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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] 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
PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1984

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)
PANORAMA EYE CARE, LLC

2809 E HARMONY RD
SUITE 130
FORT COLLINS, CO 80528

2b Employer Identification Number (EIN)
85-3810814

2c Plan Sponsor's telephone number
970-221-2222

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JOHANNA MEASSICK
	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 [X] 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**	664
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	**6a(1)**	436
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	441
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	223
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	664
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	668
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	510
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	500
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	6
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:

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PANORAMA EYE CARE, LLC

D Employer Identification Number (EIN)
85-3810814

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).. . . . . [X] 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

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

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

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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	15021	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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	0

(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.
PIF SMCP GRTH I R5 - PRINCIPAL SHA 711 HIGH STREET DES MOINES, IA 50392	0.25%

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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
PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PANORAMA EYE CARE, LLC

D Employer Identification Number (EIN)
85-3810814

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: PLT HYBRID 2020 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
26-6447574-003	C	610247

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2015 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
26-6447574-002	C	10449

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2030 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
26-6447574-005	C	5645449

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2035 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
26-6447574-006	C	11525441

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2045 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
26-6447574-008	C	2070473

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2055 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

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)
26-6447574-010	C	1182086

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTN LARGE CP VAL R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
38-4065329-426	C	200606

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH II R1

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) 435471

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2040 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2635004

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2050 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3963839

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQ R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4139853-631	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1124116

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2025 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2181029

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID INC U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2030

a Name of MTIA, CCT, PSA, or 103-12 IE: PLT HYBRID 2060 U

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 957356

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

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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
PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PANORAMA EYE CARE, LLC

D Employer Identification Number (EIN)
85-3810814

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	0	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)	3181185	3772532
(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	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	256530	386985
(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)	292969	322276
(9) Value of interest in common/collective trusts	1c(9)	29038418	32543596
(10) Value of interest in pooled separate accounts	1c(10)	0	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)	14659051	16996388
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	104388	23219

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	47532541	54044996
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 through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	47532541	54044996

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)	537919	
(B) Participants	2a(1)(B)	2268092	
(C) Others (including rollovers)	2a(1)(C)	476757	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3282768
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	149553	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	23997	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		173550
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	584716	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		584716
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	300032	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	340464	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-40432
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	28016	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		28016

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		4678277
(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)**		1705683
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		10412578
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	3880528	
(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)**		3880528
f Corrective distributions (see instructions)	**2f**		0
g Certain deemed distributions of participant loans (see instructions)	**2g**		0
h Interest expense	**2h**		0
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	1200	
(3) Recordkeeping fees	**2i(3)**	13744	
(4) IQPA audit fees	**2i(4)**	0	
(5) Investment advisory and investment management fees	**2i(5)**	4651	
(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)**	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		19595
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		3900123
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		6512455
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) [X] 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) [X] 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: MARSHALL JONES **(2)** EIN: 83-2175462

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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
PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PANORAMA EYE CARE, LLC

D Employer Identification Number (EIN)
85-3810814

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

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**

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 .

Panorama Eye Care 401(k) and Profit Sharing Plan

Financial Statements
and
Independent Auditors' Report

For the Years Ended December 31, 2025 and 2024

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30000 Mill Creek Ave, Ste 340
Alpharetta, GA 30022
www.marshalljones.com
404 231 2001

marshalljones
certified public accountants

INDEPENDENT AUDITORS' REPORT

To the Trustees
Panorama Eye Care 401(k) and Profit Sharing Plan

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

We have performed audits of the financial statements of Panorama Eye Care 401(k) and Profit Sharing 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). The financial statements comprise the Statements of Net Assets Available for Plan Benefits as of December 31, 2025 and 2024, and the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, and the related Notes to Financial Statements.

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

Management has obtained certifications from Fidelity Management Trust Company ("Fidelity") as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

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

- The information in the accompanying financial statements related to assets held by and certified to by Fidelity agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H (Form 5500), Line 4(i) – Schedule of Assets (Held at End of Year) ("the 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the Supplemental 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 Fidelity 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).



