

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information					
1a Name of plan <u>MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 5px; text-align: center;"><u>006</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan <u>04/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>04/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>				
1c Effective date of plan <u>04/01/1989</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MEDICAL EYE CENTER INC</u> <u>1333 E BARNETT RD</u> <u>MEDFORD, OR 97504-8219</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">2b Employer Identification Number (EIN) <u>93-0603046</u></td> </tr> <tr> <td style="padding: 5px;">2c Plan Sponsor's telephone number <u>541-779-4711</u></td> </tr> <tr> <td style="padding: 5px;">2d Business code (see instructions) <u>621111</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>93-0603046</u>	2c Plan Sponsor's telephone number <u>541-779-4711</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>93-0603046</u>					
2c Plan Sponsor's telephone number <u>541-779-4711</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2022	BRADLEY RUGGERIO
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	190
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)	148
a(2) Total number of active participants at the end of the plan year		6a(2)	144
b Retired or separated participants receiving benefits.....		6b	12
c Other retired or separated participants entitled to future benefits		6c	55
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	201
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 Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL EYE CENTER INC	D Employer Identification Number (EIN) 93-0603046	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

FERGUSON WELLMAN CAPITAL MANAGMENT

888 SW 5TH AVE. STE. 1200
PORTLAND, OR 97204

93-0646988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	20174	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 ☐

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)

(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 ☐

(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL EYE CENTER INC</u>	D Employer Identification Number (EIN) <u>93-0603046</u>	

Part I	Asset and Liability Statement
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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)	233683	208593
(2) Participant contributions.....	1b(2)	1000	0
(3) Other	1b(3)	5104	4037
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	249083	230379
(2) U.S. Government securities	1c(2)	213024	143658
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	187230	139221
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2873713	3167683
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	84747	39389
(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)	9325081	10935023
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	13172665 14867983
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	303 154
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	303 154
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13172362 14867829

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	209015
	(B) Participants	2a(1)(B)	494235
	(C) Others (including rollovers).....	2a(1)(C)	25503
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	728753
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	34
	(B) U.S. Government securities	2b(1)(B)	3700
	(C) Corporate debt instruments	2b(1)(C)	6268
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	3398
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	13400
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	42015
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	18337
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	60352
(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)		1748236
c Other income.....	2c		12386
d Total income. Add all income amounts in column (b) and enter total.....	2d		2563127
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	809714	
(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)		809714
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		37309
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	460	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	18084	
(4) Other.....	2i(4)	2093	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		20637
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		867660
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1695467
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KDP CERTIFIED PUBLIC ACCOUNTANTS

(2) EIN: 93-0745639

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a	X		152955

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ► 006
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL EYE CENTER INC	D Employer Identification Number (EIN) 93-0603046

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): 93-1004242 93-1004242 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**MEDICAL EYE CENTER, INC 401(K)
PROFIT SHARING PLAN AND TRUST**

**AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2021 AND 2020
AND FOR THE YEAR ENDED DECEMBER 31, 2021**

WITH

INDEPENDENT AUDITOR'S REPORT



Certified Public Accountants, LLP

audit | tax | advisory | wealth management | cfo

MEDICAL EYE CENTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee
Medical Eye Center, Inc. 401(k) Profit Sharing Plan and Trust
Medford, Oregon

Opinion

We have audited the financial statements of Medical Eye Center, Inc. 401(k) Profit Sharing Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with 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.

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Part IV, Line 4(a) – Schedule of Delinquent Participant Contributions and Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) at December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (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. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

KDP Certified Public Accountants, LLP

KDP Certified Public Accountants, LLP
Medford, Oregon
October 06, 2022

MEDICAL EYE CENTER, INC. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments at fair value:		
Mutual funds	\$ 9,888,452	\$ 8,819,423
Self-directed brokerage accounts	<u>4,727,512</u>	<u>4,028,708</u>
Total investments at fair value	<u>14,615,964</u>	<u>12,848,131</u>
Receivables:		
Notes receivable from participants	39,389	84,747
Employer contributions	208,593	233,683
Participant contributions	-	1,000
Other	<u>4,037</u>	<u>5,104</u>
Total receivables	<u>252,019</u>	<u>324,534</u>
Total assets	<u>14,867,983</u>	<u>13,172,665</u>
LIABILITIES		
Other liabilities	<u>154</u>	<u>303</u>
Total liabilities	<u>154</u>	<u>303</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 14,867,829</u></u>	<u><u>\$ 13,172,362</u></u>

