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| 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 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

| | |
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| Part II | Basic Plan Information —enter all requested information |
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| 1a Name of plan <u>SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>003</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOUTHEASTERN RETINA ASSOCIATES, PC</u> <u>9050 EXECUTIVE PARK DRIVE</u> <u>SUITE A202</u> <u>KNOXVILLE, TN 37923</u> | 1c Effective date of plan <u>01/01/2010</u> 2b Employer Identification Number (EIN) <u>62-1094813</u> 2c Plan Sponsor's telephone number <u>865-934-3860</u> 2d Business code (see instructions) <u>621111</u> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2025 | ANDREW LAVERGHETTA |
| | 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 |

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| 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 | 336 |
| 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) | 217 |
| | 6a(2) | 240 |
| | 6b | 0 |
| | 6c | 113 |
| | 6d | 353 |
| | 6e | 0 |
| | 6f | 353 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 14 |
| 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:
1C

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 _____

| | | |
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| 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>SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHEASTERN RETINA ASSOCIATES, PC</u> | D Employer Identification Number (EIN) <u>62-1094813</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>12387427</u> | |
| b Actuarial value | 2b | <u>12387427</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>109</u> | <u>1508958</u> | <u>1508958</u> |
| c For active participants | <u>259</u> | <u>11890617</u> | <u>11950471</u> |
| d Total | <u>368</u> | <u>13399575</u> | <u>13459429</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>1367819</u> | |
| b Expected plan-related expenses | 6b | <u>0</u> | |
| c Target normal cost | 6c | <u>1367819</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 | | | |
| | Signature of actuary | <u>08/07/2025</u> | Date |
| | <u>LEE JAMES</u> | <u>23-04022</u> | Most recent enrollment number |
| | <u>JULY BUSINESS SERVICES</u> | <u>254-296-4015</u> | Telephone number (including area code) |
| | <u>400 AUSTIN AVENUE, SUITE 1200 WACO, TX 76701</u> | | |
| | 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

| 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 | 568920 |
| 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 | 568920 |
| 10 | Interest on line 9 using prior year's actual return of <u>6.68</u> % | 0 | 38004 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 85813 |
| | 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>5.17</u> % | | 4437 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| | c Total available at beginning of current plan year to add to prefunding balance | | 90250 |
| | d Portion of (c) to be added to prefunding balance | | |
| 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 | 606924 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 87.52 % |
| 15 | Adjusted funding target attainment percentage | 15 | 87.52 % |
| 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 | 100.79 % |
| 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 | | |
| 03/20/2024 | 130000 | 0 | 09/20/2024 | 150000 | 0 | | |
| 04/22/2024 | 130000 | 0 | 10/21/2024 | 150000 | 0 | | |
| 05/20/2024 | 130000 | 0 | 11/20/2024 | 150000 | 0 | | |
| 06/20/2024 | 130000 | 0 | 12/20/2024 | 150000 | 0 | | |
| 07/22/2024 | 130000 | 0 | 01/21/2025 | 150000 | 0 | | |
| 08/20/2024 | 130000 | 0 | 02/20/2025 | 150000 | 0 | | |
| | | | Totals ▶ | 18(b) | 1680000 | 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 | 1622363 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes 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 1 |
| 22 Weighted average retirement age | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | |

| | | | |
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| 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 |

| | | | |
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| 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 1367819 |
| b Excess assets, if applicable, but not greater than line 31a | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | | Installment |
| a Net shortfall amortization installment | 1678926 | | 152749 |
| 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 1520568 |
| | 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 1520568 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | 37 1622363 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 38a 101795 |
| 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 |

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| 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 | | | |

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| 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 SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEASTERN RETINA ASSOCIATES, PC | D Employer Identification Number (EIN) 62-1094813 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIRST HORIZON BANK

800 S GAY STREET
5TH FLOOR
KNOXVILLE, TN 37929

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 44534 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

| | | |
|--|---|--|
| (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 SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEASTERN RETINA ASSOCIATES, PC | D Employer Identification Number (EIN) 62-1094813 |

| | |
|---------------|--------------------------------------|
| 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 |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 260000 | 300000 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 497178 | 842943 |
| (2) U.S. Government securities | 1c(2) | 3585424 | 4059859 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 4774805 | 4226668 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 3271267 | 3736369 |
| (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) | | |
| (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 | 12388674 | 13165839 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| 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 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 12388674 | 13165839 |

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) | 1680000 | |
| (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) | | 1680000 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 87645 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 84208 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 139646 | |
| (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) | | 311499 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 304025 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 304025 |
| (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) | | 504072 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2799596 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 1977897 | |
| (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) | | 1977897 |
| 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) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 44534 | |
| (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) | | 44534 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 2022431 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 777165 |
| 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: **COULTER & JUSTUS, P.C.**

(2) EIN: **62-1532536**

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 _____.

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 551469.

| | | |
|--|---|---|
| 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>SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHEASTERN RETINA ASSOCIATES, PC</u> | D Employer Identification Number (EIN) <u>62-1094813</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): _____

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 | 0 |
|---|---|

| | |
|----------------|---|
| 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 J501325A.

Financial Statements
and Supplemental Schedules

Southeastern Retina Associates, P.C.
Cash Balance Plan

*Years ended December 31, 2024 and 2023
with Independent Auditor's Report*

Southeastern Retina Associates, P.C. Cash Balance Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2024 and 2023

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Independent Auditor's Report

Plan Administrator
Southeastern Retina Associates, P.C. Cash Balance Plan

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

We have performed audits of the financial statements of Southeastern Retina Associates, 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 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, 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 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 (GAAP).
- the information in the accompanying 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).

Plan Administrator
Southeastern Retina Associates, P.C. Cash Balance Plan

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Plan Administrator
Southeastern Retina Associates, P.C. Cash Balance Plan

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

In performing an audit in accordance with GAAS, we:

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

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 GAAP.

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 GAAP.

