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
- [ ] 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
SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2010

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)
SOUTHEASTERN RETINA ASSOCIATES, PC

9050 EXECUTIVE PARK DRIVE
SUITE A202
KNOXVILLE, TN 37923

2b Employer Identification Number (EIN) 62-1094813

2c Plan Sponsor's telephone number 865-474-7596

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.	10/14/2026	ANDREW LAVERGHETTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	398
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)**	271
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	305
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	141
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	446
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	446
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1C

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)** [X] **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)** [ ] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

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

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

A Name of plan
SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOUTHEASTERN RETINA ASSOCIATES, PC

D Employer Identification Number (EIN)
62-1094813

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	13164469
b Actuarial value	**2b**	13164469

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	127	601693	601693
c For active participants	293	10018673	10074215
d Total	420	10620366	10675908

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	996650
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	996650

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/30/2026
Date

LEE JAMES
Type or print name of actuary

26-04022
Most recent enrollment number

JULY BUSINESS SERVICES
Firm name

254-296-4015
Telephone number (including area code)

400 AUSTIN AVENUE, SUITE 1200
WACO, TX 76701

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	606924
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	606924
10	Interest on line 9 using prior year's actual return of 0.00 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		101795
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		5181
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		106976
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	606924

Part III Funding Percentages

14	Funding target attainment percentage	14	117.62 %
15	Adjusted funding target attainment percentage	15	123.31 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/20/2025	150000	0	09/22/2025	150000	0
04/21/2025	150000	0	10/20/2025	150000	0
05/20/2025	150000	0	11/20/2025	150000	0
06/23/2025	150000	0	12/22/2025	150000	0
07/21/2025	150000	0			
08/20/2025	150000	0			
			Totals ► 18(b)	1500000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1454545

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	1
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	996650
b Excess assets, if applicable, but not greater than line 31a	**31b**	996650

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1454545

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1454545
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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
SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHEASTERN RETINA ASSOCIATES, PC

D Employer Identification Number (EIN)
62-1094813

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FIRST HORIZON BANK

800 S GAY STREET
5TH FLOOR
KNOXVILLE, TN 37929

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	47033	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHEASTERN RETINA ASSOCIATES, PC

D Employer Identification Number (EIN)
62-1094813

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	842943	343080
(2) U.S. Government securities	1c(2)	4059859	3241056
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4226668	6669856
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3736369	4289485
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	13165839	14543477
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
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	13165839	14543477

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)	1500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23880	
(B) U.S. Government securities	2b(1)(B)	39221	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		63101
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	400860	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		400860
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		595805
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2559766
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1135095	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1135095
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	47033	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		47033
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1182128
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1377638
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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: COULTER & JUSTUS, P.C. **(2)** EIN: 62-1532536

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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**			
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**			

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582377.

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
SOUTHEASTERN RETINA ASSOCIATES, PC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHEASTERN RETINA ASSOCIATES, PC

D Employer Identification Number (EIN)
62-1094813

Part I Distributions

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

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

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

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

10		Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11	a	Does the ESOP hold any preferred stock?	☐ Yes ☐ No
	b	If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12		Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501325A .

Financial Statements
and Supplemental Schedules

Southeastern Retina Associates, P.C.
Cash Balance Plan

Years ended December 31, 2025 and 2024
with Independent Auditor's Report

Southeastern Retina Associates, P.C. Cash Balance Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2025 and 2024

Contents

Independent Auditor's Report....1

Audited Financial Statements

Statements of Net Assets Available for Benefits....5
Statements of Changes in Net Assets Available for Benefits....6
Notes to Financial Statements....7

Supplemental Schedules

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)....14
Schedule H, Line 4j - Schedule of Reportable Transactions....17

9717 Cogdill Road
Suite 201
Knoxville, TN 37932

COULTER & JUSTUS, P.C.

phone: (865) 637-4161
fax: (865) 524-2952
web: cj-pc.com

Independent Auditor's Report

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

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

We have performed audits of the financial statements of Southeastern Retina Associates, P.C. Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

Other Matter – Supplemental Schedules Required by ERISA

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Coulter & Justus, P.C.

Coulter & Justus, P.C.