Alpharetta, Georgia
October 8, 2026

PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2025 and 2024

	2025	2024
Net Assets Available for Plan Benefits		
Investments, at fair value:		
Interest-bearing cash	**$ 3,772,532**	$ 3,181,185
Money market, mutual funds, and other investments	**17,019,607**	14,763,439
Common collective trusts	**32,543,596**	29,038,418
Common stocks, corporate bonds, and U.S. government securities	**386,985**	256,530
Total Investments, at fair value	**53,722,720**	47,239,572
Receivables		
Employer contributions	**-**	24,107
Notes receivable from participants	**322,276**	292,969
Total Receivables	**322,276**	317,076
Total Net Assets Available for Plan Benefits	**$ 54,044,996**	$ 47,556,648

These financial statements should be read only in connection with the accompanying independent auditors' report and notes to financial statements.

PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Contributions:		
Participants	**$ 2,268,092**	$ 2,118,034
Employer match	**513,812**	544,233
Participant Rollovers	**476,757**	646,142
Net appreciation in fair value of investments	**6,371,544**	5,301,296
Dividends and interest	**734,269**	695,236
Interest from notes receivable from participants	**23,997**	23,249
Total Additions	**10,388,471**	9,328,190
Deductions		
Benefit payments	**3,880,528**	6,604,350
Deemed distributions	**-**	16,307
Administrative expenses	**19,595**	13,766
Total Deductions	**3,900,123**	6,634,423
Net Increase	**6,488,348**	2,693,767
Net Assets Available for Plan Benefits – Beginning of Year	**47,556,648**	44,862,881
Net Assets Available for Plan Benefits – End of Year	**$ 54,044,996**	$ 47,556,648

These financial statements should be read only in connection with the accompanying independent auditors' report and notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN AND BASIS OF PRESENTATION

Description of Plan

The following description of the Panorama Eye Care ("the Company") 401(k) and Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan's agreement for a more complete description of the Plan's provisions. The Plan is a defined contribution plan covering all full-time employees of the Company who are 21 years or older and have completed at least one year of consecutive service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The significant costs of administering the Plan are absorbed by the Company.

Basis of Presentation

The Plan presents its financial statements in accordance with accounting principles generally accepted in the United States ("GAAP") as outlined in the Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("the ASC"). The ASC is the single source of authoritative accounting principles applied by nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Contributions

Each year, participants may defer a portion of their pretax compensation into the Plan, not to exceed certain Internal Revenue Code ("IRC") limitations. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. In addition, effective January 1, 2025, participants who are ages 60-63 are eligible to make additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. According to the Plan's agreement, the employer will make a safe-harbor matching contribution equal to a uniform percentage of each tier of salary deferrals. As of December 31, 2025 and 2024, the safe harbor-matching contribution was equal to 100% of the first 4% of eligible compensation contributed to the Plan each plan year.

In addition, the Company may, at its discretion, contribute to the Plan an additional amount as a discretionary contribution as determined by the Company's board of directors. Participants direct the investment of these discretionary contributions into various investment options offered by the Plan. Contributions are subject to certain limitations. There were no additional discretionary or profit-sharing employer contributions to the Plan during 2025 or 2024.

(Continued)

NOTE 1 – DESCRIPTION OF PLAN AND BASIS OF PRESENTATION (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of employer contributions and forfeitures and is reduced for withdrawals and benefit distributions. Participant accounts are further credited or charged with an allocation of earnings or losses and any fees or expenses paid from the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeited Accounts

Plan forfeitures may be applied to reduce the contributions of the Company, including discretionary contributions, or to be allocated to eligible participants and not reduce Company contributions. Forfeitures are allocated to each participant's account based upon the relation of the participant's eligible compensation to total eligible compensation for the Plan year. Forfeitures allocated to participants, as a reduction of Company contributions, during the Plan year ended December 31, 2025 and 2024, totaled $941 and $962, respectively. At December 31, 2025 and 2024, forfeited non-vested accounts totaled $-0-.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon, as well as safe-harbor employer contributions. Vesting in the Company's other matching and nonelective contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. For any other employer matching contributions and nonelective contributions, participants vest, 50% per year after two years of service, becoming 100% vested after three years of credited service, based on their employment anniversary date. For any employer discretionary match contributions, participants vest 20% after two years of service, becoming 100% vested after six years of service.