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 Assets (Held at End of Year) and Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

Plan Administrator
Southeastern Retina Associates, P.C. Cash Balance Plan

Other Matter – Supplemental Schedules Required by ERISA

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 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 DOL’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 DOL’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).

Coulter & Justus, P.C.

Coulter & Justus, P.C.

Knoxville, Tennessee
September 29, 2025

Southeastern Retina Associates, P.C. Cash Balance Plan

Statements of Net Assets Available for Benefits

| | December 31 | |
|---------------------------------------|-----------------------------|-----------------------------|
| | 2024 | 2023 |
| Assets | | |
| Investments, at fair value: | | |
| Money market mutual fund | \$ 842,943 | \$ 497,178 |
| Government issues | 4,059,859 | 3,585,424 |
| Corporate bonds | 4,226,668 | 4,774,805 |
| Corporate stocks | 3,736,369 | 3,271,267 |
| Total investments, at fair value | <u>12,865,839</u> | 12,128,674 |
| Plan sponsor contributions receivable | 300,000 | 260,000 |
| Net assets available for benefits | <u><u>\$ 13,165,839</u></u> | <u><u>\$ 12,388,674</u></u> |

See accompanying Notes to Financial Statements.

Southeastern Retina Associates, P.C. Cash Balance Plan

Statements of Changes in Net Assets Available for Benefits

| | Year ended December 31 | |
|--|-------------------------------|---------------|
| | 2024 | 2023 |
| Additions | | |
| Plan sponsor cash contributions | \$ 1,680,000 | \$ 1,785,000 |
| Interest and dividend income | 615,524 | 283,375 |
| Total additions | 2,295,524 | 2,068,375 |
| Deductions | | |
| Benefit payments | 1,977,897 | - |
| Administrative fees paid to party-in-interest | 44,534 | 36,545 |
| Total deductions | 2,022,431 | 36,545 |
| Net additions | 273,093 | 2,031,830 |
| Net realized and unrealized appreciation in the fair value of investments | 504,072 | 432,050 |
| Net increase | 777,165 | 2,463,880 |
| Net assets available for benefits at beginning of year | 12,388,674 | 9,924,794 |
| Net assets available for benefits at end of year | \$ 13,165,839 | \$ 12,388,674 |

See accompanying Notes to Financial Statements.

Southeastern Retina Associates, P.C. Cash Balance Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan

The following brief description of Southeastern Retina Associates, P.C. Cash Balance Plan (the “Plan”) is intended to give a general summary of its principal provisions. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. Copies of this document are available from Southeastern Retina Associates, P.C. (the “Plan Sponsor”).

General

The Plan is a noncontributory cash balance defined benefit pension plan covering all eligible employees of the Plan Sponsor. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees who have at least 1,000 hours of service within six months, as defined, and are age 20.5 or older may enter the Plan on the earlier of January 1 or July 1 following the date the eligibility requirements are satisfied. In order to receive an allocation of Plan Sponsor contributions for the Plan year, the participants must complete at least 1,000 hours of service in that Plan year.

Plan Contributions

Participants may not make contributions to the Plan. Plan Sponsor contributions are determined by the enrolled actuary of the Plan and equal the amount necessary to provide the benefits under the Plan determined by the application of accepted actuarial methods and assumptions. The method of funding shall be consistent with Plan objectives. Participants become vested in Plan Sponsor contributions after three years of service, as defined.

Cash contributions receivable, if any, are unsecured.

Pension Benefits

The normal retirement age is 59.5. The projected value of the participant’s account is determined using: (a) Employer credits of amounts specified in the Plan Document at the end of the Plan year and (b) annual interest credits based on an annualized interest rate of 30-year treasury rates as published by the Internal Revenue Service (IRS) applied to the cash balance account as of the beginning of the Plan year.

Early retirement is allowed by the Plan upon reaching the later of age 55 and the date when 10 years of credited service has been earned. Employees may elect to receive pension benefits in the form of a single life annuity, a lump sum distribution, or a joint and survivor annuity, if married, in lieu of the normal straight life annuity, if single. The Plan also allows employees to elect a single sum or rollover distribution at separation.

Southeastern Retina Associates, P.C. Cash Balance Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Pension Benefits (continued)

If the participant's account balance does not exceed \$1,000 at the time of retirement or termination of employment, then the participant's benefit must be distributed in a single lump-sum payment as soon as administratively feasible. Additionally, the distribution of participant's account balance in excess of \$1,000 but less than \$5,000 can be made only with participant's consent and only in the form of a single lump-sum or rollover to a qualified retirement account.

Death Benefits

If an active participant dies prior to normal retirement age, a death benefit will be provided to the spouse in the form of a pre-retirement survivor annuity. In the case of an unmarried participant or unmarried former participant who dies prior to the normal retirement age, no death benefit shall be payable by the Plan.

Termination of the Plan

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accrued benefits, to the extent funded as of such date. Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA in the event of Plan termination.

Administrative Expenses

Certain plan administrative expenses are paid by the Plan Sponsor and are excluded from these financial statements. Certain investment related expenses are netted in net realized and unrealized appreciation or depreciation in the fair value of investments.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting, as are the annual returns filed under applicable provisions of ERISA and the Internal Revenue Code (IRC).

Use of Estimates

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

Southeastern Retina Associates, P.C. Cash Balance Plan

Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

Investments

Investments are reported at fair value. Net appreciation or depreciation in the fair value of investments is reflected in the Statements of Changes in Net Assets Available for Benefits. This includes all investments bought or sold as well as held during the year. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Generally, the Plan's investments are collateralized by the proportionate share of the respective fund's underlying net assets. The maximum loss, if any, incurred by the Plan if the counterparties to the Plan's investments failed to perform and any collateral was insufficient, would be the recorded amount of such investment.

Contributions

Plan Sponsor contributions are determined by the enrolled actuary of the Plan, equal the amount necessary to provide the benefits under the Plan determined by the application of accepted actuarial methods and assumptions, and are recorded in the year in which the enrolled actuary of the Plan applies the contribution to the minimum required contributions.

