

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 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MYEYEDR. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/01/2004
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) CAPITAL VISION SERVICES, LLC 8614 WESTWOOD CENTER DRIVE 9TH FLOOR VIENNA, VA 22182
2b	Employer Identification Number (EIN) 52-2329284
2c	Plan Sponsor's telephone number 703-847-8899
2d	Business code (see instructions) 621320

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.	09/23/2026	JON BLACK
	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

3a Plan administrator's name and address ☒ 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 8233
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) 7718 6a(2) 8333 6b 8 6c 672 6d 9013 6e 6 6f 9019 6g(1) 2860 6g(2) 4137 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MYEYEDR. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITAL VISION SERVICES, LLC	D Employer Identification Number (EIN) 52-2329284	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	0	01/01/2025	04/08/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b Balance at the end of the previous year	7b	27780344
c Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) ▶	7c(1)	
	7c(2)	
	7c(3)	83230
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	83230
d Total of balance and additions (add lines 7b and 7c(6))	7d	27863574
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	41556
(2) Administration charge made by carrier	7e(2)	150
(3) Transferred to separate account	7e(3)	
(4) Other (specify below) ▶ CONTRACT TERM/NOT MATURED	7e(4)	27821868
(5) Total deductions	7e(5)	27863574
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MYEYEDR. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITAL VISION SERVICES, LLC	D Employer Identification Number (EIN) 52-2329284	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	--

1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	717092	0	01/01/2025	04/08/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MYEYEDR. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITAL VISION SERVICES, LLC	D Employer Identification Number (EIN) 52-2329284	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	164447	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WEALTHSPIRE RETIREMENT ADVISORY

33-0905143

(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?
27	ADVISOR	56250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
LORD ABBETT SHORT DURATION INC CL I 90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
PFG GLOBAL EQUITY INDEX STRAT CL R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
PFG MFS AGGRESSIVE GROWTH STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
PFG JP MORGAN TACT. AGGR. STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
PFG INVESCO EQ FACTRROT. STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
PFG SECTOR EQUITY BUS CYCLE STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
PFG BR TRGT ALCT. EQ STRAT FD CL R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
PFG AMERICAN FUNDS GRTH STRAT CL R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
STONE RIDGE HIGH YLD REIN. RSK PREM 510 MADISON AVE NEW YORK, NY 10022	0.10%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MYEYEDR. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CAPITAL VISION SERVICES, LLC		D Employer Identification Number (EIN) 52-2329284
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4116854-515	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 537303
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH AGR 2065 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7271378-759	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1342115
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH AGR 2035 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2468898-216	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1790493
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH AGR 2055 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2554270-222	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1889058
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH CON 2035 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2491300-218	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 305139
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VAL III I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7289846-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 388278
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: GG MFS MID CP VAL 2W		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4139822-616	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218663

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH AGR RET M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2238264-210	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 590645

a Name of MTIA, CCT, PSA, or 103-12 IE: LD ABBETT HI YLD R		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 82-1095844-320	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299213

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH MOD 2035 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2478524-217	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46866863

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH AGR 2045 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2503540-219	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1469968

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH CON 2055 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2575758-224	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1036983

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH MOD 2065 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7271379-760	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8369868

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH II I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7304118-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 618925

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH MOD 2045 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2516187-220	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54030704

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH MOD 2055 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2563528-223	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55722145

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 85-4031707-653	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 955143

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH MOD RET M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2248665-211	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32913029

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH CON RET M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2264760-212	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 364344

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH CON 2065 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7271380-761	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183465

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH CON 2045 M		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 47-2529162-221	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160040

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VAL III I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7289865-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1341287

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MYEYEDR. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITAL VISION SERVICES, LLC		D Employer Identification Number (EIN) 52-2329284

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	160161424	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	540558
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	28698
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	1286465
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	2355217	3022717
(9) Value of interest in common/collective trusts	1c(9)	0	211393671
(10) Value of interest in pooled separate accounts	1c(10)	616645	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	38732238
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	27780344	0
(15) Other.....	1c(15)	3246351	28

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	194159981	255004375

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	194159981	255004375
--	-----------	-----------	-----------

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)	8186524	
(B) Participants	2a(1)(B)	27344955	
(C) Others (including rollovers)	2a(1)(C)	8549558	
(2) Noncash contributions	2a(2)	0	44081037
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17962	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	925	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	239756	
(F) Other	2b(1)(F)	78	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		258721
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	676008
(B) Common stock	2b(2)(B)	30208	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	645800	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		676008
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2629241	18371
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2610870	
(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)	0	-32685
(B) Other	2b(5)(B)	-32685	
(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)		29090820
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3994488
c Other income	2c		23461
d Total income. Add all income amounts in column (b) and enter total	2d		78110221

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17003201	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17003201
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		41778
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	164447	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	56250	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	151	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		220848
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17265827

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		60844394
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: PRICE WATERHOUSE COOPERS LLP

(2) EIN: 13-4008324

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		5000000
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		987
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MYEYEDR. 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITAL VISION SERVICES, LLC		D Employer Identification Number (EIN) 52-2329284
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
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): 04-6568107 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

MyEyeDr. 401(k) Plan

**Financial Statements and
ERISA Required Supplemental Schedule
December 31, 2025 and 2024**

MyEyeDr. 401(k) Plan

Index

	Page(s)
Report of Independent Auditors	2–5
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2025 and 2024.....	6
Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2025	7
Notes to Financial Statements December 31, 2025 and 2024.....	8–16
ERISA Required Supplemental Schedule*	
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2025.....	17

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of MyEyeDr. 401(k) Plan

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

We have performed an audit of the accompanying financial statements of MyEyeDr. 401(k) 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and April 10, 2025, and for the periods from January 1, 2025 to April 10, 2025 and from January 1, 2025 to December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report

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



Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' 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 US 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.



