------------|
| | Level 1 | Level 2 | Level 3 | Total |
| U.S. Treasury Securities | \$ --- | \$ 211,704 | \$ --- | \$ 211,704 |
| TOTAL ASSETS AT FAIR VALUE | \$ --- | \$ 211,704 | \$ --- | \$ 211,704 |

| Assets at Fair value as of December 31, 2023 | | | | |
|---|--------------|--------------|---------|--------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual Funds | \$ 686,082 | \$ --- | \$ --- | \$ 686,082 |
| Exchange Traded Funds | 768,946 | --- | --- | 768,946 |
| U.S. Treasury Securities | --- | 1,699,949 | --- | 1,699,949 |
| TOTAL ASSETS AT FAIR VALUE | \$ 1,455,028 | \$ 1,699,949 | \$ --- | \$ 3,154,977 |

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable to services participants have rendered. They include payments expected to be made to participants or their beneficiaries according to Plan provisions.

The actuarial assumptions are typically based on the presumption that the Plan will continue. The assumptions used as of December 31, 2024 took into consideration the liquidation basis of accounting and Plan termination (Note 1). The computations of the actuarial present value of accumulated plan benefits were made as of December 31, 2024.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount resulting from applying actuarial assumptions to compute the value of the plan benefits accumulated by participants as of the valuation date. The actuarial assumptions used to compute the accumulated plan benefits reflect the expected rate of return on the Plan's investments in the future and the probability of benefit payments subsequent to the valuation date based on anticipated mortality, termination, form of pay-out of benefits, and retirement rates.

The actuarial present value of accumulated plan benefits as of December 31 is as follows:

| | 2024 | 2023 |
|---|--------------|--------------|
| Vested benefits: | | |
| Active participants | \$ 3,715,297 | \$ 2,843,397 |
| Deferred vested participants | 248,259 | 184,370 |
| Nonvested benefits | --- | 96,539 |
| TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS | \$ 3,963,556 | \$ 3,124,306 |

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024 is attributable to the following factors:

| | |
|---|--------------|
| Actuarial present value of accumulated plan benefits as of December 31, 2023 (ongoing) | \$ 3,124,306 |
| Benefits accumulated | 734,210 |
| Change in discount period | 124,581 |
| Benefits paid | (19,541) |
| Change in actuarial assumptions | --- |
| Actuarial present value of accumulated plan benefits at December 31, 2024 (in liquidation) | \$ 3,963,556 |

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 6. (Continued)

The accumulated Plan benefits were determined based upon actuarial assumptions that among others include the following:

| | |
|--------------------------------|---|
| Average retirement age: | Age 70 |
| Form of payment: | Lump sum |
| Discount rate: | 4.0 for the years ended December 31, 2024 and 2023. |
| Rate of return on plan assets: | 4.0 for the years ended December 31, 2024 and 2023. |

Since the prior valuation date of December 31, 2023 the Plan updated the mortality table as published by IRS Notice 2024-42 and changes for the Plan freeze and Plan termination that was effective on December 31, 2024.

NOTE 7. Party-in-Interest Transactions and Administration of Plan Assets

A party-in-interest is defined as a fiduciary or employee of the plan, any person who provides service to the plan, an employer whose employees are covered by the plan, an employee organization whose members are covered by the plan, a person who owns 50 percent or more of such an employer or employee organization, or a relative of such persons mentioned.

The Plan's investment options were held in nonparticipant directed accounts at Charles Schwab Trust Bank. Therefore, any transaction executed with Charles Schwab Trust Bank qualifies as a party-in-interest transaction.

As described in Note 2, the Plan may pay certain expenses related to plan operations and investment activities to various service providers. These transactions are party-in-interest transactions.

The Plan Sponsor is a party-in-interest. Certain administrative functions are performed by employees of the Sponsor. No such employee receives compensation from the Plan. The Sponsor has the discretion to appoint or remove any trustee or agent of the Plan. The Trustees have the full power to administer the Plan and apply all of its provisions on behalf of the Sponsor.

