

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 03/01/1987
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ASSOCIATED RETINA CONSULTANTS 1750 E GLENDALE AVE PHOENIX, AZ 85020-5505
2b	Employer Identification Number (EIN) 86-0285158
2c	Plan Sponsor's telephone number 602-242-4928
2d	Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ANTHONY WARD AS ATTORNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor ERISA FIDUCIARY SERVICES INC. 1373 VETERANS HWY STE 10 HAUPPAUGE, NY 11788-3047	3b Administrator's EIN 47-1637791 3c Administrator's telephone number 631-249-0500 																														
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	5 139																														
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	 <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">6a(1)</td><td style="width: 10%;"></td><td style="width: 80%; text-align: right;">85</td></tr> <tr><td>6a(2)</td><td></td><td style="text-align: right;">79</td></tr> <tr><td>6b</td><td></td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td></td><td style="text-align: right;">22</td></tr> <tr><td>6d</td><td></td><td style="text-align: right;">101</td></tr> <tr><td>6e</td><td></td><td style="text-align: right;">0</td></tr> <tr><td>6f</td><td></td><td style="text-align: right;">101</td></tr> <tr><td>6g(1)</td><td></td><td style="text-align: right;">120</td></tr> <tr><td>6g(2)</td><td></td><td style="text-align: right;">93</td></tr> <tr><td>6h</td><td></td><td style="text-align: right;">1</td></tr> </table>	6a(1)		85	6a(2)		79	6b		0	6c		22	6d		101	6e		0	6f		101	6g(1)		120	6g(2)		93	6h		1
6a(1)		85																													
6a(2)		79																													
6b		0																													
6c		22																													
6d		101																													
6e		0																													
6f		101																													
6g(1)		120																													
6g(2)		93																													
6h		1																													
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:

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED RETINA CONSULTANTS	D Employer Identification Number (EIN) 86-0285158	

Part I	Service Provider Information (see instructions)
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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
PAYCHEX SECURITIES CORP.
16-1486352

(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)

STONEHENGE RETIREMENT PLANNERS

115 S ELM DR APT 212
LOS ANGELES, CA 90035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	15127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYCHEX INC.

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	16397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED RETINA CONSULTANTS	D Employer Identification Number (EIN) 86-0285158	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	9425	6634
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	212550	221724
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	197986	173996
(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)	7843697	9074861
(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	8263658	9477215
Liabilities			
g Benefit claims payable	1g	0	3283
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	3283
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8263658	9473932

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)	5004	
(B) Participants	2a(1)(B)	171597	
(C) Others (including rollovers)	2a(1)(C)	14239	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		190840
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	9931	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9931
(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)	253210	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		253210
(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)		1320455
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1774436

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	489731	
(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)		489731
f Corrective distributions (see instructions)	2f		3283
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)	34095	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	37053	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		71148
j Total expenses. Add all expense amounts in column (b) and enter total	2j		564162

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1210274
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: **EVERS ROBINSON LTD.**

(2) EIN: **86-0715183**

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.)	☒	☐	10234
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
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 _____.

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED RETINA CONSULTANTS</u>	D Employer Identification Number (EIN) <u>86-0285158</u>

Part I	Distributions
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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	<u>0</u>
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): <u>16-1470238</u> <u>27-3169253</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Schedule R (Form 5500) 2023
v. 230707

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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
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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 <u>08 / 31 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q704150A</u> .	

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST
Financial Statements
December 31, 2023 and 2022



EVERS ROBINSON LTD
ACCOUNTING FOR GROWTH LLC

1904 West Parkside Lane, Suite 100, Phoenix, AZ 85027
P 602.230.9480 F 602.230.9570

Independent Auditors' Report

The Trustees
Associated Retina Consultants 401(k) Profit Sharing Plan & Trust

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

We have performed audits of the financial statements of Associated Retina Consultants 401(k) Profit Sharing Plan & Trust, 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, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 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 accompanying financial statements, 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 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Associated Retina Consultants 401(k) Profit Sharing Plan & Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Associated Retina Consultants 401(k) Profit Sharing Plan & Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements 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 judgement made by a reasonable user based on the financial statements.