Benefit Payments

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees and their spouses, (b) spouses of employees who have died, and (c) present employees and their spouses. Benefits under the Plan are based on employees' accumulated cash balance, as discussed in Note 1.

Benefits payable under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

Southeastern Retina Associates, P.C. Cash Balance Plan

Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

During 2024 and 2023, the funding calculations incorporated segment interest rates as required by the Highway and Transportation Funding Act of 2014 (HATFA). HATFA modifies required interest rates to reduce required minimum contributions.

The significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023, were (a) life expectancy of participants (2024 Applicable Mortality Table from Notice 2023-73 and 23C-2023 Combined Mortality Table, respectively), (b) assumed average retirement age was 62, and (c) asset valuation (fair value). The 2024 valuation has an assumed effective interest rate of 5.09% (5.20% in 2023) for the determination, in part, of its funding target, and no turnover or a reduction for anticipated administrative expenses associated with providing benefits. The actuarial valuation assumes a lump sum payout interest rate of 4.21% graduating to 5.59% (4.75% graduating to 5.74% in 2023). The valuations also provide for a maximum allowable compensation in a Plan year of \$345,000 in 2024 and \$330,000 in 2023.

The Plan has met the ERISA minimum funding requirements and was funded at approximately 92% as of January 1, 2024 (83% as of January 1, 2023). The funding policy of the Plan did not change during the year.

The foregoing actuarial assumptions are based on the presumption the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Subsequent Events

Subsequent events have been evaluated through September 29, 2025, the date the financial statements were available for issuance. Subsequent to December 31, 2024, benefit payments totaling approximately \$1,174,000 have been distributed from the Plan.

3. Income Tax Status

The Plan obtained its latest determination letter on April 26, 2013, in which IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Southeastern Retina Associates, P.C. Cash Balance Plan

Notes to Financial Statements (continued)

4. Certified Information (Unaudited)

First Horizon Bank holds the Plan's investment assets and executes transactions therein. Financial information relating to those assets disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held as of December 31, 2024 and 2023, net realized and unrealized appreciation (depreciation) in the fair value of investments, and interest and dividend income, is based upon information provided to the Plan Administrator and agreed to or derived from information certified as complete and accurate by the First Horizon Bank.

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurement (Topic 820)*, are described as follows.

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

Southeastern Retina Associates, P.C. Cash Balance Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

The fair value measurement level of the asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes to the methodologies used as of December 31, 2024 and 2023. The following is a description of the valuation methodologies used for investments measured at fair value:

Money market mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Government issues: Valued at the cash redemption amount at the maturity date based on quoted market prices.

Corporate bonds: Valued at the cash redemption amount at the maturity date based on quoted market prices.

Corporate stocks: Valued at the daily closing price based on quoted market prices.

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

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

| | Level 1 | Level 2 | Level 3 | Total |
|---------------------------------|--------------------|--------------------|-------------|---------------------|
| 2024: | | | | |
| Money market mutual fund | \$ 842,943 | \$ – | \$ – | \$ 842,943 |
| Government issues | – | 4,059,859 | – | 4,059,859 |
| Corporate bonds | – | 4,226,668 | – | 4,226,668 |
| Corporate stocks | 3,736,369 | – | – | 3,736,369 |
| Total investments at fair value | <u>\$4,579,312</u> | <u>\$8,286,527</u> | <u>\$ –</u> | <u>\$12,865,839</u> |
| 2023: | | | | |
| Money market mutual fund | \$ 497,178 | \$ – | \$ – | \$ 497,178 |
| Government issues | – | 3,585,424 | – | 3,585,424 |
| Corporate bonds | – | 4,774,805 | – | 4,774,805 |
| Corporate stocks | 3,271,267 | – | – | 3,271,267 |
| Total investments at fair value | <u>\$3,768,445</u> | <u>\$8,360,229</u> | <u>\$ –</u> | <u>\$12,128,674</u> |

Southeastern Retina Associates, P.C. Cash Balance Plan

Notes to Financial Statements (continued)

6. Accumulated Plan Benefits

Statements of Accumulated Plan Benefits

| | January 1 | |
|--|---------------------|---------------------|
| | 2024 | 2023 |
| Actuarial present value of accumulated plan benefits: | | |
| Vested benefits: | | |
| Participants currently receiving benefits | \$ — | \$ — |
| Vested terminated participants | 1,529,719 | 1,580,663 |
| Active employees | 11,969,392 | 11,921,964 |
| Total vested benefits | 13,499,111 | 13,502,627 |
| Non vested benefits | 67,029 | 61,031 |
| Total actuarial present value of accumulated plan benefits | \$13,566,140 | \$13,563,658 |

Statements of Changes in Accumulated Plan Benefits

| | Year ended December 31 | |
|--|-------------------------------|---------------------|
| | 2024 | 2023 |
| Actuarial present value of accumulated plan benefits at beginning of year: | \$ 13,563,658 | \$11,446,359 |
| Increase during the year attributable to: | | |
| Interest on benefits | 572,045 | 572,318 |
| Benefits paid to participants | — | — |
| Benefits accumulated | (569,563) | 1,544,981 |
| Net increase | 2,482 | 2,117,299 |
| Actuarial present value of accumulated plan benefits at end of year | \$ 13,566,140 | \$13,563,658 |