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
For the year ended December 31, 2024 (In Liquidation)

NOTE 8. Tax Status

The Sponsor adopted a Volume Submitter Defined Benefit Plan sponsored by CCH Incorporated DBA FTWilliams, which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 30, 2018. The Plan has not received an opinion letter specific to the Plan itself; however, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and is being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Management evaluated the Plan's tax positions and concluded that the Plan has maintained its tax-exempt status and has taken no material uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

NOTE 9. Reconciliation of Financial Statements to Form 5500

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

| | December 31, | |
|--|---------------------|---------------------|
| | 2024 | 2023 |
| Net assets available for benefits per the financial statements | \$ 4,145,474 | \$ 3,335,008 |
| Accrued investment income expected to be earned in liquidation | (93,340) | --- |
| Accrued expenses expected to be incurred in liquidation | 38,512 | --- |
| NET ASSETS AVAILABLE FOR BENEFITS PER THE FORM 5500 | \$ 4,090,646 | \$ 3,335,008 |

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
SUPPLEMENTAL SCHEDULE

EIN: 91-1525215
 PLAN #: 002
 PLAN YEAR: 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the Year Ended December 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|-----|--|--|-------------------|-------------------|
| | United States Treasury Securities | Treasury Bill, par value of \$215,000 | \$ 210,637 | \$ 211,704 |
| | TOTAL INVESTMENTS | | <u>\$ 210,637</u> | <u>\$ 211,704</u> |

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
SUPPLEMENTAL SCHEDULE

EIN: 91-1525215
 PLAN #: 002
 PLAN YEAR: 2024

Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024

| (a) Identity of Party involved | (b) Description of Asset (include interest rate and maturity in case of a loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|--------------------------------|---|--------------------|-------------------|-------------------|--|---------------------|
| Charles Schwab | American Funds Bond Fund of Amer F3 (Series of Transactions) | \$ 221,975 | \$ 189,635 | \$ 221,975 | \$ 189,635 | \$ (32,340) |
| Charles Schwab | Schwab Government Money FD INV SHS (Series of Transactions) | 720,905 | 720,905 | 720,905 | 720,905 | --- |
| Charles Schwab | TCW Metwest Total Return BD I | 222,240 | 188,953 | 222,240 | 188,953 | (33,287) |
| Charles Schwab | United States Treasury Securities #8771974 | 573,526 | 556,815 | 573,526 | 556,815 | (16,711) |
| Charles Schwab | United States Treasury Securities #8784951 | 590,894 | 586,160 | 590,894 | 586,160 | (4,734) |
| Charles Schwab | United States Treasury Securities #8784876 | 529,879 | 546,000 | 529,879 | 546,000 | 16,121 |
| Charles Schwab | United States Treasury Securities #8784952 (Series of Transactions) | 3,796,350 | 3,789,000 | 3,796,350 | 3,789,000 | (7,350) |
| Charles Schwab | United States Treasury Securities #877316 | 210,637 | --- | 210,637 | 210,637 | --- |
| Charles Schwab | Vanguard Total Bond Market ETF (Series of Transactions) | 238,912 | 215,782 | 238,912 | 215,782 | (23,130) |
| Charles Schwab | Western Asset Core BD FD (Series of Transactions) | 201,858 | 188,117 | 201,858 | 188,117 | (13,741) |

See Independent Auditor's Report.

CASCADE EYE & SKIN CENTERS, P.C.
CASH BALANCE PLAN
EIN: 91-1525215
PN: 002
January 1, 2024

Schedule SB, line 26a - Schedule of Active Participant Data

| <u>AGE</u> | YEARS OF CREDITED SERVICE | | | | | | | | | | | |
|---------------------|----------------------------------|--------------------------|------------------------------|-------------------|--------------------------|------------------------------|-------------------|--------------------------|------------------------------|------------------|--------------------------|------------------------------|
| | Under 1 | | | 1 to 4.999 | | | 5 to 9.999 | | | 10 and up | | |
| | No. | Average Comp. | Average Cash Bal. | No. | Average Comp. | Average Cash Bal. | No. | Average Comp. | Average Cash Bal. | No. | Average Comp. | Average Cash Bal. |
| Under 25 | 1 | | | 8 | | | 0 | | | 0 | | |
| 25 to 29.999 | 8 | | | 16 | | | 6 | | | 0 | | |
| 30 to 34.999 | 6 | | | 25 | | | 8 | | | 0 | | |
| 35 to 39.999 | 3 | | | 21 | | | 11 | | | 0 | | |
| 40 to 44.999 | 4 | | | 7 | | | 19 | | | 0 | | |
| 45 to 49.999 | 2 | | | 6 | | | 10 | | | 0 | | |
| 50 to 54.999 | 1 | | | 7 | | | 13 | | | 0 | | |
| 55 to 59.999 | 0 | | | 8 | | | 10 | | | 0 | | |
| 60 to 64.999 | 0 | | | 2 | | | 13 | | | 0 | | |
| 65 to 69.999 | 0 | | | 2 | | | 2 | | | 0 | | |
| 70 and up | 0 | | | 0 | | | 3 | | | 0 | | |