MEDICAL EYE CENTER, INC. 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2021

	<u>2021</u>
ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Dividends and interest	\$ 634,051
Net appreciation (depreciation) in fair value of investments	1,184,539
Other income	<u>12,386</u>
Total investment income (loss)	1,830,976
Interest income on notes receivable from participants	<u>3,398</u>
Contributions:	
Participant contributions	494,235
Employer contributions	209,015
Rollovers	<u>25,503</u>
Total contributions	<u>728,753</u>
Total additions	<u>2,563,127</u>
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	847,023
Administrative expenses	<u>20,637</u>
Total deductions	<u>867,660</u>
Net increase in net assets available for benefits	1,695,467
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>13,172,362</u>
End of year	<u><u>\$ 14,867,829</u></u>

MEDICAL EYE CENTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of Medical Eye Center, Inc 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a 401(k)-salary deferral and profit-sharing plan covering substantially all employees of Medical Eye Center (the "Company") and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is named as the Plan Administrator. Employees of the Company are eligible to participate in the Plan after completing three consecutive full calendar months of service in which at least one hour is worked, with no minimum age requirement. Participants must have one year of service, complete at least 1,000 hours of service during the 12 months following date of hire, and be employed as of the last day of the Plan year, to be eligible to receive any employer paid discretionary matching and profit-sharing contributions. To be eligible for the employer safe harbor contribution, Participants must have one year of service, and complete at least 1,000 hours of service during the 12 months following the date of hire. Eligible wages for the safe harbor contribution start after the participant has completed 1,000 hours and the match is calculated based on total deferrals to eligible match compensation.

Contributions

Participant contributions: Participants may contribute to the Plan through salary deferrals. During any calendar year, a participant may defer any amount up to the Elective Deferral Dollar Limit under Internal Revenue Code §402 and the Internal Revenue Code §415 Limitation. Participants who have attained age 50 before the end of a Plan year are eligible to make catch-up contributions. Roth Deferrals are also permitted under the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans. As of January 1, 2017, the Plan was amended to include an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated fund until elected otherwise by the participant.

Employer discretionary matching and profit-sharing contributions: The Company may elect to make discretionary matching and profit-sharing contributions to the Plan. Employee contributions, up to 4% of eligible compensation deferred to the Plan are eligible for a discretionary matching contribution. Profit sharing contributions are completely discretionary and can be different for each eligible participant based on a percentage of compensation or a dollar amount. There was no employer discretionary matching contribution or profit-sharing contribution for the year ended December 31, 2021.

Employer safe harbor: The Company also makes safe harbor matching contributions equal to 100% of salary deferrals up to the first 1% of plan compensation, plus 50% of salary deferrals up to the next 5% of plan compensation for employees eligible to receive employer contributions. The safe harbor matching contribution for the year ended December 31, 2021 was \$209,015.

Contributions are subject to regulatory limitations.

MEDICAL EYE CENTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions and safe harbor matching contributions as well as allocations of the Company's profit-sharing contribution and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their account contributions into various investment options offered by the Plan.

Vesting

Participants are vested immediately in their contributions and the Company's contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed 10 years. Under the terms of the Plan agreement, Plan loans will bear the Prime rate of interest plus two percentage points. Principal and interest is paid ratably through biweekly payroll. As of December 31, 2021, the rates of interest on outstanding loans ranged from 5.25% to 7.50% with various maturities through December 2025.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum, or equal to the value of the participant's vested interest in his or her account, partial lump-sum, or equal annual installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum or partial lump-sum distribution. For terminated participants with vested account balances less than \$5,000, the vested benefit will automatically be rolled over into an individual retirement account (IRA) selected by the Plan administrator unless a lump sum distribution is requested by the participant. In service distributions are permitted at normal retirement age.

Plan Forfeitures

Plan forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment. Participants are fully vested in employer and matching contributions immediately. Therefore, as of December 31, 2021 and 2020, forfeited non-vested accounts totaled \$0 and there were no allocations to participant accounts for the year ended December 31, 2021.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), under the accrual method of accounting.