Notes Receivable from Participants

A participant may borrow against their vested deferral (participant directed) account balances, including cumulative earnings thereon. The maximum amount that a participant may borrow is the lesser of (a) $50,000, reduced by the excess, if any, of the highest outstanding balance of loans to the participant from all plans maintained by the Company or an affiliated entity during the one year period ending on the day before the date on which such loan is made over the outstanding balance of loans from the Plan on the date on which such loan is made or (b) 50% of the value of the participant's vested deferral (participant directed) account balance under the Plan. The minimum loan amount is $1,000. Only two loans can be outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at 4.25% - 9.50% at December 31, 2025 and 2024, which is commensurate with local prevailing rates as determined quarterly by the Plan's administrator. Principal and interest are paid through direct payroll deductions.

(Continued)

NOTE 1 – DESCRIPTION OF PLAN AND BASIS OF PRESENTATION (Continued)

Payment of Benefits

According to the Plan's agreement, participants are offered different benefit payment options depending on the type of termination. If employment is terminated for any reason other than death, disability, or retirement, participants are entitled to receive only the vested percentage of their account balance. For termination of service due to disability, a participant will become fully vested regardless of progress within the vesting schedule and payment will be made to the participant as if they had retired. However, if the participant's balance does not exceed $5,000, payment of benefits will be made regardless of the participant's consent. For termination of service due to retirement, a participant must reach the normal retirement age of 65 or surpass their 5th anniversary of joining the Plan, if later. Upon reaching retirement age, participants will become fully vested in their balance, though payment generally does not begin until employment has been terminated. In such event, at the election of the participant, a distribution will be made, unless the participant remains employed past their normal retirement age, in which then the participant may defer payment of benefits.

For termination of service due to death, the participant's vested account balance will be paid to the chosen beneficiary. All payments will be made in a single lump-sum payment and must be paid within five years. During payment of benefits, the investment company charges a fee for distribution; this fee is classified as an administrative fee on the Statements of Changes in Net Assets Available for Plan Benefits. Benefits are recorded in the financial statements when paid.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's records are kept on the accrual basis of accounting. All significant assets, liabilities, income, and expenses are recorded when an event or obligation occurs rather than when cash is received or disbursed.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's administrator and the Company to make estimates that affect certain reported amounts of net assets available for plan benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Administrative Expenses

Certain administrative expenses of the Plan (primarily audit fees) are paid by the Company. The Plan permits the payment of the Plan's expenses to be made from the Plan's assets. Administrative expenses incurred as a direct result of a participant's activities under the Plan are deducted from the participant's account.

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis.

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

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Excess Contributions Payable

The Plan is required to return contributions received during the Plan year in excess of the IRC limits. As of December 31, 2025 and 2024, there were no excess contributions payable to the Plan.

Employer Contributions

As of December 31, 2025 and 2024, the employer contributions due to the Plan are $-0- and $24,107, respectively.

Employee Contributions

As of December 31, 2025 and 2024, there were no employee contributions due to the Plan.

NOTE 3 – OPTIONAL PLAN TERMINATION

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

NOTE 4 – RISKS AND UNCERTAINTIES

Investment Risks

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 Plan Benefits.

NOTE 5 – INCOME TAX STATUS

The Plan is designed upon a prototype plan document written by the trustee for its retirement plan customers. The prototype plan has received a favorable opinion letter from the Internal Revenue Service ("IRS") dated June 30, 2020, qualifying for exemption from income taxes based upon Section 401(a) of the IRC. The Plan's administrator has not requested a separate determination letter for the Plan; however, the Plan's administrator believes that the Plan is designed in accordance with the applicable requirements of the IRC. The Plan has been amended since the date of the prototype plan opinion letter. However, the Plan's administrator believes the Plan, as amended, remains in accordance with the applicable requirements of the IRC and has no income subject to unrelated business income tax and, therefore, the Plan and related trust continue to be tax exempt. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 6 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company has absorbed substantially all costs of the Plan such as accounting and administrative expenses. Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan. Certain plan investments are shares of money market and mutual funds, common collective trusts, and common stocks, corporate bonds, and U.S. government securities managed by parties related to Fidelity.

Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Party-in-interest transactions also include notes receivable from participants.

NOTE 7 – FAIR VALUE MEASUREMENT

Investments are stated at fair value. FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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 are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for assets measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money Market, Mutual Funds, and Other Investments – These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. These funds are quoted prices in active markets and are classified within Level 1 of the valuation hierarchy.