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Associated Retina Consultants 401(k) Profit Sharing Plan & Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Associated Retina Consultants 401(k) Profit Sharing Plan & Trust's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions as of December 31, 2023 are presented for purposes of additional analysis and are 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 directly relates 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or the financial statements themselves, and other additional procedures in accordance with GAAS. 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 their form and content, are 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 schedules that agreed to or is derived from the certified investment information, are 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).

Evers Robinson Ltd.

Phoenix, Arizona
October 10, 2025

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Investments at fair value:		
Cash Equivalents	\$ 221,724	212,550
Mutual funds	4,317,646	3,802,050
Participant self-directed investments	4,757,215	4,041,647
	<u>9,296,585</u>	<u>8,056,247</u>
 Receivables:		
Notes receivable from participants	173,996	197,986
Participant contributions	6,634	9,425
	<u>180,630</u>	<u>207,411</u>
 Total receivables	<u>180,630</u>	<u>207,411</u>
 Total assets	<u>9,477,215</u>	<u>8,263,658</u>
 Liabilities:		
Corrective distributions payable	<u>(3,283)</u>	<u>-</u>
 Total liabilities	<u>(3,283)</u>	<u>-</u>
 Net assets available for benefits	<u><u>\$ 9,473,932</u></u>	<u><u>8,263,658</u></u>

See accompanying notes to financial statements

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Investment and other income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 700,634	(1,028,523)
Interest & dividend income	120,409	83,613
Participant loan interest	9,931	7,363
	<u>830,974</u>	<u>(937,547)</u>
Self-directed investment income (loss):		
Net appreciation (depreciation) in fair value of investments	619,821	(1,077,598)
Interest & dividend income	132,801	122,913
	<u>752,622</u>	<u>(954,685)</u>
Contributions:		
Participant	171,597	156,080
Employer	5,004	-
Rollovers	14,239	33,954
	<u>190,840</u>	<u>190,034</u>
Distributions and expenses:		
Benefits paid to participants	(489,731)	(269,982)
Corrective distributions	(3,283)	-
Investment and administrative expenses	(34,095)	(35,294)
Investment expenses - self-directed investments	(37,053)	(39,352)
	<u>(564,162)</u>	<u>(344,628)</u>
Change in net assets available for benefits	1,210,274	(2,046,826)
Net assets available for benefits		
Beginning of year	<u>8,263,658</u>	<u>10,310,484</u>
End of year	<u>\$ 9,473,932</u>	<u>8,263,658</u>

See accompanying notes to financial statements

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

Notes to Financial Statements

December 31, 2023 and 2022

1. Summary of significant accounting policies

The following is a summary of the significant accounting policies followed by Associated Retina Consultants 401(k) Profit Sharing Plan & Trust (the Plan) which is sponsored by Associated Retina Consultants Ltd. (the Company). The policies conform with accounting principles generally accepted in the United States of America, which require management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

a. Investments

Mutual funds are stated at fair value based on the quoted market prices. Cash equivalents are valued at the current dollar value at year-end. Purchases and sales of securities are recorded on a trade-date basis and interest income is recorded on an accrual basis. Most investment options have management fees that reduce the overall return on assets. Net appreciation (depreciation) is inclusive of those fees.

A self-directed brokerage account option is also available to allow participants to select investment options not specifically offered by the Plan. Self-directed brokerage accounts include investments in cash and cash equivalents, mutual funds, and common stocks. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

b. Cash equivalents

Cash equivalents consist of interest-bearing money market funds.

c. Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

d. Investment and administrative expenses

Certain investment and administrative expenses are paid directly by the Plan. The Company also paid certain administrative expenses. However, the Company retains the right to discontinue paying expenses, in which case the expenses will be paid by the Plan.