MEDICAL EYE CENTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that may affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the plan agreement. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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. Net appreciation includes both the plan's gains and losses and unrealized appreciation and depreciation on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid. At December 31, 2021, there were no participants who had elected to withdraw from the Plan but had not yet been paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Fees for investment advisory services provided to certain participants are charged directly to that participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

MEDICAL EYE CENTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUES OF FINANCIAL INSTRUMENTS

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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Registered investment companies (mutual funds and money market funds): Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices. Accounts also include corporate bonds and US government securities, valued using pricing models maximizing the use of observable inputs for similar securities.

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.

MEDICAL EYE CENTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUES OF FINANCIAL INSTRUMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Fair Value at December 31, 2021				
	Level 1	Level 2	Level 3	Total
Investments				
Registered investment companies	\$ 9,888,452	\$ -	\$ -	\$ 9,888,452
Self-directed brokerage accounts	4,727,512	-	-	4,727,512
Total investments	<u>\$ 14,615,964</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,615,964</u>

Fair Value at December 31, 2020				
	Level 1	Level 2	Level 3	Total
Investments				
Registered investment companies	\$ 8,819,423	\$ -	\$ -	\$ 8,819,423
Self-directed brokerage accounts	4,028,708	-	-	4,028,708
Total investments	<u>\$ 12,848,131</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,848,131</u>

NOTE 4 – TAX STATUS

The Plan document is a volume submitter defined contribution plan that received a favorable opinion letter from the Internal Revenue Service on March 31, 2014, which stated that the Plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 – RISKS AND UNCERTAINTIES

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

The Plan continues to evaluate and monitor the upstream impact of the COVID-19 (global pandemic) and the geopolitical situation in Eastern Europe (Russia-Ukraine war). These conditions have affected, and may continue to impact, macro-economic conditions and the global economy and financial markets. During 2021, the Plan's assets, valued at fair value, fluctuated significantly and may continue to be impacted due to the uncertainty surrounding the length of the current world events. The Company does not believe there is substantial doubt about the Plan's ability to continue as a going concern and expects the plan administrator will continue to be able to carry on all administrative functions for the Plan.

MEDICAL EYE CENTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

American Funds and Charles Schwab are the custodians of Plan assets and manage investments offered through the Plan and therefore qualify as party-in-interest transactions. Ferguson Wellman is an investment advisory firm that provides services to the self-directed brokerage accounts. Fees paid by the Plan to the parties-in-interest were \$20,637 for the year ended December 31, 2021.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate this Plan at any time by delivering to the Plan Administrator written notice of such termination, subject to the provisions of ERISA. In the event of plan termination, all amounts credited to an affected participant's account become 100% vested.

NOTE 8 - SUBSEQUENT EVENTS

The Plan has evaluated events and transactions through October 06, 2022, the date the financial statements were available for issuance, for recognition and/or disclosure in the financial statements.

SUPPLEMENTARY INFORMATION

MEDICAL EYE CENTER, INC. 401(k) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, PART IV, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2021
PLAN NUMBER: 006 PLAN SPONSOR EIN: 93-0603046

Payroll Date	Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are Included ☒		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correcting in VFCP		
March 5, 2021	\$	1,500	\$ 1,500	\$ -	\$ -	\$ -	-
April 2, 2021	\$	18,615	\$ 18,615	\$ -	\$ -	\$ -	-
April 30, 2021	\$	18,607	\$ 18,607	\$ -	\$ -	\$ -	-
May 14, 2021	\$	1,500	\$ 1,500	\$ -	\$ -	\$ -	-
May 28, 2021	\$	18,381	\$ 18,381	\$ -	\$ -	\$ -	-
June 11, 2021	\$	1,500	\$ 1,500	\$ -	\$ -	\$ -	-
July 9, 2021	\$	15,323	\$ 15,323	\$ -	\$ -	\$ -	-
August 6, 2021	\$	16,844	\$ 16,844	\$ -	\$ -	\$ -	-
August 20, 2021	\$	22,007	\$ 22,007	\$ -	\$ -	\$ -	-
September 3, 2021	\$	17,054	\$ 17,054	\$ -	\$ -	\$ -	-
October 1, 2021	\$	17,588	\$ 17,588	\$ -	\$ -	\$ -	-
November 12, 2021	\$	4,036	\$ 4,036	\$ -	\$ -	\$ -	-