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

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

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

Other Matter - Supplemental Schedule Required by ERISA

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

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

PricewaterhouseCoopers LLP

Cleveland, Ohio
September 4, 2026

MyEyeDr. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	\$ 251,981,658	\$ 164,024,419
Investment at contract value	<u>-</u>	<u>27,780,344</u>
Total investments	<u>251,981,658</u>	<u>191,804,763</u>
Receivables		
Notes receivable from participants	3,064,495	2,365,077
Participant contributions	847,784	716,697
Employer contributions	<u>232,760</u>	<u>186,892</u>
Total receivables	<u>4,145,039</u>	<u>3,268,666</u>
Net assets available for benefits	<u>\$ 256,126,697</u>	<u>\$ 195,073,429</u>

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

MyEyeDr. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

	2025
Additions to net assets attributed to	
Contributions	
Participants	\$ 27,476,041
Employer	8,232,391
Rollovers	<u>8,549,558</u>
Total contributions	<u>44,257,990</u>
Investment income	
Net appreciation in the fair value of investments	32,759,544
Interest and dividend income	<u>1,020,027</u>
Net investment income	33,779,571
Interest income on notes receivable from participants	<u>239,756</u>
Total additions to net assets	<u>78,277,317</u>
Deductions from net assets attributed to	
Distributions to participants or beneficiaries	17,003,201
Administrative expenses	<u>220,848</u>
Total deductions from net assets	<u>17,224,049</u>
Net increase	61,053,268
Net assets available for benefits	
Beginning of year	<u>195,073,429</u>
End of year	<u>\$ 256,126,697</u>

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

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

1. Description of the Plan

The following description of the MyEyeDr. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Fidelity Basic Plan Document (the “Plan Document”) as of June 30, 2020, and the most recent amendment effective January 24, 2025, for a more complete description of the Plan’s provisions.

General

The Plan, established on June 1, 2004, is a defined contribution plan covering all employees of Capital Vision Services, LP and its affiliated companies, which was converted to Capital Vision Services, LLC on August 29, 2019, and is collectively referred to as the “Company”, “MyEyeDr”, “Employer”, “Plan Administrator” or “Plan Sponsor.” This Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Plan Administration

The Company is the Plan’s named fiduciary and Plan Administrator. Fidelity Management Trust Company (“Fidelity” or the “Trustee”) replaced Principal Trust Company (“Principal”, collectively with Fidelity, the “Trustees”) as the trustee of the Plan, starting January 1, 2025.

Eligibility

All employees, regardless of age, but excluding part-time, temporary or seasonal employees whose regularly scheduled service is less than 1,000 hours of service within a consecutive twelve months, are eligible to participate in the Plan. An eligible employee becomes a participant in the Plan on the date all the eligibility requirements are met, and deferrals commence as soon as administratively feasible following an employee’s satisfaction of the eligibility requirements and election to contribute.

Contributions

Participants can contribute up to the maximum amount allowed by the Internal Revenue Code (“IRC”). Contributions are subject to certain limitations. Participants may designate all or a portion of their contributions as Roth contributions. When eligible, the Company makes matching contributions to participants each pay period, not to exceed 3% of the participant’s compensation, plus 50% of the amount of the participant’s elective deferrals that exceed 3% of the participant’s compensation but do not exceed 5% of the participant’s compensation.

Prior to 2024, any Highly Compensated Employees (“HCEs”), per the rules and regulations of the United States Department of the Treasury Internal Revenue Service (the “IRS”), did not receive any matching contributions from the Company. Instead, the HCEs received the Safe Harbor Match. Starting on January 1, 2024, the Plan Sponsor updated the Plan’s guidelines to make the contribution to HCEs’ 401(k) plans for 1% of the HCEs’ compensations.

The Plan Sponsor can separately make discretionary contributions, which in each Plan Year are in an amount determined by the Plan Sponsor. No such discretionary contributions were made for the year ended December 31, 2025.

The Plan qualifies as a safe harbor plan. Participants may elect to contribute up to a maximum amount per calendar year, subject to the IRS limitations, which was \$23,500 in 2025. Catch-up contributions of up to \$7,500 were permitted during 2025 for participants age 50 or older. Under the SECURE 2.0 Act of 2022, participants ages 60 through 63 were permitted to make enhanced catch-up contributions of up to \$11,250 in 2025.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Vesting

Participants are immediately vested in their contributions, and Company matching contributions plus earnings thereon at all times. Company discretionary contributions, plus actual earnings thereon, vest incrementally, based on years of vesting as follows:

1 year	20 %
2 years	40
3 years	60
4 years	80
5 years	100

Notwithstanding the above, participants hired prior to January 1, 2025 are 100% vested in Company discretionary contributions, whether such contributions were made before or after January 1, 2025.

