

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>MAINE EYE CENTER, P.A. PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>01-0329291</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>207-774-8277</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1994</u>		2b Employer Identification Number (EIN) <u>01-0329291</u>		2c Plan Sponsor's telephone number <u>207-774-8277</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1994</u>											
2b Employer Identification Number (EIN) <u>01-0329291</u>											
2c Plan Sponsor's telephone number <u>207-774-8277</u>											
2d Business code (see instructions) <u>621111</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>MAINE EYE CENTER, P.A.</u> <u>15 LOWELL STREET</u> <u>PORTLAND, ME 04102</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	MICHELE ALVES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	MICHELE ALVES
	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

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	210
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)	138
a(2) Total number of active participants at the end of the plan year		6a(2)	120
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	78
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	179
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	25
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>1</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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 MAINE EYE CENTER, P.A. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAINE EYE CENTER, P.A.	D Employer Identification Number (EIN) 01-0329291

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

(a) Name of insurance carrier
JOHN HANCOCK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	93909	184	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	8473

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DOWNEAST PENSION SERVICES, INC. 41 CAMPUS DR., SUITE 302
NEW GLOUCESTER, ME 04260

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	8473	THIRD PARTY ADMIN	7

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	17797309

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 MAINE EYE CENTER, P.A. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MAINE EYE CENTER, P.A.	D Employer Identification Number (EIN) 01-0329291	

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)

PLIMSOLL MARK CAPITAL

ONE UNION STREET
PORTLAND, ME 04101

13-3799208

(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?
51	INVESTMENT MANAGER	15183	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

UBS FINANCIAL SERVICES

1000 HARBOR BOULEVARD
WEEHAWKEN, NJ 07086

13-2638166

(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 27 28 63	INVESTMENT MANAGER	115593	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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?
15	RECORDKEEPER	1951	Yes ☐ No ☒	Yes ☒ No ☐	0	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>MAINE EYE CENTER, P.A. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAINE EYE CENTER, P.A.</u>	D Employer Identification Number (EIN) <u>01-0329291</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2025</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>91972</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2030</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>94135</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2040</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1535</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2050</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1487</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2055</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3821</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2060</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10962</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2065</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>73063</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2015 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19414
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2020 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 675329
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297041
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3141921
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2035 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1247046
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2040 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1445523
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2045 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 958436
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2050 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 946726
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2055 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 509826
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2060 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28135
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX RET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 729
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2025		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124293
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2035		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37234
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10103
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2055		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2164
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2060		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46883
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2065		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22086
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87598
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213942
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299349

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39012
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESS LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 984
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14001
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19664
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FUNDS US GOVERNMENT SEC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299186
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193075
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5379
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5001
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 873
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64337

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25719
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39829
a Name of MTIA, CCT, PSA, or 103-12 IE: AF CAPITAL WORLD BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4460
a Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29052
a Name of MTIA, CCT, PSA, or 103-12 IE: AF WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15115
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY DIVERSIFIED STOCK		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4374
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 337969
a Name of MTIA, CCT, PSA, or 103-12 IE: AF NEW PERSPECTIVE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1310865
a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99764
a Name of MTIA, CCT, PSA, or 103-12 IE: AF FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AF CAPITAL WORLD GROWTH & INCOME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51900
a Name of MTIA, CCT, PSA, or 103-12 IE: MD CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170178
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177106
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318841
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144116
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 290295
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33361
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9708
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5665

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): OHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36198
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 638368
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70080
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85992
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70194
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100421
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 568451
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1848996
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35003
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87059

a Name of MTIA, CCT, PSA, or 103-12 IE: **REAL EST SECURITIES FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155965
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>MAINE EYE CENTER, P.A. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAINE EYE CENTER, P.A.</u>	D Employer Identification Number (EIN) <u>01-0329291</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)	284276	328571
(2) Participant contributions.....	1b(2)		5186
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	274137	229955
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	571535	462139
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5529506	7365453
(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)	179758	84242
(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)	20977235	23536751
(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	27816447 32012297
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	27816447 32012297