7. Risks and Uncertainties

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

Southeastern Retina Associates, PC Cash Balance Plan

Schedule of Active Participant Data

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

| Svc/ Age | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
|-------------|-----|------|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| <25 | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 25-29 | 2 | 31 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 38 |
| Avg Mo Comp | n/a | 2871 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 2757 |
| 30-34 | 8 | 17 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 2735 |
| 35-39 | 2 | 18 | 8 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 32 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 9778 |
| 40-44 | 7 | 17 | 6 | 7 | 3 | 0 | 0 | 0 | 0 | 0 | 40 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 21773 |
| 45-49 | 4 | 8 | 9 | 6 | 1 | 5 | 1 | 0 | 0 | 0 | 34 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 9870 |
| 50-54 | 3 | 7 | 3 | 5 | 4 | 7 | 2 | 0 | 0 | 0 | 31 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 35908 |
| 55-59 | 2 | 6 | 6 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 18 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 60-64 | 0 | 5 | 2 | 2 | 3 | 0 | 3 | 0 | 0 | 0 | 15 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 65-69 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 4 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| 70+ | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 3 |
| Avg Mo Comp | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Total | 33 | 116 | 50 | 25 | 13 | 12 | 8 | 2 | 0 | 0 | 259 |
| Avg Mo Comp | 48 | 3360 | 20292 | 31970 | n/a | n/a | n/a | n/a | n/a | n/a | 13992 |

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 41.9

Average Service: 6

Southeastern Retina Associates, P.C. Cash Balance Plan
Employer Identification Number: 62-1094813 Plan Number: 003

Schedule H, Line 4j - Schedule of Reportable Transactions (Unaudited)

Year ended December 31, 2024

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
|-------------------------------|--|-------------------|------------------|------------------|---|-----------------------|
| Fidelity | Institutional Money Market Government Portfolio Fund | | | | | |
| | Purchases | \$ 6,694,781 | | \$ 6,694,781 | \$ 6,694,781 | \$ - |
| | Redemptions | | 6,349,016 | 6,349,016 | 6,349,016 | - |
| United States Treasury | Treasury Bills | | | | | |
| | Purchases | 1,187,699 | | 1,187,699 | 1,187,699 | \$ - |
| | Redemptions | | 1,988,846 | 1,988,846 | 1,988,846 | - |
| United States Treasury | Treasury Notes | | | | | |
| | Purchases | 800,940 | | 800,940 | 800,940 | \$ - |
| | Redemptions | | 5,351 | 5,351 | 5,351 | - |

| | | |
|---|--|--|
| 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

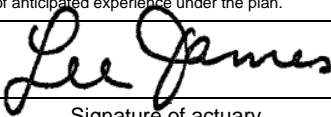
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>Southeastern Retina Associates, PC Cash Balance Plan</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Southeastern Retina Associates, PC</u> | D Employer Identification Number (EIN) <u>62-1094813</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 | 12,387,427 |
| | b Actuarial value | 2b | 12,387,427 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | 0 | 0 |
| | b For terminated vested participants | 109 | 1,508,958 |
| | c For active participants | 259 | 11,890,617 |
| | d Total | 368 | 13,399,575 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) | | |
| | 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 | 1,367,819 |
| | b Expected plan-related expenses | 6b | 0 |
| | c Target normal cost | 6c | 1,367,819 |

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 |  Signature of actuary | <u>08/07/2025</u> Date |
| | <u>Lee James</u> Type or print name of actuary | <u>2304022</u> Most recent enrollment number |
| | <u>July Business Services</u> Firm name | <u>254-296-4015</u> Telephone number (including area code) |
| | <u>400 Austin Avenue, Suite 1200</u> <u>Waco TX 76701</u> 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

| 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 | 568,920 |
| 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 | 568,920 |
| 10 | Interest on line 9 using prior year's actual return of <u>6.68%</u> | 0 | 38,004 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 85,813 |
| | 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>5.17%</u> | | 4,437 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| | c Total available at beginning of current plan year to add to prefunding balance | | 90,250 |
| | d Portion of (c) to be added to prefunding balance | | |
| 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 | 606,924 |

| Part III | | Funding Percentages | |
|-----------------|--|----------------------------|---------|
| 14 | Funding target attainment percentage | 14 | 87.52% |
| 15 | Adjusted funding target attainment percentage | 15 | 87.52% |
| 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 | 100.79% |
| 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 |
|-----------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| 03/20/2024 | 130,000 | 0 | | | |
| 04/22/2024 | 130,000 | 0 | | | |
| 05/20/2024 | 130,000 | 0 | | | |
| 06/20/2024 | 130,000 | 0 | | | |
| 07/22/2024 | 130,000 | 0 | | | |
| 08/20/2024 | 130,000 | 0 | | | |
| 09/20/2024 | 150,000 | 0 | | | |
| 10/21/2024 | 150,000 | 0 | | | |
| 11/20/2024 | 150,000 | 0 | | | |
| 12/20/2024 | 150,000 | 0 | | | |
| 01/21/2025 | 150,000 | 0 | | | |
| 02/20/2025 | 150,000 | 0 | | | |
| | | | Totals ▶ | 18(b) | 18(c) |
| | | | | 1,680,000 | 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 | 1,622,363 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes 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% | 3rd segment: 5.59% | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 1 |
| 22 Weighted average retirement age | | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input 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 1,367,819 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 1,678,926 | | 152,749 | |
| 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 1,520,568 |
| | 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 1,520,568 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | | | 37 1,622,363 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 101,795 |
| 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 | | | | |

Southeastern Retina Associates, P.C. Cash Balance Plan
Employer Identification Number: 62-1094813 Plan Number: 003

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Unaudited)