Knoxville, Tennessee
October 12, 2026

Southeastern Retina Associates, P.C. Cash Balance Plan

Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets		
Investments, at fair value:		
Money market mutual fund	**$ 343,080**	$ 842,943
Government issues	**3,241,056**	4,059,859
Corporate bonds	**6,669,856**	4,226,668
Corporate stocks	**4,289,485**	3,736,369
Total investments, at fair value	**14,543,477**	12,865,839
Plan Sponsor contributions receivable	**-**	300,000
Net assets available for benefits	**$ 14,543,477**	$ 13,165,839

See accompanying Notes to Financial Statements.

Southeastern Retina Associates, P.C. Cash Balance Plan

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31	
	2025	**2024**
Additions		
Plan Sponsor cash contributions	**$ 1,500,000**	$ 1,680,000
Interest and dividend income	**463,961**	615,524
Total additions	**1,963,961**	2,295,524
Deductions		
Benefit payments	**1,135,095**	1,977,897
Administrative fees paid to party-in-interest	**47,033**	44,534
Total deductions	**1,182,128**	2,022,431
Net additions	**781,833**	273,093
Net realized and unrealized appreciation in the fair value of investments	**595,805**	504,072
Net increase	**1,377,638**	777,165
Net assets available for benefits at beginning of year	**13,165,839**	12,388,674
Net assets available for benefits at end of year	**$ 14,543,477**	$ 13,165,839

See accompanying Notes to Financial Statements.

Southeastern Retina Associates, P.C. Cash Balance Plan

Notes to Financial Statements

December 31, 2025

1. Description of the Plan

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

General

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

Plan Contributions

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

Cash contributions receivable, if any, are unsecured. Cash contributions receivable are stated at the amount that plan management expects to collect from outstanding balances less an allowance for current expected credit losses. The current expected credit losses amount reflects plan management's best estimate of amounts that will not be collected, which considers historical experience, current conditions, and reasonable and supportable forecasts. Plan management has concluded that no allowance for current expected credit losses is necessary as of December 31, 2025 and 2024.

Pension Benefits

The normal retirement age is 62. The projected value of the participant's account is determined using: (a) Employer credits of amounts specified in the Plan Document at the end of the Plan year and (b) annual interest credits based on an annualized interest rate of 30-year treasury rates as published by the Internal Revenue Service (IRS) applied to the cash balance account as of the beginning of the Plan year.

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

1. Description of the Plan (continued)

Pension Benefits (continued)

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

Death Benefits

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

Termination of the Plan

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

Administrative Expenses

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

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

2. Summary of Accounting Policies (continued)

Investments

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

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

Contributions

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

Benefit Payments

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

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

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

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

2. Summary of Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

During 2025 and 2024, the funding calculations incorporated segment interest rates as required by the Highway and Transportation Funding Act of 2014 (HATFA). HATFA modifies required interest rates to reduce required minimum contributions.

The significant actuarial assumptions used in the valuation as of January 1, 2025 and 2024, were (a) life expectancy of participants (2025 Applicable Mortality Table from Notice 2024-42 and 2023-73 Combined Mortality Table, respectively), (b) assumed average retirement age was 62, and (c) asset valuation (fair value). The 2025 valuation has an assumed effective interest rate of 5.32% (5.09% in 2024) for the determination, in part, of its funding target, and no turnover or a reduction for anticipated administrative expenses associated with providing benefits. The 2025 actuarial valuation assumes a lump sum payout interest rate of 5.01% graduating to 5.36% (4.21% graduating to 5.59% in 2024). The valuations also provide for a maximum allowable compensation in a Plan year of $350,000 in 2025 and $345,000 in 2024.

The Plan has met the ERISA minimum funding requirements and was funded at approximately 123% as of January 1, 2025 (92% as of January 1, 2024). The funding policy of the Plan did not change during the year.

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

Subsequent Events

Subsequent events have been evaluated through October 12, 2026, the date the financial statements were available for issuance.

3. Income Tax Status

Prior to January 1, 2025, the Plan had obtained a determination letter on April 26, 2013, in which IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Effective January 1, 2025, the Plan adopted a non-standardized pre-approved defined benefit plan sponsored by July Business Services that received a favorable opinion letter from the IRS dated July 31, 2021, which states the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

4. Certified Information (Unaudited)

First Horizon Bank holds the Plan's investment assets and executes transactions therein. Financial information relating to those assets disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held as of December 31, 2025 and 2024, net realized and unrealized appreciation (depreciation) in the fair value of investments, and interest and dividend income, is based upon information provided to the Plan Administrator and agreed to or derived from information certified as complete and accurate by the First Horizon Bank.