MEDICAL EYE CENTER, INC. 401(k) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
PLAN NUMBER: 006 PLAN SPONSOR EIN: 93-0603046

(a)	(b)	(c)	(d)	(e)
	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
	Mutual Funds			
*	American Funds	Growth Fund of America	**	\$ 1,927,857
*	American Funds	The Income Fund of America	**	1,711,345
*	American Funds	2040 Target Date Ret Fund	**	1,199,680
*	American Funds	Washington Mutual Investors Fund	**	819,288
*	American Funds	Money Market fund	**	639,669
*	American Funds	2025 Target Date Ret Fund	**	578,104
*	American Funds	2030 Target Date Ret Fund	**	429,396
*	American Funds	EuroPacific Growth Fund	**	413,804
*	American Funds	2015 Target Date Ret Fund	**	366,774
*	American Funds	2045 Target Date Ret Fund	**	356,826
*	American Funds	New World Fund	**	254,680
*	American Funds	Capital World Growth and Income Fund	**	214,427
*	American Funds	Capital Income Builder	**	209,199
*	American Funds	The Bond Fund of America	**	182,079
*	American Funds	SMALLCAP World Fund	**	150,145
*	American Funds	2055 Target Date Ret Fund	**	145,495
*	American Funds	2050 Target Date Ret Fund	**	116,216
*	American Funds	2020 Target Date Ret Fund	**	73,048
*	American Funds	2035 Target Date Ret Fund	**	69,973
*	American Funds	2060 Target Date Ret Fund	**	28,316
*	American Funds	2065 Target Date Ret Fund	**	2,131
		Mutual Funds Subtotal		9,888,452
***	Self-directed brokerage accounts	Self-Directed Brokerage Accounts	**	4,727,512
*	Participant loans	Interest rates range from 5.25% to 7.50% maturing through December 2025		39,389
		Total Assets Held		<u>\$ 14,655,353</u>