CASCADE EYE & SKIN CENTERS, P.C.
CASH BALANCE PLAN
EIN: 91-1525215
PN: 002
January 1, 2024

Schedule SB, Part V - Actuarial Methods and Assumptions

Cost Methods:

| | |
|---------------------------|------------------------|
| Actuarial Value of Assets | Market value of assets |
| Actuarial Cost Method | Unit Credit |

Economic Assumptions:

| | January 1, 2024 | January 1, 2023 |
|--|------------------------|------------------------|
| With Funding Stabilization Rates | | |
| ARPA Segment Rates Used | Yes | Yes |
| ARPA Extended Amortization Period Used | Yes | Yes |
| First Segment Rate (Years 1-5) | 4.75% | 4.75% |
| Second Segment Rate (Years 6-15) | 4.87% | 5.00% |
| Third Segment Rate (Years after 15) | 5.59% | 5.74% |
| Effective Interest Rate | 5.09% | 5.21% |
| | | |
| Without Funding Stabilization Rates | | |
| Reference Month - Schedule SB | 2 | 2 |
| First Segment Rate (Years 1-5) | 4.02% | 1.76% |
| Second Segment Rate (Years 6-15) | 4.73% | 3.36% |
| Third Segment Rate (Years after 15) | 4.75% | 3.76% |
| Effective Interest Rate | 4.70% | 3.44% |
| | | |
| Interest Crediting Rate - Fixed | 4.00% | 4.00% |
| Future Compensation Increases | 0.00% | 0.00% |
| Expenses | \$20,000 | \$20,000 |

CASCADE EYE & SKIN CENTERS, P.C.
CASH BALANCE PLAN
EIN: 91-1525215
PN: 002
January 1, 2024

Schedule SB, Part V - Actuarial Methods and Assumptions (continued)

| Mortality | The 2024 projected, static mortality tables for males and females and for annuitants and non-annuitants, as published in IRS Notice 2022-22. | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|-----|------|----|--------|----|--------|----|--------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|
| Termination of Employment | <p>Rates of termination based on 100% of 2003 Society of Actuaries aggregate termination rates. Sample annual rates for employees:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Age</th> <th style="text-align: center; border-bottom: 1px solid black;">Rate</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">25</td><td style="text-align: center;">19.50%</td></tr> <tr><td style="text-align: center;">30</td><td style="text-align: center;">15.50%</td></tr> <tr><td style="text-align: center;">35</td><td style="text-align: center;">12.10%</td></tr> <tr><td style="text-align: center;">40</td><td style="text-align: center;">9.40%</td></tr> <tr><td style="text-align: center;">45</td><td style="text-align: center;">7.30%</td></tr> <tr><td style="text-align: center;">50</td><td style="text-align: center;">5.60%</td></tr> <tr><td style="text-align: center;">55</td><td style="text-align: center;">4.20%</td></tr> <tr><td style="text-align: center;">60</td><td style="text-align: center;">3.00%</td></tr> <tr><td style="text-align: center;">65</td><td style="text-align: center;">1.90%</td></tr> </tbody> </table> | Age | Rate | 25 | 19.50% | 30 | 15.50% | 35 | 12.10% | 40 | 9.40% | 45 | 7.30% | 50 | 5.60% | 55 | 4.20% | 60 | 3.00% | 65 | 1.90% |
| Age | Rate | | | | | | | | | | | | | | | | | | | | |
| 25 | 19.50% | | | | | | | | | | | | | | | | | | | | |
| 30 | 15.50% | | | | | | | | | | | | | | | | | | | | |
| 35 | 12.10% | | | | | | | | | | | | | | | | | | | | |
| 40 | 9.40% | | | | | | | | | | | | | | | | | | | | |
| 45 | 7.30% | | | | | | | | | | | | | | | | | | | | |
| 50 | 5.60% | | | | | | | | | | | | | | | | | | | | |
| 55 | 4.20% | | | | | | | | | | | | | | | | | | | | |
| 60 | 3.00% | | | | | | | | | | | | | | | | | | | | |
| 65 | 1.90% | | | | | | | | | | | | | | | | | | | | |
| Retirement Age | Vested former employees are assumed to retire immediately. Active employees are assumed to retire at age 70. | | | | | | | | | | | | | | | | | | | | |
| Disability | None assumed. | | | | | | | | | | | | | | | | | | | | |
| Form of Payment | 100% of participants elect a one-time lump-sum payment. | | | | | | | | | | | | | | | | | | | | |
| Changes since last valuation | The segment rates and mortality tables were updated, as required. | | | | | | | | | | | | | | | | | | | | |