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)	596378
	(B) Participants	2a(1)(B)	533701
	(C) Others (including rollovers).....	2a(1)(C)	47315
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1177394
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	9090
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	9090
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	212485
	(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)	212485
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2383871
(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)		
c Other income.....	2c		2053967
d Total income. Add all income amounts in column (b) and enter total.....	2d		5836807
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1457408	
(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)		1457408
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	52773	
(3) Investment advisory and management fees.....	2i(3)	130776	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		183549
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1640957
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4195850
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: MARCUM LLP

(2) EIN: 11-1986323

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		24887

	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		1000000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 MAINE EYE CENTER, P.A. PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAINE EYE CENTER, P.A.	D Employer Identification Number (EIN) 01-0329291

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346 01-0472857 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
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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 _____

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
AS OF DECEMER 31, 2021 AND 2020 AND
FOR THE YEAR ENDED DECEMBER 31, 2021

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Maine Eye Center, P.A. Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Maine Eye Center, P.A. Profit Sharing 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section.

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Maine Eye Center, P.A. Profit Sharing 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 on the 2021 financial statements.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Maine Eye Center, P.A. Profit Sharing Plan ability to continue as a going concern for a period of 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 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 Maine Eye Center, P.A. Profit Sharing Plan 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 ABC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 and supplemental schedule H, Line 4i – Schedule of Assets (held at End of Year) as of 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 Department of Labor'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 Department of Labor'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).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Maine Eye Center, P.A. Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for reporting and Disclosure under ERISA.

Marcum LLP

Portland, ME
October 17, 2022

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	2021	2020
Assets		
Investments, at Fair Value		
Cash (including money market funds)	\$ 229,955	\$ 274,137
Corporate bonds	462,139	571,535
Common stock	7,365,453	5,529,506
Registered investment companies	5,759,106	4,988,755
Pooled separate accounts	<u>17,777,645</u>	<u>15,988,480</u>
Total Investments, at Fair Value	<u>31,594,298</u>	<u>27,352,413</u>
Receivables		
Employer contributions	328,571	284,276
Participant contributions	5,186	--
Notes receivable from participants	<u>84,242</u>	<u>179,758</u>
Total Receivables	<u>417,999</u>	<u>464,034</u>
Net Assets Available for Benefits	<u>\$ 32,012,297</u>	<u>\$ 27,816,447</u>

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

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2021

Additions

Additions to Net Assets Attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 4,121,501
Interest and dividends	<u>398,047</u>

Total Investment Income 4,519,548

Interest Income on Notes Receivable from Participants 9,090

4,528,638

Contributions:

Employer contributions	596,378
Participant contributions	533,701
Participant rollover contributions	<u>47,315</u>

Total Contributions 1,177,394

Total Additions 5,706,032

Deductions

Deductions from Net Assets Attributed to:

Benefits paid to participants	1,457,408
Administrative fees	<u>52,774</u>

Total Deductions 1,510,182

Net Increase in Net Assets Available for Benefits 4,195,850

Net Assets Available for Benefits - Beginning of Year 27,816,447

Net Assets Available for Benefits - End of Year \$ 32,012,297

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

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Maine Eye Center, P.A. Profit Sharing Plan (the “Plan”) provides general information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan which was established on January 1, 1994. The Plan's participants include the eligible employees of Maine Eye Center P.A. (the “Company” or the “Employer”). For salary deferrals and matching contributions, the Plan is extended to Company employees on the first day of the quarter coincident with or following ninety days of service. The Board of Trustees is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

CARES ACT

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted, which included provisions, which among others, provide temporary relief for those retirement plan participants affected by the coronavirus disease (COVID-19). Participants who met certain criteria could take a penalty-free hardship withdrawal, borrow from their accounts at higher limits and suspend making payments on their participant loans until 2021. During the period between March 27, 2020 and September 22, 2020, participants impacted by COVID-19 could borrow from their account up to the lesser of \$100,000 or the vested account balance and could suspend loan repayments due during that period until January 2021.