* Indicates party-in-interest

** Cost not applicable for participant directed investments

*** The Self-Directed Brokerage Account includes party-in-interest investment options

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information—enter all requested information					
1a Name of plan MEDICAL EYE CENTER, INC. 401K PROFIT SHARING PLAN AND TRUST	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px;">006</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 04/01/1989</td> </tr> </table>	1b Three-digit plan number (PN) ▶	006	1c Effective date of plan 04/01/1989	
1b Three-digit plan number (PN) ▶	006				
1c Effective date of plan 04/01/1989					
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) Medical Eye Center Inc 1333 E Barnett Rd Medford OR 97504-8219	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; padding: 2px;">2b Employer Identification Number (EIN) 93-0603046</td> </tr> <tr> <td style="padding: 2px;">2c Plan Sponsor's telephone number 541-779-4711</td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 93-0603046	2c Plan Sponsor's telephone number 541-779-4711	2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 93-0603046					
2c Plan Sponsor's telephone number 541-779-4711					
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		9/17/12	Bradley Ruggerio
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	190
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)	148
a(2) Total number of active participants at the end of the plan year		6a(2)	144
b Retired or separated participants receiving benefits.....		6b	12
c Other retired or separated participants entitled to future benefits		6c	55
d Subtotal. Add lines 6a(2), 6b, and 6c.....		6d	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e.....		6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	201
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 Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)			
American Funds investmen		8,607,934	9,888,452
Apple Inc (862 shares)	Common Stock	35,311	153,065
Abbvie Inc 4.25%	Corporate Debt	11,724	11,280
Abbvie Inc. (310 shares)	Common Stock	25,032	41,974
ABBOTT LABORATORIES (85 shares)	Common Stock	11,298	11,963
ANALOG DEVICES INC (180 shares)	Common Stock	19,835	31,639
AGNC Investment Corp		49,770	45,120
AIR LIQUIDE (110 shares)	Common Stock	3,726	3,836
Applied Materials (140 shares)	Common Stock	16,270	22,030
Ametek Inc (110 shares)	Common Stock	10,890	16,174
Amazon Com Inc (25 shares)	Common Stock	52,196	83,359
Autonation Inc (190 shares)	Common Stock	14,185	22,202
AON PLC F CLASS (10 shares)	Common Stock	1,840	3,006
APPIAN CORP (400 shares)	Common Stock	13,268	26,084
Activision Blizzard Inc (300 shares)	Common Stock	3,690	19,954
Aerovironment Inc (145 shares)	Common Stock	8,928	8,994
BROADCOM INC (75 shares)	Common Stock	21,665	49,906
AVERY DENNISON CORP (115 shares)	Common Stock	13,505	24,906
Best Buy Inc (160 shares)	Common Stock	18,024	16,256
Bigcommerce Hldgs Inc (200 shares)	Common Stock	10,047	7,074
Bank of America 3.5%	Corporate Debt	11,375	10,773
Boston Omaha Corp 00500 Class (1100 shares)	Common Stock	21,086	31,603
BROWN & BROWN INC (270 shares)	Common Stock	17,578	18,976
BTRS Hldgs Inc (400 shares)	Common Stock	5,120	3,128
BLACKSTONE INC (115 shares)	Common Stock	16,994	14,880
Boston Properties (170 shares)	Common Stock	18,123	19,581
CONOCOPHILLIPS C 4.95%	Corporate Debt	22,404	22,514
Calliditas Therapeutic F (380 shares)	Common Stock	10,542	9,409
CARRIER GLOBAL CORP (310 shares)	Common Stock	4,869	16,814
CELANESE CORP (70 shares)	Common Stock	7,537	11,764
Charter Communicatn (15 shares)	Common Stock	9,804	9,780
Canadian Natural Res (190 shares)	Common Stock	5,839	8,028
Capital One (110 shares)	Common Stock	14,100	15,960
Cabot Oil & Gas Corp (740 shares)	Common Stock	14,066	14,060
Comcast Corp 3.4% Note	Corporate Debt	17,623	16,312
CANADIAN PAC RAILWAY (50 shares)	Common Stock	3,221	3,597
Salesforce Com (110 shares)	Common Stock	29,640	27,954
Crispr Therapeutics (185 shares)	Common Stock	10,037	14,019
Cisco Systems Inc (400 shares)	Common Stock	18,674	25,348
Curiosity Stream (550 shares)	Common Stock	8,820	3,262
CVS HEALTH CORP	Corporate Debt	30,057	21,809
Chevron Corporation (150 shares)	Common Stock	15,960	17,603

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
DANA HOLDING CORP 00500 (670 shares)	Common Stock	13,037	15,289
Dassault System S A (100 shares)	Common Stock	4,624	5,968
Endava PLC (110 shares)	Common Stock	9,805	18,471
DBS GROUP HOLDINGS (70 shares)	Common Stock	4,980	6,815
DIGITAL REALTY TRUST (120 shares)	Common Stock	15,126	21,224
DigitalOcean Hldgs Inc (325 shares)	Common Stock	14,221	26,107
DOCUSIGN INC (174 shares)	Common Stock	9,139	26,502
Deutsche Post AG (90 shares)	Common Stock	5,319	5,767
Erste Group Bank A G (190 shares)	Common Stock	3,988	4,541
Entergy Corp (130 shares)	Common Stock	10,237	14,645
Etsy Inc (225 shares)	Common Stock	18,011	49,262
ISHARES MSCI JAPAN ETF		5,396	6,696
Facebook Inc Cl A (115 shares)	Common Stock	16,220	38,680
Ferguson PLC New (72 shares)	Common Stock	0	12,916
First Horizon Corp (1000 shares)	Common Stock	15,667	16,330
Five9 Inc (210 shares)	Common Stock	21,865	28,837
Fulgent Genetics Inc (1060 shares)	Common Stock	17,524	106,625
Fathom Holdings Inc (330 shares)	Common Stock	9,791	6,752
TECHNIPFMC LTD (430 shares)	Common Stock	3,194	2,546
Fortinet Inc (115 shares)	Common Stock	25,389	41,331
Fortive Corp (470 shares)	Common Stock	32,680	35,856
Fiverr Interntl LTD (396 shares)	Common Stock	19,620	45,025
Globant SA (153 shares)	Common Stock	19,329	48,056
Alphabet Inc Class A (49 shares)	Common Stock	30,547	141,955
Goldman Sachs 3.85%	Corporate Debt	11,306	10,734
ISHARES INT GOV CREDIT		49,331	48,913
Home Depot Inc (80 shares)	Common Stock	10,744	33,201
Herbalife Nutrition LT (160 shares)	Common Stock	8,653	6,549
Harding Loevner Instl Emerging (2629 shares)	Mutual Fund	50,302	64,561
HOYA CORP (60 shares)	Common Stock	4,971	8,974
Honeywell Intl Inc (125 shares)	Common Stock	16,616	26,064
Hubspot Inc (99 shares)	Common Stock	18,748	65,256
INTERCONTL HTLS (50 shares)	Common Stock	3,098	3,261
ING GROUP ADR REP 1 OR F (550 shares)	Common Stock	5,381	7,656
Inspire Medical Systems (126 shares)	Common Stock	8,995	28,988
Ishares Tr Russell 2000		53,472	114,339
ORIX CORP (80 shares)	Common Stock	6,561	8,142
JBS S A (450 shares)	Common Stock	3,787	6,165
JOHNSON & JOHNSON (150 shares)	Common Stock	22,838	25,661
JP MORGAN CHASE & CO (290 shares)	Common Stock	31,138	45,922
JPMORGAN CHASE	Corporate Debt	15,020	15,410
JPMORGAN US SMALL COMPAN		24,394	20,451
Kingfisher PLC (600 shares)	Common Stock	3,900	5,601