5. Fair Value Measurements

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

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

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

Level 2 Inputs to the methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The fair value measurement level of the asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes to the methodologies used as of December 31, 2025 and 2024.

5. Fair Value Measurements (continued)

The following is a description of the valuation methodologies used for investments measured at fair value:

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

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

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

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

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

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

	Level 1	Level 2	Level 3	Total
2025:				
Money market mutual fund	**$ 343,080**	**$ –**	**$ –**	**$ 343,080**
Government issues	**–**	**3,241,056**	**–**	**3,241,056**
Corporate bonds	**–**	**6,669,856**	**–**	**6,669,856**
Corporate stocks	**4,289,485**	**–**	**–**	**4,289,485**
Total investments at fair value	**$4,632,565**	**$9,910,912**	**$ –**	**$ 14,543,477**
2024:				
Money market mutual fund	$ 842,943	$ –	$ –	$ 842,943
Government issues	–	4,059,859	–	4,059,859
Corporate bonds	–	4,226,668	–	4,226,668
Corporate stocks	3,736,369	–	–	3,736,369
Total investments at fair value	$4,579,312	$8,286,527	$ –	$ 12,865,839

6. Accumulated Plan Benefits

Statements of Accumulated Plan Benefits

	January 1 2025	January 1 2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	**$ –**	$ –
Vested terminated participants	**636,788**	1,529,719
Active employees	**13,009,831**	11,969,392
Total vested benefits	**13,646,619**	13,499,111
Non vested benefits	**61,966**	67,029
Total actuarial present value of accumulated plan benefits	**$13,708,585**	$13,566,140

Statements of Changes in Accumulated Plan Benefits

	Year ended December 31 2025	Year ended December 31 2024
Actuarial present value of accumulated plan benefits at beginning of year:	**$ 13,566,140**	$13,563,658
Increase during the year attributable to:		
Interest on benefits	**646,815**	572,045
Benefits paid to participants	**(1,977,897)**	–
Benefits accumulated	**1,473,527**	(569,563)
Net increase	**142,445**	2,482
Actuarial present value of accumulated plan benefits at end of year	**$ 13,708,585**	$13,566,140

7. Risks and Uncertainties

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

Southeastern Retina Associates, PC Cash Balance Plan

Schedule of Active Participant Data
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	19	12	0	0	0	0	0	0	0	0	31
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2369
25-29	13	23	4	0	0	0	0	0	0	0	40
Avg Mo Comp	n/a	3163	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3022
30-34	9	22	9	1	0	0	0	0	0	0	41
Avg Mo Comp	n/a	5133	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4313
35-39	2	21	8	6	0	0	0	0	0	0	37
Avg Mo Comp	n/a	5569	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	11172
40-44	1	14	6	4	2	0	0	0	0	0	27
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	26126
45-49	2	13	7	8	1	3	2	0	0	0	36
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	12975
50-54	5	6	3	6	1	9	1	0	0	0	31
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	29996
55-59	1	11	7	1	3	1	2	0	0	0	26
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	17010
60-64	2	5	4	2	1	1	1	0	0	0	16
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	0	0	0	2	0	1	1	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	3	1	0	0	0	0	0	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	54	130	49	28	10	14	7	1	0	0	293
Avg Mo Comp	2651	4340	21569	29454	n/a	n/a	n/a	n/a	n/a	n/a	13391

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

Current Year: Average Age: 40.6 Average Service: 5.6

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

Schedule H, Line 4j - Schedule of Reportable Transactions

Year ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Fidelity	Institutional Money Market Government Portfolio Fund					
	Purchases	**$ 4,810,416**		**$ 4,810,416**	**$ 4,810,416**	**$ -**
	Redemptions		**5,310,279**	**5,310,279**	**5,310,279**	**-**

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

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

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

A Name of plan
Southeastern Retina Associates, PC Cash Balance Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Southeastern Retina Associates, PC

D Employer Identification Number (EIN)
62-1094813

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	13,164,469
b Actuarial value	**2b**	13,164,469