Participants become fully vested upon reaching the age of 65, death or permanent disability.

Forfeitures

Upon withdrawal of a participant's vested balance, any non-vested balance is forfeited and is used to offset Plan expenses or to reduce future Company contributions. As of December 31, 2025 and 2024, there were no forfeited non-vested amounts. There were no forfeited participant's vested balance amounts available for allocation during the year ended December 31, 2025.

Investment Options

Each participant has the responsibility of determining how the funds in his or her account are invested. Participants may invest their contributions in various mutual funds, common collective trusts, and self-directed brokerage account.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions; and (b) Plan earnings (losses), net of administrative expenses. Allocations are based on the participant's eligible compensation, deferrals or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable From Participants

A participant may borrow a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the participant's vested account. No more than one loan can be outstanding at one time. The loans are secured by the balance in the participant's account and bear interest at rates equal to the Reuters prime rate plus 1%. All loans must be repaid within five years, except those that are used for the purchase of a principal residence, in which case the loan repayment period may extend beyond five years from the date of the loan, but the extended period shall be consistent with commercial home loan practices. Repayments of the loan are made through after-tax payroll deductions. As of December 31, 2025, interest rates for the notes receivable from participants ranged from 3.25% to 10.50%. As of December 31, 2024, interest rates ranged from 3.25% to 10.50%.

Related loan administration fees are recorded as administrative expenses and are expensed when they are incurred.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement, financial hardship, qualified domestic relation order, or termination of employment, as defined in the Plan agreement. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is generally distributed in the form of a lump-sum payment; however, participants may also elect installment payments through a systematic withdrawal plan. The Plan also has a cash-out provision. Any account balance less than \$5,000 is automatically cashed out upon a distribution event.

In-service distributions can be made to participants who have not separated from service provided that the participant attained the age of 59 1/2. Participants who have reached Normal Retirement Age and continue employment may also elect in-service distributions. Participants experiencing financial hardship may withdraw a portion of their account balance as defined in the Plan document.

Administrative Expenses

The Company provides certain accounting and administrative services to the Plan, for which no fees are charged. All such services qualify as party-in-interest transactions and are exempt from the prohibited transaction rules. The Company did not pay any of the Plan's administrative expenses for the year ended December 31, 2025.

Plan Termination

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from management's estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the Plan's direct investment in the fully benefit-responsive investment contract, which was reported at contract value. The Plan Administrator determines the Plan's valuation policies utilizing information provided by Fidelity. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the amount that Plan participants would receive, if they were to initiate permitted transactions under the terms of the Plan (Note 6). See Note 5 for discussion of fair value measurements.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

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

Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which participant compensation is earned. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan agreement. Delinquent amounts reclassified as distributions were \$278,801 for the year ended December 31, 2025.

Payment of Benefits

Benefit payments are recorded when paid.

3. Information Provided and Certified by the Trustees

The following is a summary of the information regarding the Plan as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included in the Plan's financial statements, notes to financial statements and the supplemental Schedule of Assets (Held at End of Year) that were obtained or derived from information provided by the Trustees and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Fidelity that such information is complete and accurate as of and for the year ended December 31, 2025 and from Principal that such information is complete and accurate as of December 31, 2024 and April 10, 2025 and the period between January 1, 2025 and April 10, 2025.

	2025	2024
Statements of net assets available for benefits		
Investments at fair value	\$ 251,981,658	\$ 164,024,419
Investment at contract value	-	27,780,344
Notes receivable from participants*	3,064,495	2,365,077

* excludes accrual for interest receivable

MyEyeDr. 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

2025

Statement of changes in net assets available for benefits

Net appreciation in the fair value of investments	\$ 32,759,544
Interest and dividend income	1,020,027
Interest income on notes receivable from participants*	239,756

* excludes accrual for interest receivable

4. Reconciliation of Financial Statements to Form 5500

A reconciliation of net assets available for benefits as reported in the financial statements to the Form 5500 as of December 31, 2025 and 2024 is as follows:

	2025	2024
Net assets available for benefits as reported in the financial statements	\$ 256,126,697	\$ 195,073,429
Participant contributions receivable not reflected on Form 5500	(847,784)	(716,697)
Employer contributions receivable not reflected on Form 5500	(232,760)	(186,892)
Notes receivable from participants - defaulted loans	<u>(41,778)</u>	<u>(9,859)</u>
Net assets per the Form 5500	<u>\$ 255,004,375</u>	<u>\$ 194,159,981</u>

The following is a reconciliation of the net increase in assets per the financial statements to net income per the Form 5500 for the year ended December 31, 2025:

2025

Net increase in assets per financial statements	\$ 61,053,268
Minus: Participant contributions receivable increase	(131,087)
Minus: Employer contributions receivable increase	(45,868)
Minus: Change in notes receivable from participants - defaulted loans	<u>(31,919)</u>
Net income per the Form 5500	<u>\$ 60,844,394</u>

The Form 5500 is prepared on the modified cash basis; therefore, for Form 5500 purposes, contributions are recorded when received, including contributions that are received after the end of the plan year for pay periods related to the current plan year. Loans to participants per the statement of net assets available for benefits differs from loans to participants per the Form 5500 as of December 31, 2025, because for Form 5500 purposes defaulted loans are not considered distributions until there is a distributable event defined by the plan document.