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Kinsale Capital Group (123 shares)	Common Stock	16,493	29,261
LAUDUS US LARGE CAP GROW		11,232	10,342
LEGRAND SA (220 shares)	Common Stock	3,094	5,139
LKQ Corp (330 shares)	Common Stock	14,077	19,810
LEMONADE INC		2,322	2,106
Live Oak Bancshares (810 shares)	Common Stock	10,910	70,705
Latch Inc (100 shares)	Common Stock	0	757
Mastercard Inc (50 shares)	Common Stock	18,487	17,966
Masco Corp (450 shares)	Common Stock	25,264	31,599
MCDONALDS CORP (70 shares)	Common Stock	18,376	18,765
Mercadolibre Inc (45 shares)	Common Stock	4,464	60,678
Magna International Inc (60 shares)	Common Stock	5,043	4,856
MATTHEWS PACIFIC TIGER FD (1387 shares)	Mutual Fund	44,357	38,148
MARQETA INC		2,196	1,717
Macquarie Group Limite (35 shares)	Common Stock	4,246	5,254
Morgan Stanley (330 shares)	Common Stock	18,195	32,393
Microsoft Corp (455 shares)	Common Stock	26,224	153,026
MOTOROLA SOLUTIONS (130 shares)	Common Stock	24,893	35,321
Neogenomics Inc (383 shares)	Common Stock	10,821	13,068
Variant Alternative Inco		46,831	48,331
NIKE INC (110 shares)	Common Stock	9,466	18,334
Annaly Capital MGMT		99,195	89,930
Nutrien LTD (80 shares)	Common Stock	4,491	6,016
NOVO-NORDISK (60 shares)	Common Stock	3,191	6,720
NXP SEMICONDUCTORS (35 shares)	Common Stock	3,677	7,972
OPENDOOR TECHNOLOGIES (300 shares)	Common Stock	6,819	4,383
Oshkosh Truck Corp (170 shares)	Common Stock	17,502	19,161
Pagerduty Inc (500 shares)	Common Stock	12,190	17,375
Pfizer Inc (810 shares)	Common Stock	32,351	47,831
PROCTER & GAMBLE (90 shares)	Common Stock	9,534	14,722
Parker-Hannifin Corp (70 shares)	Common Stock	13,796	22,268
Phreesia Inc (360 shares)	Common Stock	9,828	14,998
Participant Loans	Participant Loan	39,389	39,389
Philip Morris Intl (290 shares)	Common Stock	23,711	27,550
Pubmatic Inc (520 shares)	Common Stock	20,339	17,706
PGIM JENNISON INTERNATIONAL OP		10,009	10,213
Paypal Holdings Inco (94 shares)	Common Stock	3,147	17,727
Vicarious Surgical Inc (100 shares)	Common Stock	0	1,062
RECRUIT CO. LTD (310 shares)	Common Stock	2,504	3,776
Reata Pharmaceuticals In (120 shares)	Common Stock	10,010	3,164
ROCHE HLDG AG (170 shares)	Common Stock	6,085	8,787
REW AG ORD (130 shares)	Common Stock	3,850	5,308
Proshares Short Russell		14,594	14,609