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	127	601,693	601,693
c For active participants	293	10,018,673	10,074,215
d Total	420	10,620,366	10,675,908

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	996,650
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	996,650

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/30/2026
Date

Lee James
Type or print name of actuary

2604022
Most recent enrollment number

July Business Services
Firm name

254-296-4015
Telephone number (including area code)

400 Austin Avenue, Suite 1200

Waco TX 76701
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	606,924
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	606,924
10	Interest on line 9 using prior year's actual return of 0.00 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		101,795
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		5,181
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		106,976
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	606,924

Part III Funding Percentages

14	Funding target attainment percentage	14	117.62 %
15	Adjusted funding target attainment percentage	15	123.31 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/20/2025	150,000	0			
04/21/2025	150,000	0			
05/20/2025	150,000	0			
06/23/2025	150,000	0			
07/21/2025	150,000	0			
08/20/2025	150,000	0			
09/22/2025	150,000	0			
10/20/2025	150,000	0			
11/20/2025	150,000	0			
12/22/2025	150,000	0			
			Totals ► 18(b)	1,500,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,454,545

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.01 %	5.26 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	1
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	996,650
b Excess assets, if applicable, but not greater than line 31a	**31b**	996,650

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,454,545
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,454,545
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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

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

December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Money market mutual funds:			
Fidelity Institutional Money Market Government Portfolio Fund	Money market mutual fund, due on deman, variable return	**$ 343,080**	**$ 343,080**
Government issues:			
United States Treasury	4.375%, 500,000 par, maturing 7/31/2026	**499,960**	**502,330**
United States Treasury	3.75%, 100,000 par, maturing 8/31/2026	**100,033**	**100,108**
United States Treasury	3.75%, 100,000 par, maturing 8/15/2027	**100,287**	**100,414**
United States Treasury	3.625%, 100,000 par, maturing 8/31/2029	**100,394**	**99,984**
Nashville Tennessee Revenue Bonds	4.053%, 75,000 par, maturing 7/1/2026	**74,552**	**75,002**
Nashville Tennessee Revenue Bonds	1.496%, 100,000 par, maturing 8/1/2026	**102,215**	**98,795**
East Carolina North Carolina University Higher Education Bonds	1.217%, 100,000 par, maturing 10/1/2026	**97,479**	**98,134**
Clarksville Tennessee General Obligation Bonds	5%, 100,000 par, maturing 1/1/2027	**101,305**	**101,437**
Tennessee State School Revenue Education Bonds	4.848%, 100,000 par, maturing 9/15/2027	**101,505**	**101,761**
University of Arkansas University Revenue Higher Education Bonds	2.716%, 100,000 par, maturing 9/15/2027	**101,751**	**98,277**
Hawaii State General Obligation Bonds	5.48%, 100,000 par, maturing 2/1/2028	**100,861**	**103,110**