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
SUPPLEMENTAL SCHEDULE

EIN: 91-1525215
 PLAN #: 002
 PLAN YEAR: 2024

Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024

| (a) Identity of Party involved | (b) Description of Asset (include interest rate and maturity in case of a loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|--------------------------------|---|--------------------|-------------------|-------------------|--|---------------------|
| Charles Schwab | American Funds Bond Fund of Amer F3 (Series of Transactions) | \$ 221,975 | \$ 189,635 | \$ 221,975 | \$ 189,635 | \$ (32,340) |
| Charles Schwab | Schwab Government Money FD INV SHS (Series of Transactions) | 720,905 | 720,905 | 720,905 | 720,905 | --- |
| Charles Schwab | TCW Metwest Total Return BD I | 222,240 | 188,953 | 222,240 | 188,953 | (33,287) |
| Charles Schwab | United States Treasury Securities #8771974 | 573,526 | 556,815 | 573,526 | 556,815 | (16,711) |
| Charles Schwab | United States Treasury Securities #8784951 | 590,894 | 586,160 | 590,894 | 586,160 | (4,734) |
| Charles Schwab | United States Treasury Securities #8784876 | 529,879 | 546,000 | 529,879 | 546,000 | 16,121 |
| Charles Schwab | United States Treasury Securities #8784952 (Series of Transactions) | 3,796,350 | 3,789,000 | 3,796,350 | 3,789,000 | (7,350) |
| Charles Schwab | United States Treasury Securities #877316 | 210,637 | --- | 210,637 | 210,637 | --- |
| Charles Schwab | Vanguard Total Bond Market ETF (Series of Transactions) | 238,912 | 215,782 | 238,912 | 215,782 | (23,130) |
| Charles Schwab | Western Asset Core BD FD (Series of Transactions) | 201,858 | 188,117 | 201,858 | 188,117 | (13,741) |

See Independent Auditor's Report.

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

| | | |
|---|---|-----|
| A Name of plan CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CASCADE EYE & SKIN CENTERS, P.C. | D Employer Identification Number (EIN) 91-1525215 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| Part I Basic Information | | | |
| 1 Enter the valuation date: | Month <u>01</u> | Day <u>01</u> | Year <u>2024</u> |
| 2 Assets: | | | |
| a Market value | 2a | 3,334,792 | |
| b Actuarial value | 2b | 3,334,792 | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 0 | 0 | 0 |
| b For terminated vested participants | 53 | 184,371 | 184,371 |
| c For active participants | 222 | 2,531,871 | 2,618,038 |
| d Total | 275 | 2,716,242 | 2,802,409 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | 5.09% | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | 635,024 | |
| b Expected plan-related expenses | 6b | 20,000 | |
| c Target normal cost | 6c | 655,024 | |

Statement by Enrolled Actuary

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

| | | |
|------------------|--|---|
| SIGN HERE | | <u>10/13/2025</u> Date |
| | Signature of actuary Vincent Yang Type or print name of actuary | <u>2308878</u> Most recent enrollment number |
| | NWPS Firm name | <u>408-618-0111</u> Telephone number (including area code) |
| | 160 W Santa Clara St Suite 1550 San Jose CA 95113 Address of the firm | |

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

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

Schedule SB (Form 5500) 2024 v. 240311

| | | | | |
|---|--|-----------------------|-----------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | | |
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75% | 2nd segment: 4.87% | 3rd segment: 5.59% | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 2 |
| 22 Weighted average retirement age | | | | 22 67 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

| | | | | |
|---|--|--|--|-----------|
| Part VI Miscellaneous Items | | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 26 Demographic and benefit information | | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | | 27 |

| | | | | |
|---|--|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | | |
| 28 Unpaid minimum required contributions for all prior years | | | | 28 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | | 29 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | | | | 30 0 |

| | | | | |
|--|---------------------|--------------------|---------------|--------------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c)..... | | | | 31a 655,024 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 532,383 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 0 | | 0 | |
| b Waiver amortization installment | 0 | | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | | | | 34 122,641 |
| | Carryover balance | Prefunding balance | Total balance | |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 | |
| 36 Additional cash requirement (line 34 minus line 35)..... | | | | 36 122,641 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | | | 37 656,522 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 533,881 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

| | | | | |
|---|--|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | | |

CASCADE EYE & SKIN CENTERS, P.C.
CASH BALANCE PLAN
EIN: 91-1525215
PN: 002
January 1, 2024

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Each active participant is assumed to retire based on the table below.