December 31, 2024

| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
|--|---|------------|------------------|
| Money market mutual funds: | | | |
| Fidelity Institutional Money Market Government Portfolio Fund | Money market mutual fund, due on demand, variable return | \$ 842,943 | \$ 842,943 |
| Government issues: | | | |
| United States Treasury | Floating rate notes, maturing 3/6/2025 | 99,191 | 99,268 |
| United States Treasury | Floating rate notes, maturing 9/4/2025 | 97,287 | 97,235 |
| United States Treasury | 4.375%, 500,000 par, maturing 7/31/2026 | 499,892 | 500,825 |
| United States Treasury | 3.75%, 100,000 par, maturing 8/31/2026 | 100,082 | 99,209 |
| United States Treasury | 3.75%, 100,000 par, maturing 8/15/2027 | 100,464 | 98,730 |
| United States Treasury | 3.625%, 100,000 par, maturing 8/31/2029 | 100,502 | 96,825 |
| Orange Beach Alabama General Obligation Bonds | 0.755%, 100,000 par, maturing 2/1/2025 | 99,611 | 99,717 |
| Saint Charles Parish Louisiana General Obligation Bonds | 2%, 100,000 par, maturing 3/1/2025 | 99,433 | 99,612 |
| Louisiana State General Obligation Bonds | 2.68%, 100,000 par, maturing 5/15/2025 | 99,295 | 99,401 |
| Connecticut State General Obligation Bonds | 2.52%, 100,000 par, maturing 8/15/2025 | 100,461 | 98,867 |
| Nashville Tennessee Revenue Bonds | 4.053%, 75,000 par, maturing 7/1/2026 | 73,450 | 74,559 |
| Nashville Tennessee Revenue Bonds | 1.496%, 100,000 par, maturing 8/1/2026 | 94,772 | 95,719 |
| East Carolina North Carolina University Higher Education Bonds | 1.217%, 100,000 par, maturing 10/1/2026 | 94,107 | 94,546 |
| Clarksville Tennessee General Obligation Bonds | 5%, 100,000 par, maturing 1/1/2027 | 102,610 | 101,320 |
| University of Arkansas University Revenue Higher Education Bonds | 2.716%, 100,000 par, maturing 9/15/2027 | 102,778 | 95,495 |
| Tennessee State School Revenue Education Bonds | 4.848%, 100,000 par, maturing 9/15/2027 | 102,389 | 100,916 |
| Hawaii State General Obligation Bonds | 5.48%, 100,000 par, maturing 2/1/2028 | 101,274 | 102,099 |
| Houston Texas Utility System Revenue Water Bonds | 3.828%, 100,000 par, maturing 5/15/2028 | 103,097 | 98,588 |
| Miami-Dade Country Florida Aviation Transportation Revenue Bonds | 3.175%, 100,000 par, maturing 10/1/2028 | 100,744 | 94,873 |
| Miami-Dade Country Florida Water & Sewer Water Revenue Bonds | 2.551%, 100,000 par, maturing 10/1/2028 | 95,769 | 92,980 |
| California State General Obligation Bonds | 5.1%, 100,000 par, maturing 3/1/2029 | 105,102 | 101,852 |
| Pennsylvania State Revenue Bonds | 5.45%, 100,000 par, maturing 2/15/2030 | 110,136 | 100,971 |
| Tampa Florida Revenue Higher Education Bonds | 3.25%, 100,000 par, maturing 4/1/2030 | 100,673 | 92,581 |
| Hoover Alabama Taxable General Obligation Bonds | 1.628%, 100,000 par, maturing 7/1/2030 | 100,188 | 85,247 |
| Connecticut State General Obligation Bonds | 2.677%, 100,000 par, maturing 7/1/2030 | 88,227 | 89,933 |
| Mississippi State General Obligation Bonds | 1.632%, 100,000 par, maturing 11/1/2031 | 101,281 | 82,405 |
| Austin Texas Community College District Higher Education Bonds | 2%, 100,000 par, maturing 2/1/2032 | 86,700 | 82,455 |
| Nashville Tennessee Revenue Bonds | 2.31%, 100,000 par, maturing 8/1/2032 | 102,552 | 83,899 |
| Houston Texas Community College General Obligation Bonds | 1.759%, 100,000 par, maturing 2/15/2033 | 99,817 | 79,063 |
| Auburn University Alabama General Fee Revenue Higher Education Bonds | 2.045%, 100,000 par, maturing 6/1/2034 | 100,261 | 77,789 |
| Mesquite Texas General Obligation Bonds | 2.46%, 100,000 par, maturing 2/15/2035 | 100,000 | 78,789 |
| Mountain View-Whisman California General Obligations Bonds | 2.645%, 100,000 par, maturing 9/1/2035 | 104,561 | 80,130 |
| Glendale California Unified School District General Obligations Bonds | 2.679%, 100,000 par, maturing 9/1/2036 | 102,471 | 78,912 |
| Memphis-Shelby County Tennessee Industrial Development Bonds | 2.68%, 100,000 par, maturing 12/1/2036 | 101,162 | 77,098 |
| San Bernardino City California Uniform General Obligation Bonds | 2.732%, 100,000 par, maturing 8/1/2037 | 101,890 | 77,928 |
| Denton Texas Independent School District General Obligation Bonds | 2.206%, 100,000 par, maturing 8/15/2037 | 101,034 | 72,387 |
| White Settlement Texas Independent Settlement General Obligation Bonds | 2.25%, 100,000 par, maturing 8/15/2037 | 100,000 | 72,185 |
| Saint Petersburg Florida Public Utility Water Revenue Bonds | 2.35%, 100,000 par, maturing 10/1/2037 | 100,728 | 72,238 |
| Maryland State Health & Higher Educational Medical Facilities Bonds | 3.052%, 100,000 par, maturing 7/1/2040 | 100,100 | 73,656 |
| Hillsborough California School District General Obligation Bonds | Zero Coupon, 200,000 par, maturing 9/1/2040 | 126,732 | 84,112 |
| Nashville Tennessee Revenue Bonds | 3.093%, 100,000 par, maturing 8/1/2041 | 103,455 | 75,445 |
| Total government issues | | 4,504,278 | 4,059,859 |
| Corporate bonds: | | | |
| Apple, Inc. | 2.5%, 100,000 par, maturing 2/9/2025 | \$ 99,992 | \$ 99,781 |
| Microsoft Corporation | 2.7%, 100,000 par, maturing 2/12/2025 | 100,028 | 99,792 |

Southeastern Retina Associates, P.C. Cash Balance Plan
Employer Identification Number: 62-1094813 Plan Number: 003

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Unaudited) (continued)