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

Notes to Financial Statements

December 31, 2023 and 2022

1. Summary of significant accounting policies, continued

e. Income taxes

Effective May 20, 2022, the Plan is utilizing a non-standardized pre-approved document sponsored by Paychex Inc. The document sponsor received a favorable opinion letter dated August 31, 2020 from the Internal Revenue Service. Prior to May 20, 2022, the Plan was maintained on a prototype document sponsored by Paychex Inc. The document sponsor received a favorable opinion letter dated April 10, 2014 from the Internal Revenue Service. Both letters state that the documents qualify under the applicable provisions of the Internal Revenue Code.

The Plan has been amended since adopting the document, however, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. However, the Plan is subject to examination; generally for a period of three years from filing its Form 5500.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

f. Concentrations of risk

The Plan provides for various investment fund options, which in turn invest in any combination of mutual funds and other investments. Investments are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the changes in net assets available for benefits.

2. Description of plan

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

a. General

The Plan, established March 1, 1987, is a defined contribution 401(k) plan covering employees who are age twenty-one or older and who have completed one year of service to the Company. Participants may begin making salary deferral contributions semi-annually on the first day of the Plan year and the first day of the seventh month of the Plan year after meeting the eligibility requirements. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

Notes to Financial Statements

December 31, 2023 and 2022

2. Description of plan, continued

b. Contributions

Each participant may make salary deferral contributions not to exceed the annual deferral limit set by the Internal Revenue Code. Catch-up contributions are permitted for participants age 50 and older. The Plan also allows participants to make rollover contributions.

The Company may make a discretionary matching contribution to all eligible participants. The exact amount is determined annually by the Company. For the plan years ended December 31, 2023 and 2022, the Company did not make discretionary matching contributions.

The Company may also make a discretionary profit sharing contribution to all eligible participants. The exact amount is determined annually by the Company, using the new comparability formula. Participants are eligible to receive an allocation of the discretionary contribution provided they are actively employed on the last day of the plan year.

c. Vesting

Each participant is immediately vested in his/her salary deferral, catch-up, and rollover contributions, and any earnings or losses on those contributions. The remainder of a participant's account balance is vested based on years of service. Participants vest at 20% after two years of service, and the percentage increases by 20% annually until the participant is fully vested after six years of service.

Forfeited non-vested funds may be used to reduce the Company's contribution, pay Plan expenses, or as an employer profit sharing contribution allocation. At December 31, 2023 and 2022, the Plan's forfeiture account balance was \$19,366 and \$25,714, respectively. Forfeitures in the amount of \$13,455 and \$8,381 were used to pay Plan expenses during the years ended December 31, 2023 and 2022, respectively. Forfeitures in the amount of \$25,714 and \$29,766 were allocated to participants during the years ended December 31, 2023 and 2022, respectively.

d. Participant accounts

Each participant's account is credited with the participant's salary deferral, catch-up, and rollover contributions, Company matching and discretionary contributions, and Plan earnings/losses. Plan earnings/losses are allocated based on account balances, as defined in the Plan document. Each participant directs the investment of his/her account into various investment options offered by the Plan through Mid Atlantic Trust Company.

Participants may also maintain self-directed investment accounts outside of Mid Atlantic Trust Company. Participants may invest in specific assets, such as stocks, bonds, and cash equivalents provided that such investments are permissible in a qualified plan. The earnings/losses and investment expenses of specific self-directed investments are allocated directly to that participant's account.

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

Notes to Financial Statements

December 31, 2023 and 2022

2. Description of plan, continued

e. Payment of benefits

Each participant is entitled to Plan benefits equal to 100% of his/her vested account balance. Benefits begin upon the earliest of retirement age, termination of employment, total and permanent disability or death of the participant. Benefits may be paid in a lump-sum amount, partial payments, annuity contracts, or installments. Benefits are paid soon as administratively feasible following the date on which a distribution is requested or is otherwise payable. The Plan permits hardship and in-service distributions under certain circumstances.

f. Notes receivable from participants

The Plan permits participants to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 4.25% to 9.50%, which is commensurate with the prime rate plus one percent. Principal and interest is paid ratably through payroll deductions.

g. Plan termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, each participant will become fully vested in his/her account.

h. Corrective distributions

Corrective distributions represent refunds due to participants for contributions made in excess of amounts allowed by Plan provisions. These amounts are generally reimbursed to the participants in the subsequent year.