The CARES Act also removed the 10% early withdrawal penalty for a coronavirus-related distribution up to \$100,000 made during 2020. Participants who took a coronavirus-related distribution could spread the income over a three-year period for income tax purposes or avoid income taxes if the distribution is repaid within the three-year period following the distribution. The voluntary adoption of this provision by the Plan was effective March 27, 2020. As of January 1, 2021, the Plan had been formally amended for the CARES Act provisions.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

CONTRIBUTIONS

Participants may contribute annual compensation to the Plan on a pre-income tax basis, up to the maximum deferral amount allowed by law (\$19,500 in 2021). In addition, employees who are age 50 or older may defer an additional "catch up" contribution (\$6,500 in 2021). Effective January 1, 2020, the Plan was amended to allow participants to contribute Roth elective deferrals. Each participant may direct the contributions into their account to any one or more of the investment funds offered. The Company matches the participant deferrals at a discretionary percentage determined by the Company. For the year ended December 31, 2021, the Company matched 100% of the first 5% of base compensation that a participant contributes to the Plan. During the year ended December 31, 2021, total discretionary matching contributions amounted to \$362,938. Company matching contributions are recorded in the same period as the corresponding participant elective contributions and are invested in the same funds as the participant contributions.

The Employer may also make a discretionary non-elective profit sharing contribution to the Plan. The discretionary contribution made by the employer is allocated among eligible participants using an employee grouping method. Top-heavy non-elective contributions are made for those participants who were not eligible for a profit sharing contribution and who did not receive an employer match because they declined to defer compensation to the Plan. During the year ended December 31, 2021, total discretionary non-elective profit sharing contributions amounted to \$233,440.

Employee rollover contributions are recorded when received.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, Employer contributions as well as allocations of (a) the Employer's discretionary non-elective profit sharing contributions and (b) Plan earnings and expenses. Allocations of earnings are based on participant account balances, as defined. Employer discretionary non-elective profit sharing contributions are allocated based on employee compensation amounts. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

ELIGIBILITY

Employees of the Company are generally eligible to make 401(k) deferrals and receive Employer discretionary matching contributions upon completing ninety days of service. An employee must work a minimum of 1,000 hours to be eligible for Employer discretionary non-elective profit sharing contributions and to earn a year of vesting.

ADMINISTRATIVE EXPENSES

Expenses incurred in connection with the general administration of the Plan are paid directly by the Plan sponsor and are excluded from these financial statements. Transaction fees and expenses attributable to self-directed investments are charged to the participant's account as well as fees related to the administration of notes receivables from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

VESTING

Participants are vested immediately in their employee contribution and rollover balances plus actual earnings thereon. Participants become vested in their Employer contributions in accordance with the following schedule:

<u>Participant's Number of Years of Vesting Service</u>	<u>Vested Percentage</u>
1	20 percent
2	40 percent
3	60 percent
4	80 percent
5	100 percent

In the event of death or disability, participants become fully vested in their account.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

INVESTMENT OPTIONS

Participants are permitted to exercise control over the investment of the assets in their accounts, provided the investment is legally permissible and is administratively feasible. Transaction fees and expenses attributable to investments are charged directly to the participant's account.

Alternatively, participants may choose to have all or a portion of the assets in their accounts invested at the direction of an investment manager. Participants may change their investment options daily.

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 percent of their vested account balance. A participant is not allowed to have more than two outstanding loans at any time. The loans are secured by the balance in the participant's account and bear interest at current market rates. Interest rates at December 31, 2021 and 2020 ranged from 5.25% to 7.50%. Principal and interest is paid ratably through payroll deductions up to a five year period, except for loans used to purchase a residence, which may be repaid over a longer period.

The Plan adopted certain relief provisions included in the CARES Act, including increasing loan limits up to the lesser of 100% of the vested account balance or \$100,000 and loan repayment extension allowing payments to be deferred up to one year.