5. Fair Value Measurements

The Accounting Standards Codification (“ASC”) Topic 820: *Fair Value Measurements and Disclosures* (“ASC 820”), issued by the Financial Accounting Standards Board (“FASB”), provides a framework for measuring fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques that maximize the use of observable inputs and minimizes the use of unobservable inputs by requiring the use of observable inputs when available. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- 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.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Asset Valuation Techniques

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Cash and Cash Equivalents

Cash and cash equivalents consist of money market funds. Due to the highly liquid nature and short-term maturities of these investments, carrying value approximates fair value.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Mutual Funds

Valued at the daily closing price as reported by the fund, if available. Mutual funds held by the Plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-Directed Brokerage Account

Accounts primarily consist of cash, mutual funds, common stocks, preferred stocks, ETFs, and government bonds that are valued on the basis of readily determinable market prices.

Common Collective Trust

Investments in the common collective trusts are valued based on the unit value established for each fund on the valuation date. Reporting entities are permitted, as a practical expedient, to measure the fair value of an investment on the basis of the NAV per share of the investment if the NAV is calculated in a manner consistent with U. S. GAAP measurement principles. The NAV, as provided by Fidelity, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the common collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the fund in order to ensure that securities liquidations will be carried out in an orderly business manner.

Pooled Separate Accounts

Valued at NAV per unit based on quoted market prices of underlying investments. The NAV as provided by the Trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate account, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

Non-interest Bearing Cash

The non-interest-bearing cash is liquid and observable with unadjusted quoted price.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31 , 2025				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 12,505	\$ -	\$ -	\$ 12,505
Mutual funds	35,874,433	-	-	35,874,433
Self-directed brokerage account	4,701,048	-	-	4,701,048
Common collective trusts*	-	-	-	211,393,672
Total investments, at fair value	<u>\$ 40,587,986</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 251,981,658</u>

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

	Assets at Fair Value as of December 31 , 2024			
	Level 1	Level 2	Level 3	Total
Non-interest bearing cash	\$ 160,161,424	\$ -	\$ -	\$ 160,161,424
Self-directed brokerage account	3,246,351	-	-	3,246,351
Pooled separate accounts measured at net asset value*	-	-	-	616,644
Total investments, at fair value	\$ 163,407,775	\$ -	\$ -	\$ 164,024,419

* In accordance with ASC 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table represents investments calculated on the basis of NAV per share as of December 31, 2025 and 2024:

	Plan Year	Fair Value	Redemption Frequency	Unfunded Commitment	Trade to Settlement Terms (if Currently Eligible)
Common collective trusts	2025	\$ 211,393,672	Daily	-	Daily
Pooled separate accounts	2024	616,644	Daily	-	Daily

6. Traditional Guaranteed Investment Contract With Principal Life Insurance Company

In 2024, the Plan held a fully benefit-responsive guaranteed investment contract (GIC) provided by Principal Life Insurance Company ("PLIC"). PLIC maintained the contributions in a general account, which was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

As of December 31, 2025, there was no investment contract in the Plan.

7. Tax Status

The Plan uses a prototype plan document sponsored by FMR LLC. The prototype plan has received an opinion letter dated June 30, 2020 from the Internal Revenue Service stating that the written form of the underlying prototype plan document is qualified under Section 401(k) of the Internal Revenue Code ("IRC") and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(k) of the IRC. The adoption agreement has been amended since the receipt of the opinion letter; however, Plan management and tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and; therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Accounting principles generally accepted in the United States of America require the Plan Sponsor to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan Sponsor has determined that, as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan Sponsor believes it is no longer subject to income tax examinations for the years prior to 2022.

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are units of investment managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions. Accordingly, fees paid by the Plan for investment management services by the Trustee are party-in-interest transactions. The Plan incurred administrative expenses of \$220,848 for the year ended December 31, 2025 that are permissible party-in-interest transactions under ERISA. The Plan also issues loans to participants under the deferred arrangement portion of the Plan, which are secured by the vested balances in the participants' accounts.

9. Subsequent Events

The Plan evaluated subsequent events through September 4, 2026, the date the financial statements were available to be issued. During this period, no material recognizable subsequent events were identified that would require adjustment to or disclosure in these financial statements.