Common Collective Trusts – Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV 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 NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. Values are classified as Level 1 investments.

(Continued)

NOTE 7 – FAIR VALUE MEASUREMENT (Continued)

Common stocks, Corporate Bonds, and U.S. Government Securities – Valued at the closing price reported on the active market on which the individual securities are traded. Values are classified as Level 1 investments.

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

	Level 1	Level 2	Level 3	**2025**
Interest-bearing cash	$ 3,772,532	$ -	$ -	**$ 3,772,532**
Money market, mutual funds, and other investments	17,019,607	-	-	**17,019,607**
Common collective trusts	32,543,596	-	-	**32,543,596**
Common stocks, corporate bonds, and U.S. government securities	386,985	-	-	**386,985**
Total Fair Value	$ 53,722,720	$ -	$ -	**$ 53,722,720**

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

	Level 1	Level 2	Level 3	**2024**
Interest-bearing cash	$ 3,181,185	$ -	$ -	**$ 3,181,185**
Money market, mutual funds, and other investments	14,763,439	-	-	**14,763,439**
Common collective trusts	29,038,418	-	-	**29,038,418**
Common stocks, corporate bonds, and U.S. government securities	256,530	-	-	**256,530**
Total Fair Value	$ 47,239,572	$ -	$ -	**$ 47,239,572**

NOTE 8 – CERTIFICATION OF FINANCIAL INFORMATION

The financial data included in the accompanying financial statements as of and for the years ended December 31, 2025 and 2024 and supplemental schedule of assets (held at end of year) as of December 31, 2025, has been certified as complete and accurate by Fidelity, a qualified institution. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate, and has not been audited by the independent auditors for the Plan: investments at fair value, notes receivable from participants, interest and dividends, interest on notes receivable from participants and net appreciation in fair value of investments.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for plan benefits and the change in the net assets available for plan benefits per the financial statements at December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for plan benefits per the financial statements	**$ 54,044,996**	$ 47,556,648
Employer receivable	**-**	(24,107)
Net assets available for plan benefits per Form 5500	**$ 54,044,996**	$ 47,532,541
Net increase in net assets available for plan benefits per the financial statements	**$ 6,488,348**	$ 2,693,767
Change in adjustment for employer contributions receivable	**24,107**	285,334
Net increase in net assets available for plan benefits per Form 5500	**$ 6,512,455**	$ 2,979,101

NOTE 10 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 8, 2026, the date the financial statements were available to be issued and determined that there were no significant events that should be included in these notes through that date.

PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4(i)
December 31, 2025
Employer I.D. # 85-3810814
Plan number 002

(a) Party-In-Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Principal Investments	International Eq R1	**	1,124,116
	Principal LifeTime	Plt Hybrid Inc U	**	2,030
	Principal LifeTime	Plt Hybrid 2015 U	**	10,449
	Principal LifeTime	Plt Hybrid 2020 U	**	610,247
	Principal LifeTime	Plt Hybrid 2025 U	**	2,181,029
	Principal LifeTime	Plt Hybrid 2030 U	**	5,645,449
	Principal LifeTime	Plt Hybrid 2035 U	**	11,525,442
	Principal LifeTime	Plt Hybrid 2040 U	**	2,635,003
	Principal LifeTime	Plt Hybrid 2045 U	**	2,070,473
	Principal LifeTime	Plt Hybrid 2050 U	**	3,963,839
	Principal LifeTime	Plt Hybrid 2055 U	**	1,182,086
	Principal LifeTime	Plt Hybrid 2060 U	**	957,356
	Franklin Templeton Investments	Putn Large Cp Val R1	**	200,606
	Victory Capital	Vict Govt Sec R6	**	125,078
	BlackRock	Pif Smcp Grth I R5	**	66,916
	American Funds	Af New World R6	**	101,670
	Victory Capital	Victory S Est Val R6	**	482,959
*	Fidelity Investments	Mid Cap Growth Ii R1	**	435,471
*	Fidelity Investments	Fid Contrafund	**	3,914,814
*	Fidelity Investments	Fid Sel Software	**	884,173
*	Fidelity Investments	Fid Real Estate Invs	**	621,334
*	Fidelity Investments	Fid Govt Mmkt	**	2,783,261
*	Fidelity Investments	Fid Natural Res	**	280,461
*	Fidelity Investments	Fid Small Cap Value	**	449,632
*	Fidelity Investments	Fid Us Bond Idx	**	760,996
*	Fidelity Investments	Fid 500 Index	**	6,653,557
*	Fidelity Investments	Fid Mid Cap Idx	**	159,415