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

Notes to Financial Statements

December 31, 2023 and 2022

3. Information certified by the custodian (unaudited)

At December 31, 2023 and 2022 the Plan's assets, which were not self-directed, were held by Mid Atlantic Trust Company (the Custodian). The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

<u>2023</u>	<u>Certified by Custodian</u>	<u>Not Certified</u>	<u>Total</u>
Mutual funds	\$ 4,317,646	-	4,317,646
Cash equivalents	221,724	-	221,724
Self-directed investments	-	4,757,215	4,757,215
Notes receivable from participants	<u>-</u>	<u>173,996</u>	<u>173,996</u>
	\$ <u>4,539,370</u>	<u>4,931,211</u>	<u>9,470,581</u>
Net appreciation			
in fair value of investments	\$ 700,634	-	700,634
Interest and dividend income	120,409	-	120,409
Net appreciation in fair			
value of self-directed investments	-	619,821	619,821
Interest and dividend income			
self-directed investments	-	132,801	132,801
Participant loan interest	<u>-</u>	<u>9,931</u>	<u>9,931</u>
	\$ <u>821,043</u>	<u>762,553</u>	<u>1,583,596</u>
<u>2022</u>	<u>Certified by Custodian</u>	<u>Not Certified</u>	<u>Total</u>
Mutual funds	\$ 3,802,050	-	3,802,050
Cash equivalents	212,550	-	212,550
Self-directed investments	-	4,041,647	4,041,647
Notes receivable from participants	<u>-</u>	<u>197,986</u>	<u>197,986</u>
	\$ <u>4,014,600</u>	<u>4,239,633</u>	<u>8,254,233</u>
Net appreciation (depreciation)			
in fair value of investments	\$ (1,028,523)	-	(1,028,523)
Interest and dividend income	83,613	-	83,613
Net appreciation (depreciation) in fair			
value of self-directed investments	-	(1,077,598)	(1,077,598)
Interest and dividend income			
self-directed investments	-	122,913	122,913
Participant loan interest	<u>-</u>	<u>7,363</u>	<u>7,363</u>
	\$ <u>(944,910)</u>	<u>(947,322)</u>	<u>(1,892,232)</u>

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

Notes to Financial Statements

December 31, 2023 and 2022

4. Fair value measurements

Financial Accounting Standards Board Accounting Standards Codification 820, Fair Value Measurements (FASB ASC 820), establishes a 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 under FASB ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include 1) quoted prices for similar assets or liabilities in active markets, 2) quoted prices for identical or similar assets or liabilities in inactive markets, 3) inputs other than quoted prices that are observable for the asset or liability, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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.

Cash equivalents: interest-bearing money market funds are valued at the current dollar value at year-end.

Mutual funds: valued at the net asset value (NAV) based on the quoted prices in an active market at year end

Self-directed investment accounts: consist of investments in stocks, mutual funds, and cash equivalents. Stocks are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are valued at the NAV of shares held by the Plan at year end. Cash equivalents, consisting of interest-bearing money market funds are valued at the current dollar value at year end.

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

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

Notes to Financial Statements

December 31, 2023 and 2022

4. Fair value measurements, continued

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

Assets at Fair Value as of December 31, 2023

		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$	4,317,646	-	-	4,317,646
Cash equivalents		221,724	-	-	221,724
Self-directed investment accounts		<u>4,757,215</u>	<u>-</u>	<u>-</u>	<u>4,757,215</u>
Total assets at fair value	\$	<u>9,296,585</u>	<u>-</u>	<u>-</u>	\$ <u>9,296,585</u>

Assets at Fair Value as of December 31, 2022

		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$	3,802,050	-	-	3,802,050
Cash equivalents		212,550	-	-	212,550
Self-directed investment accounts		<u>4,041,647</u>	<u>-</u>	<u>-</u>	<u>4,041,647</u>
Total assets at fair value	\$	<u>8,056,247</u>	<u>-</u>	<u>-</u>	\$ <u>8,056,247</u>

5. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits on the financial statements to the Form 5500 for the years ended December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 9,473,932	8,263,658
Market value adjustment	(20)	-
Corrective distributions payable	3,283	-
Employee contributions receivable	<u>(6,634)</u>	<u>(9,425)</u>
Net assets available for benefits per Form 5500	\$ <u>9,470,561</u>	<u>8,254,233</u>

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

Notes to Financial Statements

December 31, 2023 and 2022

5. Reconciliation to Form 5500

The following is a reconciliation of changes in net assets available for benefits on the financial statements to the Form 5500 for the years ended December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Changes in net assets available for benefits per the financial statements	\$ 1,210,274	(2,046,826)
Employee contributions receivable, current year	(6,634)	(9,425)
Employee contributions receivable, prior year	9,425	4,064
Corrective distributions payable, current year	3,283	-
Market value adjustment	<u>(20)</u>	<u>-</u>
Changes in net assets available for benefits per Form 5500	\$ <u>1,216,328</u>	<u>(2,052,187)</u>

6. Party-in-Interest transactions

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. The Custodian of the Plan assets, Plan Sponsor, record keeper, investment advisor and other service providers are considered parties-in-interest with respect to the Plan. Certain Plan investments are shares of mutual funds managed by the Custodian. The Plan issues loans to participants, which are secured by the balance in the participant's account. Such transactions are party-in-interest and related party transactions for which a statutory exemption exists.

7. Prohibited Transactions

In 2022 there were unintentional delays by the Sponsor submitting participant contributions of \$10,234. The Plan Sponsor intends to calculate lost earnings on the late contributions and deposit the earnings into the Plan.

8. Subsequent Events

Management reviewed the financial statements for subsequent events through October 10, 2025, the date the financial statements were available to be issued.

Effective January 1, 2024, the Plan document was amended to exclude employees classified as fellows.

Effective January 1, 2025, the Plan document was amended to reduce eligibility for employee contributions to 60 days of service and plan entry on the first day of the calendar month. The plan was also amended to permit safe harbor contributions. Additionally, during 2025, the Plan's custodian changed to Principal. The January 1, 2025 amendment no longer excluded employees classified as fellows and no longer excluded bonuses from the definition of compensation.

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST
Supplemental Information
December 31, 2023

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST
EIN: 86-0285158 Plan Number: 003
Supplemental Schedule I
Schedule H, Line 4i Schedule of Assets (Held at End of Year)
Plan Year End: December 31, 2023

Party-in-interest	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	DFA U.S. Core Equity 1 Portfolio Institutional Class	Mutual Funds	\$ 16,423
	DFA U.S. Targeted Value Portfolio Institutional Class	Mutual Funds	22,316
	American Funds New Perspective Fund Class R6	Mutual Funds	132,710
	Vanguard Mid-Cap Value Index Fund Admiral Shares	Mutual Funds	1
	Vanguard Small-Cap Growth Index Fund Admiral Shares	Mutual Funds	68,920
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Mutual Funds	275,380
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Funds	4,828
	Vanguard Growth Index Fund Admiral Shares	Mutual Funds	482,224
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Funds	235,674
	Vanguard Value Index Fund Admiral Shares	Mutual Funds	239,319
	Vanguard 500 Index Fund Admiral Shares	Mutual Funds	911,100
	DFA Emerging Markets Portfolio Institutional Class	Mutual Funds	15,771
	Vanguard Total International Stock Index Fund	Mutual Funds	45,796
	DFA Inflation-Protected Securities Portfolio Institutional Class	Mutual Funds	22,216
	Federated Hermes Institutional High Yield Bond Fund Institutional Shares	Mutual Funds	26,656
	Vanguard Intermediate-Term Bond Index Fund Admiral Shares	Mutual Funds	24,567
	Vanguard GNMA Fund Admiral Shares	Mutual Funds	24,303
	Vanguard Total International Bond Index Fund Admiral Shares	Mutual Funds	15,201
	American Funds 2030 Target Date Retirement Fund	Mutual Funds	1,986
	American Funds 2040 Target Date Retirement Fund	Mutual Funds	9,825
	Vanguard Life Strategy Income Fund Investor Shares	Mutual Funds	282
	Vanguard Life Strategy Conservative Growth Fund Investor Shares	Mutual Funds	4,461
	Vanguard Life Strategy Growth Fund Investor Shares	Mutual Funds	9,757
	Vanguard Balanced Index Fund Admiral Shares	Mutual Funds	1,540,931
	401k Generation, Inc. Legacy Funds Aggressive Growth Strategy	Mutual Funds	79,313
	401k Generation, Inc. Legacy Funds Moderate Growth Strategy	Mutual Funds	24,152
	401k Generation, Inc. Legacy Funds Moderate Strategy	Mutual Funds	81,866
	401k Generation, Inc. Legacy Funds Conservative Strategy	Mutual Funds	1,668
	Vanguard Federal Money Market Fund Investor Shares	Cash Equivalent	221,724
*	Participant self-directed accounts	Cash, Mutual Funds, Stocks and Bonds at fair market value	4,757,215
*	Participant loans	Interest rates 4.25% to 9.50%	173,996
			<u>\$ 9,470,581</u>