ERISA Required Supplemental Schedule

MyEyeDr. 401(k) Plan
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
	Interest-bearing cash (include money market accounts & certificates of deposits)			
*	FID GOVT MM KT	Money Market		\$ 12,505
	Value of interest in common collective trusts			
	STABLE VALUE FUND I1	Collective Trusts		955,143
	GG MFS MID CP VAL 2W	Collective Trusts		218,663
	FLEXPATH AGR 2065 M	Collective Trusts		1,342,115
	FLEXPATH CON 2065 M	Collective Trusts		183,466
	FLEXPATH MOD 2065 M	Collective Trusts		8,369,868
	SMALL CAP VAL III I1	Collective Trusts		388,278
	LARGE CAP VAL III I1	Collective Trusts		1,341,287
	LD ABBETT HI YLD R	Collective Trusts		299,213
	FLEXPATH MOD RET M	Collective Trusts		32,913,029
	FLEXPATH MOD 2035 M	Collective Trusts		46,866,863
	FLEXPATH MOD 2045 M	Collective Trusts		54,030,704
	FLEXPATH MOD 2055 M	Collective Trusts		55,722,145
	FLEXPATH AGR RET M	Collective Trusts		590,645
	FLEXPATH AGR 2035 M	Collective Trusts		1,790,493
	FLEXPATH AGR 2045 M	Collective Trusts		1,469,968
	FLEXPATH AGR 2055 M	Collective Trusts		1,889,058
	FLEXPATH CON RET M	Collective Trusts		364,344
	FLEXPATH CON 2035 M	Collective Trusts		305,139
	FLEXPATH CON 2045 M	Collective Trusts		160,040
	FLEXPATH CON 2055 M	Collective Trusts		1,036,983
	CORE PLUS BOND I1	Collective Trusts		537,303
	MID CAP GROWTH II I1	Collective Trusts		618,925
	Mutual funds			
	TRP CAP APPREC I	Mutual Funds		1,114,334
	COL STRAT INCOME I3	Mutual Funds		471,133
	MFS INTL EQUITY R6	Mutual Funds		890,947
	AF NEW PERSPECT R6	Mutual Funds		1,175,123
	AF NEW WORLD R6	Mutual Funds		679,419
*	FID US BOND IDX	Mutual Funds		1,883,983
*	FID 500 INDEX	Mutual Funds		16,835,014
*	FID MID CAP IDX	Mutual Funds		2,336,328
*	FID SM CAP IDX	Mutual Funds		1,787,726
*	FID INTL INDEX	Mutual Funds		1,489,467
*	FID BLUE CHIP GR K6	Mutual Funds		6,682,600
*	FID SMALL CAP GR K6	Mutual Funds		528,359
	Self directed brokerage account			4,701,048
*	Participant loans	Interest rate ranging from 3.25% to 10.50%		3,064,495
				<u>\$ 255,046,153</u>

* Party-in-interest as defined by ERISA.

** Cost data has not been disclosed, as all investments are participant-directed

The above information was derived from data certified accurate and complete by Fidelity Management Trust Company.

MyEyeDr. 401(k) Plan

**Financial Statements and
ERISA Required Supplemental Schedule
December 31, 2025 and 2024**

MyEyeDr. 401(k) Plan

Index

	Page(s)
Report of Independent Auditors	2–5
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2025 and 2024.....	6
Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2025	7
Notes to Financial Statements December 31, 2025 and 2024.....	8–16
ERISA Required Supplemental Schedule*	
Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2025.....	17

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of MyEyeDr. 401(k) Plan

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

We have performed an audit of the accompanying financial statements of MyEyeDr. 401(k) 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and April 10, 2025, and for the periods from January 1, 2025 to April 10, 2025 and from January 1, 2025 to December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report

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



Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' 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 US 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.



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

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

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

Other Matter - Supplemental Schedule Required by ERISA

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

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

PricewaterhouseCoopers LLP

Cleveland, Ohio
September 4, 2026

MyEyeDr. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	\$ 251,981,658	\$ 164,024,419
Investment at contract value	<u>-</u>	<u>27,780,344</u>
Total investments	<u>251,981,658</u>	<u>191,804,763</u>
Receivables		
Notes receivable from participants	3,064,495	2,365,077
Participant contributions	847,784	716,697
Employer contributions	<u>232,760</u>	<u>186,892</u>
Total receivables	<u>4,145,039</u>	<u>3,268,666</u>
Net assets available for benefits	<u>\$ 256,126,697</u>	<u>\$ 195,073,429</u>

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

MyEyeDr. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

	2025
Additions to net assets attributed to	
Contributions	
Participants	\$ 27,476,041
Employer	8,232,391
Rollovers	<u>8,549,558</u>
Total contributions	<u>44,257,990</u>
Investment income	
Net appreciation in the fair value of investments	32,759,544
Interest and dividend income	<u>1,020,027</u>
Net investment income	33,779,571
Interest income on notes receivable from participants	<u>239,756</u>
Total additions to net assets	<u>78,277,317</u>
Deductions from net assets attributed to	
Distributions to participants or beneficiaries	17,003,201
Administrative expenses	<u>220,848</u>
Total deductions from net assets	<u>17,224,049</u>
Net increase	61,053,268
Net assets available for benefits	
Beginning of year	<u>195,073,429</u>
End of year	<u>\$ 256,126,697</u>

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

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

1. Description of the Plan

The following description of the MyEyeDr. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Fidelity Basic Plan Document (the “Plan Document”) as of June 30, 2020, and the most recent amendment effective January 24, 2025, for a more complete description of the Plan’s provisions.