(Continued)

PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4(i)
December 31, 2025
Employer I.D. # 85-3810814
Plan number 002

(a) Party-In-Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Investments	Fid Sm Cap Idx	**	52,680
*	Fidelity Investments	Fid Intl Index	**	436,805
*	Fidelity Investments	Fid Extd Mkt Idx	**	1,006,211
*	Fidelity Investments	Fid Total Bond K6	**	403,561
*	Fidelity Investments	Fid Strategic Income	**	449,972
*	Brokerage Link	Brokeragelink - Cash	**	243,150
*	Brokerage Link	Brokeragelink - Cert. of Dep.	**	746,121
*	Brokerage Link	Brokeragelink – Fidelity Fund	**	146,154
*	Brokerage Link	Brokeragelink – Common Stock	**	386,985
*	Brokerage Link	Brokeragelink - Option	**	23,129
*	Brokerage Link	Brokeragelink – Rights/Warrants	**	90
	Total Investments, at fair value			$ 53,722,720
*	Notes receivable from participants	Interest rate of 4.25 – 9.50% with maturity through December 2030		322,276
	Total Assets			$ 54,044,996

* Represents a party-in-interest to the Plan as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed

This supplementary information should be read only in connection
with the accompanying independent auditors' report and notes to financial statements.

Panorama Eye Care 401(k) and Profit Sharing Plan

Financial Statements
and
Independent Auditors' Report

For the Years Ended December 31, 2025 and 2024

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30000 Mill Creek Ave, Ste 340
Alpharetta, GA 30022
www.marshalljones.com
404 231 2001

marshalljones
certified public accountants

INDEPENDENT AUDITORS' REPORT

To the Trustees
Panorama Eye Care 401(k) and Profit Sharing Plan

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

We have performed audits of the financial statements of Panorama Eye Care 401(k) and Profit Sharing 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). The financial statements comprise the Statements of Net Assets Available for Plan Benefits as of December 31, 2025 and 2024, and the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, and the related Notes to Financial Statements.

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

Management has obtained certifications from Fidelity Management Trust Company ("Fidelity") as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

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

- The information in the accompanying financial statements related to assets held by and certified to by Fidelity agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H (Form 5500), Line 4(i) – Schedule of Assets (Held at End of Year) ("the 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the Supplemental 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 Fidelity 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).



Alpharetta, Georgia
October 8, 2026

PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2025 and 2024

	2025	2024
Net Assets Available for Plan Benefits		
Investments, at fair value:		
Interest-bearing cash	**$ 3,772,532**	$ 3,181,185
Money market, mutual funds, and other investments	**17,019,607**	14,763,439
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Receivables		
Employer contributions	**-**	24,107
Notes receivable from participants	**322,276**	292,969
Total Receivables	**322,276**	317,076
Total Net Assets Available for Plan Benefits	**$ 54,044,996**	$ 47,556,648

These financial statements should be read only in connection with the accompanying independent auditors' report and notes to financial statements.

PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Contributions:		
Participants	**$ 2,268,092**	$ 2,118,034
Employer match	**513,812**	544,233
Participant Rollovers	**476,757**	646,142
Net appreciation in fair value of investments	**6,371,544**	5,301,296
Dividends and interest	**734,269**	695,236
Interest from notes receivable from participants	**23,997**	23,249
Total Additions	**10,388,471**	9,328,190
Deductions		
Benefit payments	**3,880,528**	6,604,350
Deemed distributions	**-**	16,307
Administrative expenses	**19,595**	13,766
Total Deductions	**3,900,123**	6,634,423
Net Increase	**6,488,348**	2,693,767
Net Assets Available for Plan Benefits – Beginning of Year	**47,556,648**	44,862,881
Net Assets Available for Plan Benefits – End of Year	**$ 54,044,996**	$ 47,556,648

These financial statements should be read only in connection with the accompanying independent auditors' report and notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN AND BASIS OF PRESENTATION

Description of Plan

The following description of the Panorama Eye Care ("the Company") 401(k) and Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan's agreement for a more complete description of the Plan's provisions. The Plan is a defined contribution plan covering all full-time employees of the Company who are 21 years or older and have completed at least one year of consecutive service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The significant costs of administering the Plan are absorbed by the Company.