| Retirement Age (A) | Percent assumed to retire (B) | Number remaining after assumed retirements (C) | Number retiring at age (D) | Weighted Average Retirement Age (E) = (A) x (D) / 100 |
|-----------------------|-------------------------------------|--|----------------------------------|---|
| | | 100.00 | | |
| 55 | 0.042 | 95.80 | 4.20 | 2.31 |
| 56 | 0.040 | 91.97 | 3.83 | 2.15 |
| 57 | 0.037 | 88.57 | 3.40 | 1.94 |
| 58 | 0.035 | 85.47 | 3.10 | 1.80 |
| 59 | 0.033 | 82.65 | 2.82 | 1.66 |
| 60 | 0.030 | 80.17 | 2.48 | 1.49 |
| 61 | 0.028 | 77.92 | 2.24 | 1.37 |
| 62 | 0.026 | 75.90 | 2.03 | 1.26 |
| 63 | 0.023 | 74.15 | 1.75 | 1.10 |
| 64 | 0.021 | 72.59 | 1.56 | 1.00 |
| 65 | 0.019 | 71.21 | 1.38 | 0.90 |
| 66 | 0.017 | 70.00 | 1.21 | 0.80 |
| 67 | 0.014 | 69.02 | 0.98 | 0.66 |
| 68 | 0.012 | 68.19 | 0.83 | 0.56 |
| 69 | 0.010 | 67.51 | 0.68 | 0.47 |
| 70 | 1.000 | 0.00 | 67.51 | <u>47.26</u> |

Average age at retirement:

67

CASCADE EYE & SKIN CENTERS, P.C.
CASH BALANCE PLAN
EIN: 91-1525215
PN: 002
January 1, 2024

Schedule SB, Part V - Plan Provisions

| | |
|---------------------------|--|
| Effective Date | January 1, 2019 |
| Eligibility | Age 21 and 1 year of service. |
| Entry Date | January 1 or July 1 coincident or next following eligibility |
| Plan Year | Calendar year |
| Year of Service | 1,000 hours |
| Normal Retirement Age | Age 65 |
| Normal Retirement Benefit | Equal to hypothetical account balance of accumulated Cash Balance Credits and Interest Credits. |
| Cash Balance Credits | <p>Group 1: Lesser of 33.0% of compensation and \$90,000</p> <p>Group 2: Lesser of 24.0% of compensation and \$65,000</p> <p>Group 3: Lesser of 22.0% of compensation and \$60,000</p> <p>Group 4: Lesser of 19.0% of compensation and \$50,000</p> <p>Group 5: Lesser of 11.0% of compensation and \$30,000</p> <p>Group 6: Lesser of 8.0% of compensation and \$10,000</p> <p>Group 7: \$0</p> <p>Group 8: Lesser of 8.0% of compensation and \$5,750</p> <p>Group 9: \$850 for plan years on and after 2022 \$825 for plan year 2021 \$675 for plan years 2019 and 2020</p> <p>Group 10: Lesser of 28.0% of compensation and \$75,000</p> |
| Interest Credits | <p>Lesser of 6.0% or actual rate of return on plan assets. Minimum Interest Credit rate of 4.0% earned on all Principal Credits earned while in Group 9. For periods of less than a year, pro-rated based on completed calendar months.</p> |

CASCADE EYE & SKIN CENTERS, P.C.
CASH BALANCE PLAN
EIN: 91-1525215
PN: 002
January 1, 2024

Schedule SB, Part V - Plan Provisions (continued)

| | |
|----------------------------|---|
| Early Retirement Benefit | Not applicable. |
| Vested Termination Benefit | Vested account balance accumulated with interest credits to the month of distribution. |
| Vesting | 100% after 3 years of service. |
| Death Benefit | No age or service requirement. Equal to the value of the Cash Balance Account. |
| Disability Benefit | Not applicable |
| In-Service Distributions | Allowed after attainment of age 65. |
| Forms of Payment | Straight Life Annuity (normal form) 75% Joint & Survivor Annuity (QOSA) 50% Joint & Survivor Annuity (QJSA) Installments Lump Sum |
| Changes Since Last Report | Group 10 was added to the accrual schedule effective January 1, 2024. Benefits were frozen and the Plan was terminated effective December 31, 2024. |

CASCADE EYE & SKIN CENTERS, P.C. CASH BALANCE PLAN
SUPPLEMENTAL SCHEDULE

EIN: 91-1525215
 PLAN #: 002
 PLAN YEAR: 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the Year Ended December 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|-----|--|--|-------------------|-------------------|
| | United States Treasury Securities | Treasury Bill, par value of \$215,000 | \$ 210,637 | \$ 211,704 |
| | TOTAL INVESTMENTS | | <u>\$ 210,637</u> | <u>\$ 211,704</u> |