General

The Plan, established on June 1, 2004, is a defined contribution plan covering all employees of Capital Vision Services, LP and its affiliated companies, which was converted to Capital Vision Services, LLC on August 29, 2019, and is collectively referred to as the “Company”, “MyEyeDr”, “Employer”, “Plan Administrator” or “Plan Sponsor.” This Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Plan Administration

The Company is the Plan’s named fiduciary and Plan Administrator. Fidelity Management Trust Company (“Fidelity” or the “Trustee”) replaced Principal Trust Company (“Principal”, collectively with Fidelity, the “Trustees”) as the trustee of the Plan, starting January 1, 2025.

Eligibility

All employees, regardless of age, but excluding part-time, temporary or seasonal employees whose regularly scheduled service is less than 1,000 hours of service within a consecutive twelve months, are eligible to participate in the Plan. An eligible employee becomes a participant in the Plan on the date all the eligibility requirements are met, and deferrals commence as soon as administratively feasible following an employee’s satisfaction of the eligibility requirements and election to contribute.

Contributions

Participants can contribute up to the maximum amount allowed by the Internal Revenue Code (“IRC”). Contributions are subject to certain limitations. Participants may designate all or a portion of their contributions as Roth contributions. When eligible, the Company makes matching contributions to participants each pay period, not to exceed 3% of the participant’s compensation, plus 50% of the amount of the participant’s elective deferrals that exceed 3% of the participant’s compensation but do not exceed 5% of the participant’s compensation.

Prior to 2024, any Highly Compensated Employees (“HCEs”), per the rules and regulations of the United States Department of the Treasury Internal Revenue Service (the “IRS”), did not receive any matching contributions from the Company. Instead, the HCEs received the Safe Harbor Match. Starting on January 1, 2024, the Plan Sponsor updated the Plan’s guidelines to make the contribution to HCEs’ 401(k) plans for 1% of the HCEs’ compensations.

The Plan Sponsor can separately make discretionary contributions, which in each Plan Year are in an amount determined by the Plan Sponsor. No such discretionary contributions were made for the year ended December 31, 2025.

The Plan qualifies as a safe harbor plan. Participants may elect to contribute up to a maximum amount per calendar year, subject to the IRS limitations, which was \$23,500 in 2025. Catch-up contributions of up to \$7,500 were permitted during 2025 for participants age 50 or older. Under the SECURE 2.0 Act of 2022, participants ages 60 through 63 were permitted to make enhanced catch-up contributions of up to \$11,250 in 2025.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Vesting

Participants are immediately vested in their contributions, and Company matching contributions plus earnings thereon at all times. Company discretionary contributions, plus actual earnings thereon, vest incrementally, based on years of vesting as follows:

1 year	20 %
2 years	40
3 years	60
4 years	80
5 years	100

Notwithstanding the above, participants hired prior to January 1, 2025 are 100% vested in Company discretionary contributions, whether such contributions were made before or after January 1, 2025.

Participants become fully vested upon reaching the age of 65, death or permanent disability.

Forfeitures

Upon withdrawal of a participant's vested balance, any non-vested balance is forfeited and is used to offset Plan expenses or to reduce future Company contributions. As of December 31, 2025 and 2024, there were no forfeited non-vested amounts. There were no forfeited participant's vested balance amounts available for allocation during the year ended December 31, 2025.

Investment Options

Each participant has the responsibility of determining how the funds in his or her account are invested. Participants may invest their contributions in various mutual funds, common collective trusts, and self-directed brokerage account.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions; and (b) Plan earnings (losses), net of administrative expenses. Allocations are based on the participant's eligible compensation, deferrals or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable From Participants

A participant may borrow a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the participant's vested account. No more than one loan can be outstanding at one time. The loans are secured by the balance in the participant's account and bear interest at rates equal to the Reuters prime rate plus 1%. All loans must be repaid within five years, except those that are used for the purchase of a principal residence, in which case the loan repayment period may extend beyond five years from the date of the loan, but the extended period shall be consistent with commercial home loan practices. Repayments of the loan are made through after-tax payroll deductions. As of December 31, 2025, interest rates for the notes receivable from participants ranged from 3.25% to 10.50%. As of December 31, 2024, interest rates ranged from 3.25% to 10.50%.

Related loan administration fees are recorded as administrative expenses and are expensed when they are incurred.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement, financial hardship, qualified domestic relation order, or termination of employment, as defined in the Plan agreement. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is generally distributed in the form of a lump-sum payment; however, participants may also elect installment payments through a systematic withdrawal plan. The Plan also has a cash-out provision. Any account balance less than \$5,000 is automatically cashed out upon a distribution event.

In-service distributions can be made to participants who have not separated from service provided that the participant attained the age of 59 1/2. Participants who have reached Normal Retirement Age and continue employment may also elect in-service distributions. Participants experiencing financial hardship may withdraw a portion of their account balance as defined in the Plan document.

Administrative Expenses

The Company provides certain accounting and administrative services to the Plan, for which no fees are charged. All such services qualify as party-in-interest transactions and are exempt from the prohibited transaction rules. The Company did not pay any of the Plan's administrative expenses for the year ended December 31, 2025.