PAYMENTS OF BENEFITS

Participants are entitled to a distribution of their vested benefits upon retirement, termination of employment, death or permanent and total disability. The Plan also allows participants to make hardship withdrawals.

The Plan adopted certain relief provisions included in the CARES Act, including allowing penalty-free distributions up to \$100,000 through December 31, 2020 for qualifying reasons.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

FORFEITURES

When a participant terminates employment prior to completing five years of service, their unvested Employer contributions and the net investment income thereon are forfeited. Forfeitures are retained in the Plan and will be used to reduce future Employer contributions. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$13,915 and \$11,528 respectively. Amounts used to pay Employer contributions for the plan year ended December 31, 2021 were \$66,351 from forfeited non-vested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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 in an orderly transaction between market participants at the measurement date. See Note 3 for discussion on fair value measurements.

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

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation on those investments. Costs of securities sold is determined based upon specific identification of the asset. The Plan's Board of Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors, custodian and insurance company.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

RISKS AND UNCERTAINTIES

The Plan provides for investment options in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

CONTRIBUTIONS

Contributions to the Plan are recorded in the Plan year to which the contribution relates. Employee rollover contributions are recorded when received.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in the financial statements.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 3 – 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs other than quoted prices included within level 1 that are observable for the asset and liability, either directly or indirectly, such as:

- 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 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.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Common stock: Valued at the closing price reported in the active market in which the individual securities are traded.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

Pooled Separate Accounts: Valued based on the observable net asset value (NAV) of the underlying investment or the net asset value of the underlying pool of securities. The NAV of these accounts is not a public-quoted price in an active market. There are currently no participant redemption restrictions on these investments; the redemption notice period is applicable only to the Plan.

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 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 fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ --	\$ 462,139	\$ --	\$ 462,139
Common stock	7,365,453	--	--	7,365,453
Registered investment companies	<u>5,759,106</u>	<u>--</u>	<u>--</u>	5,759,106
Pooled separate accounts*				<u>17,777,645</u>
Total assets at fair value	<u>\$ 13,124,559</u>	<u>\$ 462,139</u>	<u>\$ --</u>	<u>\$ 31,364,343</u>

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ --	\$ 571,535	\$ --	\$ 571,535
Common stock	5,529,506	--	--	5,529,506
Registered investment companies	4,988,755	--	--	4,988,755
Pooled separate accounts*				15,988,480
Total assets at fair value	<u>\$ 10,518,261</u>	<u>\$ 571,535</u>	<u>\$ --</u>	<u>\$ 27,078,276</u>

*- In accordance with Accounting Standards Codification Subtopic 820-10, certain investments measured at net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020:

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Pooled separate accounts:				
Balanced/asset allocation funds	\$ 10,391,737	N/A	Daily	Daily
Aggressive growth funds	1,700,781	N/A	Daily	Daily
Growth funds	5,004,216	N/A	Daily	Daily
Growth and income funds	73,341	N/A	Daily	Daily
Income funds	593,569	N/A	Daily	Daily
Conservative funds	14,001	N/A	Daily	Daily
	<u>\$ 17,777,645</u>			

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020 AND FOR THE YEAR ENDED
DECEMBER 31, 2021

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Pooled separate accounts:				
Balanced/asset allocation funds	\$ 9,575,903	N/A	Daily	Daily
Aggressive growth funds	\$ 1,469,299	N/A	Daily	Daily
Growth funds	\$ 4,298,049	N/A	Daily	Daily
Growth and income funds	\$ 71,478	N/A	Daily	Daily
Income funds	\$ 559,740	N/A	Daily	Daily
Conservative funds	\$ 14,011	N/A	Daily	Daily
	<u>\$ 15,988,480</u>			

The pooled separate accounts' investment strategies are listed below:

Balanced/asset allocation funds seek to achieve current income and growth of capital by investing in a diversified portfolio of fixed-income securities and equity securities with an overall goal of total return with reduced risk over the long-term.