Houston Texas Utility System Revenue Water Bonds	3.828%, 75,000 par, maturing 5/15/2028	**76,634**	**75,177**
Miami-Dade Country Florida Aviation Transportation Revenue Bonds	3.175%, 100,000 par, maturing 10/1/2028	**100,546**	**98,101**
Miami-Dade Country Florida Water & Sewer Water Revenue Bonds	2.551%, 100,000 par, maturing 10/1/2028	**96,897**	**96,666**
California State General Obligation Bonds	5.1%, 100,000 par, maturing 3/1/2029	**103,877**	**103,976**
Tampa Florida Revenue Higher Education Bonds	3.25%, 100,000 par, maturing 4/1/2030	**100,545**	**95,629**
Hoover Alabama Taxable General Obligation Bonds	1.628%, 100,000 par, maturing 7/1/2030	**100,153**	**90,525**
Connecticut State General Obligation Bonds	2.677%, 100,000 par, maturing 7/1/2030	**90,368**	**94,967**
Mississippi State General Obligation Bonds	1.632%, 100,000 par, maturing 11/1/2031	**101,094**	**88,366**
Austin Texas Community College District Higher Education Bonds	2%, 100,000 par, maturing 2/1/2032	**88,576**	**88,833**
Nashville Tennessee Revenue Bonds	2.31%, 100,000 par, maturing 8/1/2032	**102,215**	**89,259**
Houston Texas Community College General Obligation Bonds	1.759%, 100,000 par, maturing 2/15/2033	**99,840**	**84,601**
Auburn University Alabama General Fee Revenue Higher Education Bonds	2.045%, 100,000 par, maturing 6/1/2034	**100,233**	**83,478**
Mesquite Texas General Obligation Bonds	2.46%, 100,000 par, maturing 2/15/2035	**100,000**	**84,558**
Alabama Power Company	5.1%, 100,000 par, maturing 4/2/2035	**103,494**	**102,360**
Tennessee Valley Authority	4.875%, 150,000 par, maturing 5/15/2035	**149,902**	**155,195**
Mountain View-Whisman California General Obligations Bonds	2.645%, 100,000 par, maturing 9/1/2035	**104,134**	**85,823**
Glendale California Unified School District General Obligations Bonds	2.679%, 100,000 par, maturing 9/1/2036	**102,259**	**82,747**
Memphis-Shelby County Tennessee Industrial Development Bonds	2.68%, 100,000 par, maturing 12/1/2036	**101,064**	**80,930**
San Bernardino City California Uniform General Obligation Bonds	2.732%, 100,000 par, maturing 8/1/2037	**101,740**	**80,513**
Total government issues		**3,403,913**	**3,241,056**
Corporate bonds:			
IBM Corporation	3.45%, 100,000 par, maturing 2/19/2026	**100,100**	**99,927**
Exxon Mobil Corporation	3.043%, 100,000 par, maturing 3/1/2026	**100,062**	**99,869**
Loews Corporation	3.75%, 100,000 par, maturing 4/1/2026	**100,132**	**99,932**
Intel Corporation	2.6%, 100,000 par, maturing 5/19/2026	**100,000**	**99,406**
Wake Forest University Baptist Medical Center	3.093%, 200,000 par, maturing 6/1/2026	**198,110**	**199,342**
Pfizer, Inc.	2.75%, 100,000 par, maturing 6/3/2026	**99,917**	**99,561**
Oracle Corporation	2.65%, 150,000 par, maturing 7/15/2026	**149,748**	**148,766**
Hershey Company	2.3%, 100,000 par, maturing 8/15/2026	**99,627**	**99,060**
John Deere Capital Corporation	2.25%, 100,000 par, maturing 9/14/2026	**100,980**	**98,915**
Honeywell International	2.5%, 100,000 par, maturing 11/1/2026	**99,790**	**98,920**
Nike, Inc.	2.375%, 100,000 par, maturing 11/1/2026	**99,566**	**98,834**
Morgan Stanley	3.625%, 125,000 par, maturing 1/20/2027	**125,294**	**124,675**
Comcast Corporation	3.3%, 100,000 par, maturing 2/1/2027	**100,481**	**99,414**
Eli Lilly & Company	5.5%, 100,000 par, maturing 3/15/2027	**101,582**	**102,133**
Coca-Cola Company	3.375%, 100,000 par, maturing 3/25/2027	**98,229**	**99,701**
Costco Wholesale Corporation	3%, 125,000 par, maturing 5/18/2027	**121,928**	**124,081**