* denotes party-in-interest

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

EIN: 86-0285158 Plan Number: 003

Supplemental Schedule II

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Year End: December 31, 2023

Participant Contributions Transferred Late to the Plan Check Here If Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51 \$ -
	Contributions Not Corrected	Contributions Pending Correction Outside VFCP	Contributions Corrected	
	\$ -	\$ 10,234	\$ -	

In 2022 there were unintentional delays by the Sponsor submitting participant contributions of \$10,234. The Plan Sponsor intends to calculate lost earnings on the late contributions and deposit the earnings into the Plan.

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST
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	DFA U.S. Targeted Value Portfolio Institutional Class	Mutual Funds	22,316
	American Funds New Perspective Fund Class R6	Mutual Funds	132,710
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	Vanguard Small-Cap Growth Index Fund Admiral Shares	Mutual Funds	68,920
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	Vanguard 500 Index Fund Admiral Shares	Mutual Funds	911,100
	DFA Emerging Markets Portfolio Institutional Class	Mutual Funds	15,771
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	Federated Hermes Institutional High Yield Bond Fund Institutional Shares	Mutual Funds	26,656
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	Vanguard GNMA Fund Admiral Shares	Mutual Funds	24,303
	Vanguard Total International Bond Index Fund Admiral Shares	Mutual Funds	15,201
	American Funds 2030 Target Date Retirement Fund	Mutual Funds	1,986
	American Funds 2040 Target Date Retirement Fund	Mutual Funds	9,825
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	Vanguard Life Strategy Growth Fund Investor Shares	Mutual Funds	9,757
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	401k Generation, Inc. Legacy Funds Aggressive Growth Strategy	Mutual Funds	79,313
	401k Generation, Inc. Legacy Funds Moderate Growth Strategy	Mutual Funds	24,152
	401k Generation, Inc. Legacy Funds Moderate Strategy	Mutual Funds	81,866
	401k Generation, Inc. Legacy Funds Conservative Strategy	Mutual Funds	1,668
	Vanguard Federal Money Market Fund Investor Shares	Cash Equivalent	221,724
*	Participant self-directed accounts	Cash, Mutual Funds, Stocks and Bonds at fair market value	4,757,215
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			<u>\$ 9,470,581</u>

* denotes party-in-interest

ASSOCIATED RETINA CONSULTANTS 401(K) PROFIT SHARING PLAN & TRUST

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Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Year End: December 31, 2023

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	Contributions Not Corrected	Contributions Pending Correction Outside VFCP	Contributions Corrected	
	\$ -	\$ 10,234	\$ -	

In 2022 there were unintentional delays by the Sponsor submitting participant contributions of \$10,234. The Plan Sponsor intends to calculate lost earnings on the late contributions and deposit the earnings into the Plan.