Aggressive growth funds seek long-term growth of capital by primarily investing in stocks of small and mid-cap companies in both domestic and international economies.

Growth funds seek long-term growth by primarily investing in mid-cap and large-cap, both domestic and international stocks.

Growth and income funds seek to preserve a broadly diversified portfolio across all market cycles with relatively low to moderate levels of volatility.

Income funds seek to invest in a diversified portfolio of debt securities, high-yield and emerging markets which provide a higher level of volatility.

Conservative funds seek to provide a steady stream of income and some protection against stock market volatility. Investments from this category are normally fixed income securities primarily in U.S government agency and U.S. treasury securities.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

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

NOTE 4 – INFORMATION CERTIFIED BY THE CUSTODIAN

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A) (the custodian of the Plan). This information has not been audited by the Plan's independent auditors. Assets held by John Hancock Life Insurance Company (U.S.A) as custodian as of December 31, 2021 and 2020 include cash (including money market funds) of \$33,579 and \$27,574, respectively, pooled separate accounts of \$17,777,645 and \$15,988,480, respectively, and participant notes receivable of \$84,242 and \$179,758, respectively. Income certified by John Hancock Life Insurance Company (U.S.A) included net appreciation in fair value of investments of \$2,383,872 and interest income on notes receivable from participants of \$9,090 for the year ended December 31, 2021.

Certain other assets in the Plan are held in self-directed brokerage accounts and are not included in the certification received from the custodian. Investments not certified as of December 31, 2021 consist of cash (including money market funds) of \$196,376, common stock of \$7,365,453, corporate bonds of \$462,139 and mutual funds of \$5,759,106. Income not certified included net appreciation in fair value of investments of \$1,737,629 and interest and dividends of \$398,047 for the year ended December 31, 2021. Investments not certified as of December 31, 2020 consist of cash (including money market funds) of \$246,563, common stock of \$5,529,506, corporate bonds of \$571,535 and mutual funds of \$4,988,755.

NOTE 5 – PLAN TERMINATION

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

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

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

NOTE 6 – TAX STATUS

Effective January 1, 2021, Maine Eye Center, P.A. has adopted a non-standardized pre-approved profit sharing plan sponsored by Downeast Pension Services, Inc. The Internal Revenue Service issued an opinion letter for the non-standardized pre-approved profit sharing plan on June 30, 2020 stating that the non-standardized pre-approved profit sharing plan is acceptable under Section 401(a) of the Internal Revenue Code. The Plan has been amended since the date of the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are partly managed by John Hancock Life Insurance Company (U.S.A). John Hancock Life Insurance Company (U.S.A) is the custodian as defined by the Plan. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment administrative services amounted to \$52,774 for the year ended December 31, 2021.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services to the Plan at no cost to the Plan. The Plan extends loans to participants who are considered parties-in-interest and are also exempt from the prohibited transaction rules.

NOTE 8 – DELINQUENT PARTICIPANT CONTRIBUTIONS

The Company determined that certain remittances of employee deferrals and/or loan payments for the Plan year ended December 31, 2021 were not made timely in accordance with Department of Labor's regulation. The Company has reported all such remittances in the supplemental schedule of delinquent participant contributions. The Plan sponsor is in the process of correcting the error outside of the Voluntary Fiduciary Correction Program.

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FOR THE YEAR ENDED DECEMBER 31, 2021

EIN: 01-0329291
PLAN NUMBER 001

Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions			
		Contributions Not corrected	Contributions Corrected Outside VFCP	Contributions pending Correction In VFCP	Total Fully Corrected Under VFCP And PTW 2002 51
February 2, 2021		\$ 5,531 *	\$ --	\$ --	\$ --
September 2, 2021		1,588 *	--	--	--
October 13, 2021		11,988 *	--	--	--
December 7, 2021		<u>5,780 *</u>	<u>--</u>	<u>--</u>	<u>--</u>
Total		<u>\$ 24,887</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>