Basis of Presentation

The Plan presents its financial statements in accordance with accounting principles generally accepted in the United States ("GAAP") as outlined in the Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("the ASC"). The ASC is the single source of authoritative accounting principles applied by nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Contributions

Each year, participants may defer a portion of their pretax compensation into the Plan, not to exceed certain Internal Revenue Code ("IRC") limitations. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. In addition, effective January 1, 2025, participants who are ages 60-63 are eligible to make additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. According to the Plan's agreement, the employer will make a safe-harbor matching contribution equal to a uniform percentage of each tier of salary deferrals. As of December 31, 2025 and 2024, the safe harbor-matching contribution was equal to 100% of the first 4% of eligible compensation contributed to the Plan each plan year.

In addition, the Company may, at its discretion, contribute to the Plan an additional amount as a discretionary contribution as determined by the Company's board of directors. Participants direct the investment of these discretionary contributions into various investment options offered by the Plan. Contributions are subject to certain limitations. There were no additional discretionary or profit-sharing employer contributions to the Plan during 2025 or 2024.

(Continued)

NOTE 1 – DESCRIPTION OF PLAN AND BASIS OF PRESENTATION (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of employer contributions and forfeitures and is reduced for withdrawals and benefit distributions. Participant accounts are further credited or charged with an allocation of earnings or losses and any fees or expenses paid from the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeited Accounts

Plan forfeitures may be applied to reduce the contributions of the Company, including discretionary contributions, or to be allocated to eligible participants and not reduce Company contributions. Forfeitures are allocated to each participant's account based upon the relation of the participant's eligible compensation to total eligible compensation for the Plan year. Forfeitures allocated to participants, as a reduction of Company contributions, during the Plan year ended December 31, 2025 and 2024, totaled $941 and $962, respectively. At December 31, 2025 and 2024, forfeited non-vested accounts totaled $-0-.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon, as well as safe-harbor employer contributions. Vesting in the Company's other matching and nonelective contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. For any other employer matching contributions and nonelective contributions, participants vest, 50% per year after two years of service, becoming 100% vested after three years of credited service, based on their employment anniversary date. For any employer discretionary match contributions, participants vest 20% after two years of service, becoming 100% vested after six years of service.

Notes Receivable from Participants

A participant may borrow against their vested deferral (participant directed) account balances, including cumulative earnings thereon. The maximum amount that a participant may borrow is the lesser of (a) $50,000, reduced by the excess, if any, of the highest outstanding balance of loans to the participant from all plans maintained by the Company or an affiliated entity during the one year period ending on the day before the date on which such loan is made over the outstanding balance of loans from the Plan on the date on which such loan is made or (b) 50% of the value of the participant's vested deferral (participant directed) account balance under the Plan. The minimum loan amount is $1,000. Only two loans can be outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at 4.25% - 9.50% at December 31, 2025 and 2024, which is commensurate with local prevailing rates as determined quarterly by the Plan's administrator. Principal and interest are paid through direct payroll deductions.

(Continued)

NOTE 1 – DESCRIPTION OF PLAN AND BASIS OF PRESENTATION (Continued)

Payment of Benefits

According to the Plan's agreement, participants are offered different benefit payment options depending on the type of termination. If employment is terminated for any reason other than death, disability, or retirement, participants are entitled to receive only the vested percentage of their account balance. For termination of service due to disability, a participant will become fully vested regardless of progress within the vesting schedule and payment will be made to the participant as if they had retired. However, if the participant's balance does not exceed $5,000, payment of benefits will be made regardless of the participant's consent. For termination of service due to retirement, a participant must reach the normal retirement age of 65 or surpass their 5th anniversary of joining the Plan, if later. Upon reaching retirement age, participants will become fully vested in their balance, though payment generally does not begin until employment has been terminated. In such event, at the election of the participant, a distribution will be made, unless the participant remains employed past their normal retirement age, in which then the participant may defer payment of benefits.