December 31, 2024

| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
|--|---|------------|------------------|
| Corporate bonds (continued): | | | |
| CME Group, Inc. | 3%, 100,000 par, maturing 3/15/2025 | \$ 100,052 | \$ 99,644 |
| Franklin Resources, Inc. | 2.85%, 100,000 par, maturing 3/30/2025 | 100,021 | 99,501 |
| TD Ameritrade Holdings Corporation | 3.625%, 100,000 par, maturing 4/1/2025 | 100,132 | 99,584 |
| Alabama Power Company | 2.8%, 150,000 par, maturing 4/1/2025 | 148,967 | 149,219 |
| Amazon.com, Inc. | 3%, 100,000 par, maturing 4/13/2025 | 99,497 | 99,594 |
| Qualcomm, Inc. | 3.45%, 100,000 par, maturing 5/20/2025 | 100,000 | 99,588 |
| Emory University | 1.566%, 100,000 par, maturing 9/1/2025 | 100,434 | 97,929 |
| Applied Materials, Inc. | 3.9%, 100,000 par, maturing 10/1/2025 | 100,606 | 99,542 |
| Visa, Inc. | 3.15%, 100,000 par, maturing 12/14/2025 | 100,000 | 98,865 |
| IBM Corporation | 3.45%, 100,000 par, maturing 2/19/2026 | 100,845 | 98,668 |
| Exxon Mobil Corporation | 3.043%, 100,000 par, maturing 3/1/2026 | 100,448 | 98,428 |
| Loews Corporation | 3.75%, 100,000 par, maturing 4/1/2026 | 100,668 | 98,893 |
| Intel Corporation | 2.6%, 100,000 par, maturing 5/19/2026 | 100,000 | 96,956 |
| Walgreens Boots Alliance | 3.45%, 75,000 par, maturing 6/1/2026 | 74,171 | 72,596 |
| Wake Forest University Baptist Medical Center | 3.093%, 200,000 par, maturing 6/1/2026 | 193,543 | 194,034 |
| Pfizer, Inc. | 2.75%, 100,000 par, maturing 6/3/2026 | 99,720 | 97,615 |
| Oracle Corporation | 2.65%, 150,000 par, maturing 7/15/2026 | 149,277 | 145,424 |
| Hershey Company | 2.3%, 100,000 par, maturing 8/15/2026 | 99,025 | 96,675 |
| John Deere Capital Corporation | 2.25%, 100,000 par, maturing 9/14/2026 | 102,377 | 96,429 |
| Nike, Inc. | 2.375%, 100,000 par, maturing 11/1/2026 | 99,047 | 96,399 |
| Honeywell International | 2.5%, 100,000 par, maturing 11/1/2026 | 99,538 | 96,522 |
| Morgan Stanley | 3.625%, 125,000 par, maturing 1/20/2027 | 125,574 | 122,721 |
| Comcast Corporation | 3.3%, 100,000 par, maturing 2/1/2027 | 100,925 | 97,339 |
| Eli Lilly & Company | 5.5%, 100,000 par, maturing 3/15/2027 | 102,901 | 102,305 |
| Coca-Cola Company | 3.375%, 100,000 par, maturing 3/25/2027 | 96,786 | 97,923 |
| Costco Wholesale Corporation | 3%, 125,000 par, maturing 5/18/2027 | 119,695 | 121,399 |
| Blackstone Holdings Finance | 3.15%, 150,000 par, maturing 10/2/2027 | 156,088 | 143,466 |
| Hubbell, Inc. | 3.5%, 100,000 par, maturing 2/15/2028 | 104,134 | 96,058 |
| Duke University Health | 2.502%, 100,000 par, maturing 6/1/2028 | 102,889 | 92,319 |
| Merck & Co, Inc. | 3.4%, 100,000 par, maturing 3/7/2029 | 92,523 | 95,135 |
| AvalonBay Communities, Inc. | 3.3%, 100,000 par, maturing 6/1/2029 | 100,646 | 93,776 |
| Walt Disney Company | 3.8%, 100,000 par, maturing 3/22/2030 | 109,463 | 95,713 |
| Blackrock, Inc. | 2.4%, 100,000 par, maturing 4/30/2030 | 89,765 | 88,818 |
| JP Morgan & Chase Company | Variable, 100,000 par, maturing 5/6/2030 | 105,777 | 94,695 |
| Johns Hopkins University | 1.972%, 100,000 par, maturing 7/1/2030 | 102,381 | 85,780 |
| Emory University | 2.143%, 200,000 par, maturing 9/1/2030 | 186,985 | 174,126 |
| JP Morgan & Chase Company | Variable, 100,000 par, maturing 4/22/2031 | 103,545 | 88,096 |
| Duke Energy Progress, LLC | 6.125%, 100,000 par, maturing 9/15/2033 | 102,866 | 105,321 |
| Total corporate bonds | | 4,371,331 | 4,226,668 |
| Corporate stocks: | | | |
| AbbVie Inc | Common stock, 575 shares | 80,750 | 95,070 |
| American Electric Pwr Inc | Common stock, 1,085 shares | 91,317 | 94,997 |
| American Tower Corp Real Estate Investment Trust | Common stock, 410 shares | 101,012 | 88,954 |
| AT&T Inc | Common stock, 5,300 shares | 69,574 | 95,976 |
| Bank of New York Mellon Corporation | Common stock, 1,695 shares | 57,751 | 95,653 |
| Bristol Myers Squibb Company | Common stock, 1,695 shares | 85,563 | 96,435 |
| Broadcom Inc | Common stock, 085 shares | 33,015 | 134,467 |
| Cisco Systems Inc. | Common stock, 1,750 shares | 79,922 | 99,456 |

Southeastern Retina Associates, P.C. Cash Balance Plan
Employer Identification Number: 62-1094813 Plan Number: 003

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Unaudited) (continued)