* Lost earnings were calculated and will be deposited into the plan during the year ended December 31, 2022

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)

DECEMBER 31, 2021

EIN: 01-0329291
PLAN NUMBER 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity rate, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
CASH (INCLUDING MONEY MARKET FUNDS)				
	UBS Bank	USA Deposit Account	**	\$ 10,658
	UBS Bank	USA Deposit Account	**	8,663
	UBS Bank	USA Deposit Account	**	33,050
	Fidelity Inc	Government Cash Reserves Fund	**	17,958
	UBS Bank	USA Deposit Account	**	13,802
	UBS Bank	USA Deposit Account	**	111,506
	Fidelity Inc	Government Cash Reserves Fund	**	143
*	John Hancock	Money Market Account	**	13,915
	Fidelity Inc	Government Cash Reserves Fund	**	596
*	John Hancock	Money Market Account	**	19,664
				<u>229,955</u>
CORPORATE BONDS				
	Candaian Imperial Bank	Canadian Imperial Bank .95% 6/23/23	**	8,012
	Catepillar Financial	Caterpillar Finl Service 0.65% 07/07/23	**	8,025
	Comcast	Comcast Corp NTS B/E 3.7% 4/15/24	**	6,422
	Morgan Stanley	Morgan Stanley B/E 3.875% 4/29/24	**	6,402
	American Express	American Express Co B/E 2.5% 7/30/24	**	6,262
	Morgan Stanley	Morgan Stanley NTS B/E 3.7% 10/23/24	**	2,144
	BP Capital	BP Capital Markets PLC 3.506% 3/17/25	**	6,449
	Walkt Disney	Walt Disney Co 3.35% 3/24/25	**	6,438
	Oracle	Oracle Corp NTS B/E 2.5% 4/1/25	**	6,181
	Citigroup	Citigroup Inc B/E 3.3% 4/27/25	**	6,410
	Bank of America	Bank of Amer Corp NTS 3.093% 10/1/25	**	2,097
	Equinor	Equinor ASA NTS B/E 1.75% 1/22/26	**	2,029
	JPMorgan Chase	JPMorgan Chase & Co B/E 3.3% 4/1/26	**	6,448
	Bank of Nova Scotia	Bank of Nova Sco 1.35% 06/24/26	**	7,912
	Nvidia	Nvidia Corp NTS 3.2% 9/16/26	**	2,168
	Wells Fargo	Wells Fargo & Co B/E 3% 10/23/26	**	6,341
	Goldman Sachs	Goldman Sachs Group Inc 3.85% 1/26/27	**	2,184
	AT&T	AT&T Inc NTS B/E 2.3% 6/1/27	**	2,040
	Pacific Gas & Electric	Pacific Gas & Elec NTS 2.1% 8/1/27	**	7,799
	Lennar	Lennar Corp NTS B/E 4.75% 11/29/27	**	2,273
	Comcast	Comcast Corp New 3.15% 2/15/28	**	2,172
	TransCanada	TransCanada Pipelines 4.25% 5/15/28	**	6,728
	Abbvie	Abbvie Inc B/E 4.25% 11/14/28	**	6,823
	AT&T	AT&T Inc NTS B/E 4.3% 2/15/30	**	6,857
	Goldman Sachs	Goldman Sachs Group Inc 3.8% 3/15/30	**	6,678
	Exelon	Exelon Corp NTS B/E 4.05% 4/15/30	**	6,724
	JPMorgan Chase	JP Morgan Chase 2.739% 10/15/30	**	2,069