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

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

December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Corporate bonds (continued):			
Blackstone Holdings Finance	3.15%, 150,000 par, maturing 10/2/2027	**$ 153,875**	**$ 147,945**
Hubbell, Inc.	3.5%, 100,000 par, maturing 2/15/2028	**102,810**	**98,979**
Kenvue Inc	5.05%, 100,000 par, maturing 3/22/2028	**100,917**	**102,165**
Comcast Corporation	3.55%, 150,000 par, maturing 5/1/2028	**146,122**	**148,769**
Duke University Health	2.502%, 100,000 par, maturing 6/1/2028	**102,043**	**96,870**
Merck & Co, Inc.	3.4%, 100,000 par, maturing 3/7/2029	**94,312**	**98,407**
AvalonBay Communities, Inc.	3.3%, 100,000 par, maturing 6/1/2029	**100,500**	**97,398**
Bank of New York Mellon	3.3%, 100,000 par, maturing 8/23/2029	**97,246**	**97,122**
Toyota Motor Credit Company	4.95%, 100,000 par, maturing 1/9/2030	**102,025**	**102,967**
Adobe Inc	4.95%, 125,000 par, maturing 1/17/2030	**127,425**	**129,441**
Hershey Company	4.75%, 100,000 par, maturing 2/24/2030	**102,662**	**102,709**
Walt Disney Company	3.8%, 100,000 par, maturing 3/22/2030	**107,651**	**99,128**
Blackrock, Inc.	2.4%, 100,000 par, maturing 4/30/2030	**91,686**	**93,591**
JP Morgan & Chase Company	3.702%, 100,000 par, maturing 5/6/2030	**104,696**	**98,494**
Citibank	4.914%, 250,000 par, maturing 5/29/030	**250,558**	**257,178**
Johns Hopkins University	1.972%, 100,000 par, maturing 7/1/2030	**101,948**	**91,465**
Thermo-Fisher Scientific Inc	4.977%, 100,000 par, maturing 8/10/2030	**102,591**	**103,719**
Emory University	2.143%, 200,000 par, maturing 9/1/2030	**189,281**	**182,960**
Northern Trust Corporation	4.150%, 100,000 par, maturing 11/19/2030	**100,000**	**100,108**
American Express	5.085%, 100,000 par, maturing 4/22/2031	**125,849**	**128,844**
Tyco Electronics	4.5%, 150,000 par, maturing 2/9/2031	**147,888**	**151,709**
Cummins Inc	4.7%, 100,000 par, maturing 2/15/2031	**102,187**	**102,099**
Cisco Systems Inc	4.95%, 150,000 par, maturing 2/26/2031	**153,163**	**155,562**
University of Chicago	5.038%, 100,000 par, maturing 4/1/2031	**100,034**	**104,342**
JP Morgan & Chase Company	2.522%, 100,000 par, maturing 4/22/2031	**102,983**	**93,153**
Home Depot Inc	4.85%, 100,000 par, maturing 6/25/2031	**102,234**	**103,404**
Conocophillips Company	4.85%, 100,000 par, maturing 1/15/2032	**102,234**	**102,684**
Automatica Data Processing Inc	4.75%, 100,000 par, maturing 5/8/2032	**100,786**	**102,420**
Georgia Power Company	4.7%, 100,000 par, maturing 5/15/2032	**99,992**	**104,128**
PNC Financial Services	4.812%, 100,000 par, maturing 10/21/2032	**100,228**	**101,768**
Estee Lauder Companies Inc	4.65%, 100,000 par, maturing 5/15/2033	**98,709**	**100,606**
Georgia Power Company	4.95%, 100,000 par, maturing 5/17/2033	**102,127**	**101,956**
Duke Energy Progress, LLC	6.125%, 100,000 par, maturing 9/15/2033	**102,537**	**109,024**
Bank of New York Mellon	4.706%, 100,000 par, maturing 2/1/2034	**98,899**	**100,362**
Estee Lauder Companies Inc	5%, 100,000 par, maturing 2/14/2034	**102,097**	**101,497**
Paypal Holdings Inc	5.15%, 100,000 par, maturing 6/1/2034	**99,595**	**102,555**
KLA Corporation	5.65%, 100,000 par, maturing 11/1/2034	**102,842**	**106,130**
IBM Corporation	5.2%, 100,000 par, maturing 2/10/2035	**99,862**	**102,493**
Target Corporation	5%, 100,000 par, maturing 4/15/2035	**100,000**	**101,312**
Pepsico Inc	5%, 100,000 par, maturing 7/23/2035	**102,789**	**102,165**
FFCB	4.54%, 100,000 par, maturing 10/15/2035	**100,000**	**99,591**
American Express	5.667%, 150,000 par, maturing 4/25/2036	**152,193**	**158,381**
Exxon Mobil Corporation	4.227%, 100,000 par, maturing 3/19/2040	**92,206**	**91,720**
Total corporate bonds		**6,665,328**	**6,669,856**
Corporate stocks:			
Abbvie Inc Shares	Common stock, 500 shares	**77,670**	**114,245**
Accenture PLC Shares	Common stock, 440 shares	**108,804**	**118,052**
AMCOR PLC Shares	Common stock, 13,415 shares	**105,505**	**111,881**
American Tower Corp Real Estate Investment Trust Shares	Common stock, 635 shares	**126,354**	**111,487**
Amgen Inc Shares	Common stock, 355 shares	**110,338**	**116,195**
AT&T Inc Shares	Common stock, 4,385 shares	**75,211**	**108,923**
Best Buy Company Inc Shares	Common stock, 1,420 shares	**114,068**	**95,041**