December 31, 2024

| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
|--|---|----------------------|----------------------|
| Corporate stocks (continued): | | | |
| Citigroup Inc | Common stock, 1,730 shares | \$ 66,821 | \$ 98,546 |
| Cummins Inc | Common stock, 360 shares | 56,343 | 92,379 |
| Emerson Electric Company | Common stock, 910 shares | 72,939 | 92,948 |
| Exxon Mobil Corp | Common stock, 860 shares | 85,172 | 94,124 |
| Garmin LTD | Common stock, 700 shares | 48,298 | 96,942 |
| Gilead Sciences Inc. | Common stock, 1,108 shares | 72,339 | 101,145 |
| Home Depot Inc. | Common stock, 1,108 shares | 82,292 | 91,413 |
| HP Inc. | Common stock, 2,885 shares | 82,545 | 88,754 |
| International Business Machines Corp | Common stock, 540 shares | 64,249 | 94,527 |
| Johnson & Johnson | Common stock, 565 shares | 108,279 | 96,172 |
| JP Morgan Chase & Co | Common stock, 520 shares | 53,880 | 98,281 |
| Kraft Heinz Co | Common stock, 2,415 shares | 118,592 | 98,579 |
| Lockheed Martin Corp | Common stock, 195 shares | 88,143 | 94,758 |
| LyondellBasell Industries NV | Common stock, 1,240 shares | 120,720 | 92,095 |
| McDonalds Corp | Common stock, 340 shares | 95,894 | 98,563 |
| MetLife Inc | Common stock, 1,325 shares | 72,692 | 96,618 |
| Microsoft Corp | Common stock, 225 shares | 66,663 | 94,838 |
| Omnicom Group | Common stock, 1,020 shares | 77,020 | 83,029 |
| Pfizer Inc | Common stock, 3,090 shares | 139,013 | 103,998 |
| Philip Morris International | Common stock, 935 shares | 72,564 | 92,670 |
| Procter & Gamble Co | Common stock, 605 shares | 88,014 | 96,399 |
| Prudential Financial Inc | Common stock, 845 shares | 75,753 | 93,046 |
| Public Service Enterprises Group Inc | Common stock, 1,425 shares | 70,256 | 92,094 |
| Qualcomm Inc. | Common stock, 615 shares | 92,935 | 94,476 |
| Southern Company | Common stock, 1,245 shares | 83,948 | 95,903 |
| Starbucks Corp | Common stock, 1,245 shares | 92,592 | 89,881 |
| Texas Instruments Inc. | Common stock, 525 shares | 83,103 | 93,755 |
| Travelers Companies Inc | Common stock, 470 shares | 68,606 | 92,743 |
| Union Pac Corp | Common stock, 365 shares | 95,802 | 96,917 |
| Verizon Communications | Common stock, 2,335 shares | 90,919 | 93,577 |
| Walmart Inc | Common stock, 565 shares | 49,340 | 96,191 |
| Total corporate stocks | | <u>3,134,630</u> | <u>3,736,369</u> |
| Total assets held for investment purposes at end of year | | <u>\$ 12,853,182</u> | <u>\$ 12,865,839</u> |

Southeastern Retina Associates, PC Cash Balance Plan

Shortfall Amortization
 Plan Year: 1/1/2024 to 12/31/2024
 Valuation Date: 1/1/2024

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a fifteen year period.

| <u>Valuation Date</u> | <u>Amortization Method</u> | <u>Number of Future Installments</u> | <u>Installment</u> | <u>Value of Future Installments</u> |
|---|----------------------------|--------------------------------------|--------------------|-------------------------------------|
| 01/01/2024 | 15-year | 15 | <u>\$152,749</u> | <u>\$1,678,926</u> |
| Total | | | \$152,749 | \$1,678,926 |
| Shortfall Amortization Charge (sum of installments, no less than zero): | | | \$152,749 | |

Southeastern Retina Associates, PC Cash Balance Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

| | For Funding | | For 417(e) | For Actuarial Equiv. |
|--|---|------------|--|--|
| | Min | Max | | |
| Interest Rates | Seg 1: 4.75% | 4.21% | Seg 1: 5.01% | Pre-Retirement: 6.50% |
| | Seg 2: 4.87% | 4.86% | Seg 2: 5.13% | Post-Retirement: 6.50% |
| | Seg 3: 5.59% | 4.87% | Seg 3: 5.15% | |
| Applicable Date | 12/2023 | 12/2023 | 12/2023 | |
| Pre-Retirement | | | | |
| Turnover | None | | None | None |
| Mortality | None | | None | None |
| Assumed Ret Age | Normal retirement age 62 and 5 years of participation | | Normal retirement age 62 and 5 years of participation | Normal retirement age 62 and 5 years of participation |
| Post-Retirement | | | | |
| Mortality | 2024 Applicable Mortality Table from Notice 2023-73 | | 2024 Applicable Mortality Table from Notice 2023-73 | Male-RP-2000 Mortality Table (Optional Combined Table for Males) Female-RP-2000 Mortality Table (Optional Combined Table for Females) |
| Assumed Benefit Form For Funding | | | 100% Lump Sum / 0% Normal Form | |
| Assumed Spouse's Age | Spouse assumed to be the same age as participant | | Spouse assumed to be the same age as participant | |
| | Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known | | Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known | |
| Calculated Effective Interest Rate | | | 5.09% | |
| Cash Balance Projected Interest Crediting Rate | | | 5.00% annual rate | |
| Cash Balance Post-Retirement Conversion Assumptions | | | 6.50% interest Male-RP-2000 Mortality Table (Optional Combined Table for Males) Female-RP-2000 Mortality Table (Optional Combined Table for Females) | |
| Actuarial Cost Method | | | The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year. | |

Southeastern Retina Associates, PC Cash Balance Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Southeastern Retina Associates, PC Cash Balance Plan