For termination of service due to death, the participant's vested account balance will be paid to the chosen beneficiary. All payments will be made in a single lump-sum payment and must be paid within five years. During payment of benefits, the investment company charges a fee for distribution; this fee is classified as an administrative fee on the Statements of Changes in Net Assets Available for Plan Benefits. Benefits are recorded in the financial statements when paid.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's records are kept on the accrual basis of accounting. All significant assets, liabilities, income, and expenses are recorded when an event or obligation occurs rather than when cash is received or disbursed.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's administrator and the Company to make estimates that affect certain reported amounts of net assets available for plan benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Administrative Expenses

Certain administrative expenses of the Plan (primarily audit fees) are paid by the Company. The Plan permits the payment of the Plan's expenses to be made from the Plan's assets. Administrative expenses incurred as a direct result of a participant's activities under the Plan are deducted from the participant's account.

(Continued)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis.

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

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Excess Contributions Payable

The Plan is required to return contributions received during the Plan year in excess of the IRC limits. As of December 31, 2025 and 2024, there were no excess contributions payable to the Plan.

Employer Contributions

As of December 31, 2025 and 2024, the employer contributions due to the Plan are $-0- and $24,107, respectively.

Employee Contributions

As of December 31, 2025 and 2024, there were no employee contributions due to the Plan.

NOTE 3 – OPTIONAL PLAN TERMINATION

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

NOTE 4 – RISKS AND UNCERTAINTIES

Investment Risks

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 Plan Benefits.

NOTE 5 – INCOME TAX STATUS

The Plan is designed upon a prototype plan document written by the trustee for its retirement plan customers. The prototype plan has received a favorable opinion letter from the Internal Revenue Service ("IRS") dated June 30, 2020, qualifying for exemption from income taxes based upon Section 401(a) of the IRC. The Plan's administrator has not requested a separate determination letter for the Plan; however, the Plan's administrator believes that the Plan is designed in accordance with the applicable requirements of the IRC. The Plan has been amended since the date of the prototype plan opinion letter. However, the Plan's administrator believes the Plan, as amended, remains in accordance with the applicable requirements of the IRC and has no income subject to unrelated business income tax and, therefore, the Plan and related trust continue to be tax exempt. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 6 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company has absorbed substantially all costs of the Plan such as accounting and administrative expenses. Certain employees and officers of the Company, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan. Certain plan investments are shares of money market and mutual funds, common collective trusts, and common stocks, corporate bonds, and U.S. government securities managed by parties related to Fidelity.

Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Party-in-interest transactions also include notes receivable from participants.

NOTE 7 – FAIR VALUE MEASUREMENT

Investments are stated at fair value. FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 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 are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for assets measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money Market, Mutual Funds, and Other Investments – These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. These funds are quoted prices in active markets and are classified within Level 1 of the valuation hierarchy.

Common Collective Trusts – Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV 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 NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. Values are classified as Level 1 investments.

(Continued)

NOTE 7 – FAIR VALUE MEASUREMENT (Continued)

Common stocks, Corporate Bonds, and U.S. Government Securities – Valued at the closing price reported on the active market on which the individual securities are traded. Values are classified as Level 1 investments.

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

	Level 1	Level 2	Level 3	**2025**
Interest-bearing cash	$ 3,772,532	$ -	$ -	**$ 3,772,532**
Money market, mutual funds, and other investments	17,019,607	-	-	**17,019,607**
Common collective trusts	32,543,596	-	-	**32,543,596**
Common stocks, corporate bonds, and U.S. government securities	386,985	-	-	**386,985**
Total Fair Value	$ 53,722,720	$ -	$ -	**$ 53,722,720**

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

	Level 1	Level 2	Level 3	**2024**
Interest-bearing cash	$ 3,181,185	$ -	$ -	**$ 3,181,185**
Money market, mutual funds, and other investments	14,763,439	-	-	**14,763,439**
Common collective trusts	29,038,418	-	-	**29,038,418**
Common stocks, corporate bonds, and U.S. government securities	256,530	-	-	**256,530**
Total Fair Value	$ 47,239,572	$ -	$ -	**$ 47,239,572**