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

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

December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Corporate stocks (continued):			
Bristol Myers Squibb Company Shares	Common stock, 2,290 shares	**$ 114,103**	**$ 123,523**
Broadcom Inc Shares	Common stock, 290 shares	**36,515**	**100,369**
Cisco Systems Inc Shares	Common stock, 1,475 shares	**73,033**	**113,619**
Citigroup Inc Shares	Common stock, 1,090 shares	**61,727**	**127,192**
Coca Cola Company Shares	Common stock, 1,555 shares	**109,719**	**108,711**
Duke Energy Corporation Shares	Common stock, 920 shares	**108,634**	**107,833**
Emerson Electric Company Shares	Common stock, 850 shares	**91,880**	**112,812**
Exxon Mobil Corp Shares	Common stock, 960 shares	**94,543**	**115,526**
Garmin Limited Shares	Common stock, 575 shares	**77,231**	**116,639**
Home Depot Inc Shares	Common stock, 315 shares	**112,457**	**108,392**
HP Inc. Shares	Common stock, 4,615 shares	**133,622**	**102,822**
International Business Machines Corp Shares	Common stock, 370 shares	**58,330**	**109,598**
Johnson & Johnson Shares	Common stock, 565 shares	**90,157**	**116,927**
JP Morgan Chase & Co Shares	Common stock, 360 shares	**55,427**	**115,999**
Kraft Heinz Co Shares	Common stock, 4,465 shares	**150,949**	**108,276**
Lockheed Martin Corp Shares	Common stock, 255 shares	**113,985**	**123,336**
McDonalds Corp Shares	Common stock, 365 shares	**103,975**	**111,555**
Metlife Inc Shares	Common stock, 1,465 shares	**95,372**	**115,647**
Omnicom Group Shares	Common stock, 1,545 shares	**122,366**	**124,759**
Pfizer Inc Shares	Common stock, 4,365 shares	**142,454**	**108,689**
Philip Morris International Shares	Common stock, 730 shares	**74,982**	**117,092**
PNC Financial Services Group Shares	Common stock, 585 shares	**106,045**	**122,107**
Procter & Gamble Co Shares	Common stock, 760 shares	**117,044**	**108,916**
Prudential Financial Inc Shares	Common stock, 1,035 shares	**102,825**	**116,831**
Public Service Enterprises Group Inc Shares	Common stock, 1,360 shares	**93,708**	**109,208**
Skyworks Solutions Inc Shares	Common stock, 1,710 shares	**112,314**	**108,431**
Snap-on Inc Shares	Common stock, 330 shares	**111,984**	**113,718**
Southern Company Shares	Common stock, 1,245 shares	**92,892**	**108,564**
Travelers Companies Inc Shares	Common stock, 390 shares	**71,537**	**113,124**
Union Pac Corp Shares	Common stock, 480 shares	**108,177**	**111,034**
Verizon Communications Shares	Common stock, 2,760 shares	**107,451**	**112,412**
Total corporate stocks		**3,763,388**	**4,289,485**
Total assets held for investment purposes at end of year		**$14,175,709**	**$14,543,477**

* *Represents a party-in-interest to the Plan.*

Southeastern Retina Associates, PC Cash Balance Plan

Shortfall Amortization
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

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

Valuation Date	Amortization Method	Number of Future Installments	Installment	Value of Future Installments
Total			$0	$0

Shortfall Amortization Charge (sum of installments, no less than zero): $0

Southeastern Retina Associates, PC Cash Balance Plan

Summary of Actuarial Assumptions and Method
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