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Starbucks Corp 2.55%	Corporate Debt	10,427	10,182
ISHARES MSCI EAFE SMALL		10,194	11,694
Sea LTD (50 shares)	Common Stock	11,170	11,186
Shin Etsu Chemical Co (150 shares)	Common Stock	4,088	6,513
Sonic Healthcare LTD (70 shares)	Common Stock	2,182	2,355
Skillz Inc (300 shares)	Common Stock	4,956	2,232
SCHLUMBERGER LTD (520 shares)	Common Stock	12,136	15,574
Smartsheet Inc Class (225 shares)	Common Stock	12,777	17,426
Semler Scientific (100 shares)	Common Stock	10,800	9,165
SONY CORP (150 shares)	Common Stock	8,881	18,960
Sprout Social Inc (315 shares)	Common Stock	18,276	28,567
SSE PLC (190 shares)	Common Stock	3,867	4,235
Schwab US AGGREGATE BOND INDEX		35,553	35,288
Schwab INTERNATIONAL INDEX		41,349	41,785
Schwab S&P 500 Index Fd (2423 shares)	Mutual Fund	133,859	176,725
Schwab SMALL CAP INDEX		32,544	31,229
STRYKER CORP (50 shares)	Common Stock	9,287	13,371
A T & T INC (1000 shares)	Common Stock	24,875	24,600
TORONTO-DOMINION BK (90 shares)	Common Stock	4,841	6,901
TRUIST FINL CORP (613 shares)	Common Stock	31,018	35,891
T F I INTERNTNL INC (50 shares)	Common Stock	2,404	5,606
TJX Companies Inc (430 shares)	Common Stock	28,905	32,646
Thermo Fisher Scentfc (35 shares)	Common Stock	6,666	23,353
Tattooed Chef Inc (600 shares)	Common Stock	10,173	9,324
Totalenergies SE (50 shares)	Common Stock	0	2,473
Unitedhealth Group Inc (110 shares)	Common Stock	29,384	55,235
UNION PACIFIC CORP (125 shares)	Common Stock	22,778	31,491
UNIVERSAL MUSIC GROUP (390 shares)	Common Stock	5,406	5,421
UNION PACIFIC	Corporate Debt	21,877	20,207
US TREAS NT 2.375%01/23	Govt Security	19,635	20,413
US Treasury Note 2% 02/15/22	Govt Security	29,849	30,066
US Treas NT 2.75% 02/28	Govt Security	11,102	10,805
US TREASUR NT 2.75% 11/23	Govt Security	20,984	20,753
US Treas Note 2.25% 11/1 3	Govt Security	15,815	15,623
US TREASU NT 1.625 8/29	Govt Security	30,304	30,427
US TREASU NT 2.375%08/24	Govt Security	15,064	15,572
Visa Inc Cl A (130 shares)	Common Stock	16,505	28,172
VERSUS CAP MULTI MNGR REAL (3974 shares)	Mutual Fund	111,580	120,595
VERSUS CAP REAL ASSET (4224 shares)	Mutual Fund	106,661	113,780
VOYA FINL (370 shares)	Common Stock	21,517	24,535
Walker & Dunlop Inc (279 shares)	Common Stock	10,825	42,096
WIX COM LTD (108 shares)	Common Stock	17,303	17,041
Warner Music Group Corp (290 shares)	Common Stock	10,505	12,522

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Walmart Inc (110 shares)	Common Stock	14,600	15,916
Zscaler Inc (250 shares)	Common Stock	18,845	80,333
ZOETIS INC (90 shares)	Common Stock	8,016	21,963
Rounding adjustment			-8
		11,630,557	14,424,974

(a) & (b) Identity and Description	(c) Cost	(d) Proceeds
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Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

Clover Health Invt Co	Common Stock	4,047	4,562
D8 Hldgs Corp	Common Stock	992	0
Laird Superfood Inc	Common Stock	4,460	1,728
TS Innovation Acquisitio	Common Stock	1,014	0
Umicore Group	Common Stock	5,608	3,720
Vivendi SA	Common Stock	5,484	2,011
Yalla Group LTD ADR F	Common Stock	9,303	8,758