NOTE 8 – CERTIFICATION OF FINANCIAL INFORMATION

The financial data included in the accompanying financial statements as of and for the years ended December 31, 2025 and 2024 and supplemental schedule of assets (held at end of year) as of December 31, 2025, has been certified as complete and accurate by Fidelity, a qualified institution. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate, and has not been audited by the independent auditors for the Plan: investments at fair value, notes receivable from participants, interest and dividends, interest on notes receivable from participants and net appreciation in fair value of investments.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for plan benefits and the change in the net assets available for plan benefits per the financial statements at December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for plan benefits per the financial statements	**$ 54,044,996**	$ 47,556,648
Employer receivable	**-**	(24,107)
Net assets available for plan benefits per Form 5500	**$ 54,044,996**	$ 47,532,541
Net increase in net assets available for plan benefits per the financial statements	**$ 6,488,348**	$ 2,693,767
Change in adjustment for employer contributions receivable	**24,107**	285,334
Net increase in net assets available for plan benefits per Form 5500	**$ 6,512,455**	$ 2,979,101

NOTE 10 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 8, 2026, the date the financial statements were available to be issued and determined that there were no significant events that should be included in these notes through that date.

PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4(i)
December 31, 2025
Employer I.D. # 85-3810814
Plan number 002

(a) Party-In-Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Principal Investments	International Eq R1	**	1,124,116
	Principal LifeTime	Plt Hybrid Inc U	**	2,030
	Principal LifeTime	Plt Hybrid 2015 U	**	10,449
	Principal LifeTime	Plt Hybrid 2020 U	**	610,247
	Principal LifeTime	Plt Hybrid 2025 U	**	2,181,029
	Principal LifeTime	Plt Hybrid 2030 U	**	5,645,449
	Principal LifeTime	Plt Hybrid 2035 U	**	11,525,442
	Principal LifeTime	Plt Hybrid 2040 U	**	2,635,003
	Principal LifeTime	Plt Hybrid 2045 U	**	2,070,473
	Principal LifeTime	Plt Hybrid 2050 U	**	3,963,839
	Principal LifeTime	Plt Hybrid 2055 U	**	1,182,086
	Principal LifeTime	Plt Hybrid 2060 U	**	957,356
	Franklin Templeton Investments	Putn Large Cp Val R1	**	200,606
	Victory Capital	Vict Govt Sec R6	**	125,078
	BlackRock	Pif Smcp Grth I R5	**	66,916
	American Funds	Af New World R6	**	101,670
	Victory Capital	Victory S Est Val R6	**	482,959
*	Fidelity Investments	Mid Cap Growth Ii R1	**	435,471
*	Fidelity Investments	Fid Contrafund	**	3,914,814
*	Fidelity Investments	Fid Sel Software	**	884,173
*	Fidelity Investments	Fid Real Estate Invs	**	621,334
*	Fidelity Investments	Fid Govt Mmkt	**	2,783,261
*	Fidelity Investments	Fid Natural Res	**	280,461
*	Fidelity Investments	Fid Small Cap Value	**	449,632
*	Fidelity Investments	Fid Us Bond Idx	**	760,996
*	Fidelity Investments	Fid 500 Index	**	6,653,557
*	Fidelity Investments	Fid Mid Cap Idx	**	159,415

(Continued)

PANORAMA EYE CARE 401(K) AND PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4(i)
December 31, 2025
Employer I.D. # 85-3810814
Plan number 002

(a) Party-In-Interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Investments	Fid Sm Cap Idx	**	52,680
*	Fidelity Investments	Fid Intl Index	**	436,805
*	Fidelity Investments	Fid Extd Mkt Idx	**	1,006,211
*	Fidelity Investments	Fid Total Bond K6	**	403,561
*	Fidelity Investments	Fid Strategic Income	**	449,972
*	Brokerage Link	Brokeragelink - Cash	**	243,150
*	Brokerage Link	Brokeragelink - Cert. of Dep.	**	746,121
*	Brokerage Link	Brokeragelink – Fidelity Fund	**	146,154
*	Brokerage Link	Brokeragelink – Common Stock	**	386,985
*	Brokerage Link	Brokeragelink - Option	**	23,129
*	Brokerage Link	Brokeragelink – Rights/Warrants	**	90
	Total Investments, at fair value			$ 53,722,720
*	Notes receivable from participants	Interest rate of 4.25 – 9.50% with maturity through December 2030		322,276
	Total Assets			$ 54,044,996

* Represents a party-in-interest to the Plan as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed

This supplementary information should be read only in connection
with the accompanying independent auditors' report and notes to financial statements.