Summary of Plan Provisions

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

| | |
|---|--|
| Plan Effective Date | January 1, 2010 |
| Plan Year | From January 1, 2024 to December 31, 2024 |
| Eligibility | <p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p>6 months of service Minimum age 20 years and 6 months</p> |
| Normal Retirement Age | <p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 62 Completion of 5 years of participation from beginning of entry year</p> |
| Cash Balance Contribution Credit | <p>The plan provides the following cash balance contribution credits to participants based on their group classification:</p> <p>Group 1: \$87,000</p> <p>Group 2: No contribution</p> <p>Group 3: \$775</p> <p>The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>Salary based contribution credits are applied to current compensation.</p> |
| Early Retirement Age | <p>Attainment of age 55 Completion of 10 years of participation from beginning of entry year</p> |
| Early Retirement Benefit | Actuarial Equivalence |
| Normal Form of Benefit | A benefit payable for the life of the participant |
| Accrued Benefit | <p>The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.</p> <p>Credited years are plan years from the first day of the plan year containing date of entry excluding the following:</p> <p>Years with less than 1,000 hours</p> |

Southeastern Retina Associates, PC Cash Balance Plan

Summary of Plan Provisions

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

| <u>Credited Years</u> | <u>Vested Percent</u> |
|-----------------------|-----------------------|
| 1 | 0 |
| 2 | 0 |
| 3 | 100 |

Credited years are plan years from date of hire excluding the following:

- Years before the effective date
- Years before age 18
- Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance

The annual Interest Crediting Rate for this plan year is 5.00%

Southeastern Retina Associates, PC Cash Balance Plan

Schedule of Projection of Expected Benefit Payments

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

| <u>Plan Year</u> | <u>Active Participants</u> | <u>Terminated Vested Participants</u> | <u>Retired Participants and Beneficiaries Receiving Payments</u> | <u>Total</u> |
|------------------|----------------------------|---|--|--------------|
| 2024 | 1,333 | 7,665 | 0 | 8,998 |
| 2025 | 318,154 | 131,037 | 0 | 449,191 |
| 2026 | 355,189 | 130,087 | 0 | 485,276 |
| 2027 | 406,106 | 128,107 | 0 | 534,213 |
| 2028 | 404,283 | 126,799 | 0 | 531,082 |
| 2029 | 401,934 | 128,561 | 0 | 530,495 |
| 2030 | 400,187 | 126,772 | 0 | 526,959 |
| 2031 | 509,622 | 124,558 | 0 | 634,180 |
| 2032 | 738,378 | 123,448 | 0 | 861,826 |
| 2033 | 795,681 | 122,014 | 0 | 917,695 |
| 2034 | 960,892 | 119,356 | 0 | 1,080,248 |
| 2035 | 1,019,042 | 119,212 | 0 | 1,138,254 |
| 2036 | 1,128,659 | 118,479 | 0 | 1,247,138 |
| 2037 | 1,120,884 | 116,710 | 0 | 1,237,594 |
| 2038 | 1,122,125 | 114,192 | 0 | 1,236,317 |
| 2039 | 1,155,315 | 109,069 | 0 | 1,264,384 |
| 2040 | 1,140,249 | 103,740 | 0 | 1,243,989 |
| 2041 | 1,169,420 | 98,871 | 0 | 1,268,291 |
| 2042 | 1,213,580 | 97,300 | 0 | 1,310,880 |
| 2043 | 1,196,140 | 91,266 | 0 | 1,287,406 |
| 2044 | 1,246,928 | 85,136 | 0 | 1,332,064 |
| 2045 | 1,342,030 | 79,257 | 0 | 1,421,287 |
| 2046 | 1,367,366 | 76,815 | 0 | 1,444,181 |
| 2047 | 1,356,428 | 73,171 | 0 | 1,429,599 |
| 2048 | 1,360,491 | 71,078 | 0 | 1,431,569 |
| 2049 | 1,324,532 | 70,550 | 0 | 1,395,082 |
| 2050 | 1,287,901 | 68,758 | 0 | 1,356,659 |
| 2051 | 1,252,235 | 70,817 | 0 | 1,323,052 |
| 2052 | 1,209,505 | 72,319 | 0 | 1,281,824 |
| 2053 | 1,167,458 | 75,160 | 0 | 1,242,618 |
| 2054 | 1,118,899 | 77,231 | 0 | 1,196,130 |
| 2055 | 1,071,874 | 78,822 | 0 | 1,150,696 |
| 2056 | 1,026,150 | 80,372 | 0 | 1,106,522 |
| 2057 | 981,274 | 79,724 | 0 | 1,060,998 |
| 2058 | 935,447 | 80,029 | 0 | 1,015,476 |
| 2059 | 884,733 | 79,539 | 0 | 964,272 |
| 2060 | 834,632 | 77,298 | 0 | 911,930 |
| 2061 | 780,257 | 75,391 | 0 | 855,648 |
| 2062 | 725,233 | 73,692 | 0 | 798,925 |
| 2063 | 670,855 | 71,160 | 0 | 742,015 |
| 2064 | 617,699 | 68,580 | 0 | 686,279 |
| 2065 | 565,470 | 65,967 | 0 | 631,437 |
| 2066 | 515,395 | 63,303 | 0 | 578,698 |
| 2067 | 467,714 | 60,601 | 0 | 528,315 |
| 2068 | 422,643 | 57,842 | 0 | 480,485 |
| 2069 | 380,237 | 55,057 | 0 | 435,294 |
| 2070 | 340,481 | 52,251 | 0 | 392,732 |
| 2071 | 303,359 | 49,397 | 0 | 352,756 |

Southeastern Retina Associates, PC Cash Balance Plan

Schedule of Projection of Expected Benefit Payments

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

| <u>Plan Year</u> | <u>Active Participants</u> | <u>Terminated Vested Participants</u> | <u>Retired Participants and Beneficiaries Receiving Payments</u> | <u>Total</u> |
|------------------|----------------------------|---|--|--------------|
| 2072 | 268,776 | 46,517 | 0 | 315,293 |
| 2073 | 236,714 | 43,607 | 0 | 280,321 |

Southeastern Retina Associates, PC Cash Balance Plan

Weighted Average Retirement Age

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 1/1/2024

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62

Completion of 5 years of participation from beginning of entry year

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62