Plan Termination

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from management's estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the Plan's direct investment in the fully benefit-responsive investment contract, which was reported at contract value. The Plan Administrator determines the Plan's valuation policies utilizing information provided by Fidelity. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the amount that Plan participants would receive, if they were to initiate permitted transactions under the terms of the Plan (Note 6). See Note 5 for discussion of fair value measurements.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

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

Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which participant compensation is earned. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan agreement. Delinquent amounts reclassified as distributions were \$278,801 for the year ended December 31, 2025.

Payment of Benefits

Benefit payments are recorded when paid.

3. Information Provided and Certified by the Trustees

The following is a summary of the information regarding the Plan as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included in the Plan's financial statements, notes to financial statements and the supplemental Schedule of Assets (Held at End of Year) that were obtained or derived from information provided by the Trustees and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Fidelity that such information is complete and accurate as of and for the year ended December 31, 2025 and from Principal that such information is complete and accurate as of December 31, 2024 and April 10, 2025 and the period between January 1, 2025 and April 10, 2025.

	2025	2024
Statements of net assets available for benefits		
Investments at fair value	\$ 251,981,658	\$ 164,024,419
Investment at contract value	-	27,780,344
Notes receivable from participants*	3,064,495	2,365,077

* excludes accrual for interest receivable

MyEyeDr. 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

2025

Statement of changes in net assets available for benefits

Net appreciation in the fair value of investments	\$ 32,759,544
Interest and dividend income	1,020,027
Interest income on notes receivable from participants*	239,756

* excludes accrual for interest receivable

4. Reconciliation of Financial Statements to Form 5500

A reconciliation of net assets available for benefits as reported in the financial statements to the Form 5500 as of December 31, 2025 and 2024 is as follows:

	2025	2024
Net assets available for benefits as reported in the financial statements	\$ 256,126,697	\$ 195,073,429
Participant contributions receivable not reflected on Form 5500	(847,784)	(716,697)
Employer contributions receivable not reflected on Form 5500	(232,760)	(186,892)
Notes receivable from participants - defaulted loans	<u>(41,778)</u>	<u>(9,859)</u>
Net assets per the Form 5500	<u>\$ 255,004,375</u>	<u>\$ 194,159,981</u>

The following is a reconciliation of the net increase in assets per the financial statements to net income per the Form 5500 for the year ended December 31, 2025:

2025

Net increase in assets per financial statements	\$ 61,053,268
Minus: Participant contributions receivable increase	(131,087)
Minus: Employer contributions receivable increase	(45,868)
Minus: Change in notes receivable from participants - defaulted loans	<u>(31,919)</u>
Net income per the Form 5500	<u>\$ 60,844,394</u>

The Form 5500 is prepared on the modified cash basis; therefore, for Form 5500 purposes, contributions are recorded when received, including contributions that are received after the end of the plan year for pay periods related to the current plan year. Loans to participants per the statement of net assets available for benefits differs from loans to participants per the Form 5500 as of December 31, 2025, because for Form 5500 purposes defaulted loans are not considered distributions until there is a distributable event defined by the plan document.

5. Fair Value Measurements

The Accounting Standards Codification (“ASC”) Topic 820: *Fair Value Measurements and Disclosures* (“ASC 820”), issued by the Financial Accounting Standards Board (“FASB”), provides a framework for measuring fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques that maximize the use of observable inputs and minimizes the use of unobservable inputs by requiring the use of observable inputs when available. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- 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.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Asset Valuation Techniques

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Cash and Cash Equivalents

Cash and cash equivalents consist of money market funds. Due to the highly liquid nature and short-term maturities of these investments, carrying value approximates fair value.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Mutual Funds

Valued at the daily closing price as reported by the fund, if available. Mutual funds held by the Plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-Directed Brokerage Account

Accounts primarily consist of cash, mutual funds, common stocks, preferred stocks, ETFs, and government bonds that are valued on the basis of readily determinable market prices.

Common Collective Trust

Investments in the common collective trusts are valued based on the unit value established for each fund on the valuation date. Reporting entities are permitted, as a practical expedient, to measure the fair value of an investment on the basis of the NAV per share of the investment if the NAV is calculated in a manner consistent with U. S. GAAP measurement principles. The NAV, as provided by Fidelity, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the common collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the fund in order to ensure that securities liquidations will be carried out in an orderly business manner.

Pooled Separate Accounts

Valued at NAV per unit based on quoted market prices of underlying investments. The NAV as provided by the Trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled separate account, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

Non-interest Bearing Cash

The non-interest-bearing cash is liquid and observable with unadjusted quoted price.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31 , 2025				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 12,505	\$ -	\$ -	\$ 12,505
Mutual funds	35,874,433	-	-	35,874,433
Self-directed brokerage account	4,701,048	-	-	4,701,048
Common collective trusts*	-	-	-	211,393,672
Total investments, at fair value	<u>\$ 40,587,986</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 251,981,658</u>

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

	Assets at Fair Value as of December 31 , 2024			
	Level 1	Level 2	Level 3	Total
Non-interest bearing cash	\$ 160,161,424	\$ -	\$ -	\$ 160,161,424
Self-directed brokerage account	3,246,351	-	-	3,246,351
Pooled separate accounts measured at net asset value*	-	-	-	616,644
Total investments, at fair value	\$ 163,407,775	\$ -	\$ -	\$ 164,024,419