	For Funding Min	For Funding Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1: 5.01%	5.01%	Seg 1: 4.65%	Pre-Retirement: 6.50%
	Seg 2: 5.26%	5.26%	Seg 2: 5.28%	Post-Retirement: 6.50%
	Seg 3: 5.50%	5.36%	Seg 3: 5.63%	
Applicable Date	12/2024	12/2024	12/2024	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation		Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement				
Mortality	2025 Applicable Mortality Table from Notice 2024-42		2025 Applicable Mortality Table from Notice 2024-42	RP-2000 Mortality Table (Optional Combined Table for Males)
Assumed Benefit Form For Funding			100% Lump Sum / 0% Normal Form	
Assumed Spouse's Age	Spouse assumed to be the same age as participant			Spouse assumed to be the same age as participant
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			5.32%	
Cash Balance Projected Interest Crediting Rate			5.00% annual rate	
Cash Balance Post-Retirement Conversion Assumptions			6.50% interest RP-2000 Mortality Table (Optional Combined Table for Males)	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

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

Southeastern Retina Associates, PC Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Plan Effective Date	January 1, 2010
Plan Year	From January 1, 2025 to December 31, 2025
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements: 6 months of service Minimum age 20 years and 6 months
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 62 Completion of 5 years of participation from beginning of entry year
Cash Balance Contribution Credit	The plan provides the following cash balance contribution credits to participants based on their group classification: Group 1: $87,000 Group 2: No contribution Group 3: $775 The maximum monthly benefit is the lesser of $23,333.33 and 100% of the highest 3-year average salary, subject to service requirements. Salary based contribution credits are applied to current compensation.
Early Retirement Age	Attainment of age 55 Completion of 10 years of participation from beginning of entry year
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date. Credited years are plan years from the first day of the plan year containing date of entry excluding the following: Years with less than 1,000 hours

Southeastern Retina Associates, PC Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Termination Benefit

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

Credited Years	Vested Percent
1	0
2	0
3	100

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

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

Top-Heavy Status

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

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance

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

Southeastern Retina Associates, PC Cash Balance Plan

Schedule of Projection of Expected Benefit Payments
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	378	12,407	0	12,785
2026	356,729	13,121	0	369,850
2027	355,540	12,975	0	368,515
2028	354,374	13,681	0	368,055
2029	352,645	17,674	0	370,319
2030	351,725	18,342	0	370,067
2031	444,999	19,816	0	464,815
2032	641,291	21,770	0	663,061
2033	690,149	23,599	0	713,748
2034	825,433	24,518	0	849,951
2035	872,969	28,309	0	901,278
2036	958,201	31,644	0	989,845
2037	951,981	34,243	0	986,224
2038	954,058	36,730	0	990,788
2039	981,695	36,827	0	1,018,522
2040	968,835	36,911	0	1,005,746
2041	984,930	38,014	0	1,022,944
2042	1,010,156	42,640	0	1,052,796
2043	995,373	43,380	0	1,038,753
2044	1,023,307	44,116	0	1,067,423
2045	1,076,779	46,988	0	1,123,767
2046	1,086,559	50,223	0	1,136,782
2047	1,074,138	52,811	0	1,126,949
2048	1,068,235	59,740	0	1,127,975
2049	1,038,428	63,974	0	1,102,402
2050	1,009,934	65,928	0	1,075,862
2051	983,282	70,609	0	1,053,891
2052	950,124	74,180	0	1,024,304
2053	919,939	78,184	0	998,123
2054	882,944	81,601	0	964,545
2055	845,443	85,500	0	930,943
2056	810,047	88,773	0	898,820
2057	774,762	91,212	0	865,974
2058	737,312	96,218	0	833,530
2059	699,622	95,780	0	795,402
2060	662,610	95,593	0	758,203
2061	620,204	94,479	0	714,683
2062	577,663	93,169	0	670,832
2063	537,306	90,299	0	627,605
2064	497,946	87,334	0	585,280
2065	456,683	84,289	0	540,972
2066	417,068	81,159	0	498,227
2067	379,457	77,945	0	457,402
2068	344,006	74,667	0	418,673
2069	310,790	71,319	0	382,109
2070	279,783	67,905	0	347,688
2071	250,972	64,422	0	315,394
2072	224,260	60,890	0	285,150

Southeastern Retina Associates, PC Cash Balance Plan

Schedule of Projection of Expected Benefit Payments
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2073	199,567	57,292	0	256,859
2074	176,824	53,666	0	230,490

Southeastern Retina Associates, PC Cash Balance Plan

Weighted Average Retirement Age
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

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

The later of:

Attainment of age 62
Completion of 5 years of participation from beginning of entry year

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

Weighted average retirement age 62