* In accordance with ASC 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table represents investments calculated on the basis of NAV per share as of December 31, 2025 and 2024:

	Plan Year	Fair Value	Redemption Frequency	Unfunded Commitment	Trade to Settlement Terms (if Currently Eligible)
Common collective trusts	2025	\$ 211,393,672	Daily	-	Daily
Pooled separate accounts	2024	616,644	Daily	-	Daily

6. Traditional Guaranteed Investment Contract With Principal Life Insurance Company

In 2024, the Plan held a fully benefit-responsive guaranteed investment contract (GIC) provided by Principal Life Insurance Company ("PLIC"). PLIC maintained the contributions in a general account, which was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC is included in the financial statements at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

As of December 31, 2025, there was no investment contract in the Plan.

7. Tax Status

The Plan uses a prototype plan document sponsored by FMR LLC. The prototype plan has received an opinion letter dated June 30, 2020 from the Internal Revenue Service stating that the written form of the underlying prototype plan document is qualified under Section 401(k) of the Internal Revenue Code ("IRC") and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(k) of the IRC. The adoption agreement has been amended since the receipt of the opinion letter; however, Plan management and tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and; therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

MyEyeDr. 401(k) Plan

Notes to Financial Statements

December 31, 2025 and 2024

Accounting principles generally accepted in the United States of America require the Plan Sponsor to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan Sponsor has determined that, as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan Sponsor believes it is no longer subject to income tax examinations for the years prior to 2022.

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are units of investment managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions. Accordingly, fees paid by the Plan for investment management services by the Trustee are party-in-interest transactions. The Plan incurred administrative expenses of \$220,848 for the year ended December 31, 2025 that are permissible party-in-interest transactions under ERISA. The Plan also issues loans to participants under the deferred arrangement portion of the Plan, which are secured by the vested balances in the participants' accounts.

9. Subsequent Events

The Plan evaluated subsequent events through September 4, 2026, the date the financial statements were available to be issued. During this period, no material recognizable subsequent events were identified that would require adjustment to or disclosure in these financial statements.

ERISA Required Supplemental Schedule

MyEyeDr. 401(k) Plan
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
	Interest-bearing cash (include money market accounts & certificates of deposits)			
*	FID GOVT MM KT	Money Market		\$ 12,505
	Value of interest in common collective trusts			
	STABLE VALUE FUND I1	Collective Trusts		955,143
	GG MFS MID CP VAL 2W	Collective Trusts		218,663
	FLEXPATH AGR 2065 M	Collective Trusts		1,342,115
	FLEXPATH CON 2065 M	Collective Trusts		183,466
	FLEXPATH MOD 2065 M	Collective Trusts		8,369,868
	SMALL CAP VAL III I1	Collective Trusts		388,278
	LARGE CAP VAL III I1	Collective Trusts		1,341,287
	LD ABBETT HI YLD R	Collective Trusts		299,213
	FLEXPATH MOD RET M	Collective Trusts		32,913,029
	FLEXPATH MOD 2035 M	Collective Trusts		46,866,863
	FLEXPATH MOD 2045 M	Collective Trusts		54,030,704
	FLEXPATH MOD 2055 M	Collective Trusts		55,722,145
	FLEXPATH AGR RET M	Collective Trusts		590,645
	FLEXPATH AGR 2035 M	Collective Trusts		1,790,493
	FLEXPATH AGR 2045 M	Collective Trusts		1,469,968
	FLEXPATH AGR 2055 M	Collective Trusts		1,889,058
	FLEXPATH CON RET M	Collective Trusts		364,344
	FLEXPATH CON 2035 M	Collective Trusts		305,139
	FLEXPATH CON 2045 M	Collective Trusts		160,040
	FLEXPATH CON 2055 M	Collective Trusts		1,036,983
	CORE PLUS BOND I1	Collective Trusts		537,303
	MID CAP GROWTH II I1	Collective Trusts		618,925
	Mutual funds			
	TRP CAP APPREC I	Mutual Funds		1,114,334
	COL STRAT INCOME I3	Mutual Funds		471,133
	MFS INTL EQUITY R6	Mutual Funds		890,947
	AF NEW PERSPECT R6	Mutual Funds		1,175,123
	AF NEW WORLD R6	Mutual Funds		679,419
*	FID US BOND IDX	Mutual Funds		1,883,983
*	FID 500 INDEX	Mutual Funds		16,835,014
*	FID MID CAP IDX	Mutual Funds		2,336,328
*	FID SM CAP IDX	Mutual Funds		1,787,726
*	FID INTL INDEX	Mutual Funds		1,489,467
*	FID BLUE CHIP GR K6	Mutual Funds		6,682,600
*	FID SMALL CAP GR K6	Mutual Funds		528,359
	Self directed brokerage account			4,701,048
*	Participant loans	Interest rate ranging from 3.25% to 10.50%		3,064,495
				<u>\$ 255,046,153</u>

* Party-in-interest as defined by ERISA.

** Cost data has not been disclosed, as all investments are participant-directed

The above information was derived from data certified accurate and complete by Fidelity Management Trust Company.