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

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PLAN NUMBER 001

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CORPORATE BONDS (CONTINUED)				
	Wells Fargo	Wells Fargo & Co B/E 0.0%10/30/30	**	2,091
	Home Depot	Home Depot Inc 1.875% 09/15/31	**	1,980
	General Electric	Genl Elec Cap Corp 3.15% 9/7/22	**	43,135
	Apple	Apple Inc Call@MW 2.4% 5/3/23	**	43,167
	Berkshire Hathaway	Berkshire Hathaway Energ Call 3.5% 2/1/25	**	16,102
	Citigroup	Citigroup Inc B/E 4.4% 6/10/25	**	27,299
	McDonalds	McDonalds Corp B/E 3.7% 1/30/26	**	10,918
	American Intel	American Intl Group B/E Call 3.9% 4/1/26	**	45,952
	Microsoft	Microsoft Corp B/E 3.3% 2/6/27	**	44,148
	Verizon	Verizon Communications 4.125% 3/16/27	**	16,854
	Boeing	Boeing Co B/E 3.25% 3/1/28	**	26,163
	Anthem	Anthem Inc NTS B/E 2.875% 9/15/29	**	42,243
				<u>462,139</u>
COMMON STOCK				
	Abbott	Abbott Labs	**	18,296
	Abbvie	AbbVie Inc	**	8,666
	Adobe	Adobe Inc (Delaware)	**	16,444
	AGCO	AGCO Corporation	**	1,276
	Akami Technologies	Akami Technologies Inc	**	2,926
	Alcon	Alcon Inc CHF	**	1,133
	Alphabet	Alphabet Inc	**	60,838
	Amazon	Amazon.com Inc	**	66,687
	American Tower	American Tower Corp REIT	**	11,701
	American Express	American Express Co	**	5,726
	Ameriprise Financial	Ameriprise Financial Inc	**	19,307
	Apple	Apple Inc	**	49,010
	Applied Materials	Applied Materials Inc	**	15,736
	APTIV	APTIV PLC	**	2,144
	Ashtead	Ashtead Group PLC	**	1,644
	Astrazeneca	Astrazeneca PLC	**	1,864
	AXA	AXA ADR	**	2,114
	Becton Dickinson	Becton Dickinson & Co	**	5,281
	Bio Rad	Bio Rad Laboratories Inc	**	2,267
	Booking Holdings	Booking Holdings Inc	**	9,597
	BostonScientific	Boston Scientific Corp	**	13,211
	Broadcom	Broadcom Inc	**	7,985
	Cadence Desgin	Cadence Desgin System	**	2,423
	Canadian PAC Railway	Canadian PAC Railway LTD	**	791

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COMMON STOCK (CONTINUED)				
	Ciena	Ciena Corp New	**	1,001
	Cisco Systems	Cisco Systems Inc	**	7,731
	Comcast	Comcast Corp	**	6,040
	CME Group	CME Group Inc	**	4,112
	Conocophillips	Conocophillips	**	8,662
	Costco	Costco Wholesale Corp	**	16,463
	Crown Castle	Crown Castle	**	3,757
	CVS	CVS Health Group	**	4,642
	Danager	Danaher Corp	**	9,870
	Danone	Danone Sponsored ADR	**	867
	Dollar General	Dollar Gen Corp	**	11,320
	Ecolab	Ecolab Inc	**	1,877
	Electronic Arts	Electronic Arts	**	1,187
	Emerson Electric	Emerson Electric	**	5,485
	Equinor	Equinor ASA Sponor ADR	**	1,896
	Erste Group	Erste Group Bank AG	**	1,548
	Fidelity Inc	Fidelity National Information SVCS	**	13,535
	Genmab	Genmab A/S Sponsor ADR	**	1,187
	Goldman Sachs	Goldman Sachs Group Inc	**	7,651
	H Lundbeck	H Lundbeck A/S DKK	**	474
	Hess	Hess Corp	**	1,259
	Home Depot	Home Depot Inc	**	19,920
	Honey well	Honey well Intl Inc	**	8,966
	Ingersoll	Ingersoll Rand Inc	**	2,104
	IntercontinentalExchange	IntercontinentalExchange Group	**	11,215
	Intel	Intel Corp	**	6,386
	JP Morgan Chase	JP Morgan Chase & Co	**	7,601
	KBC	KBC Group	**	1,116
	Keysight Technologies	Keysight Technologies Inc	**	620
	Knorr Bremse	Knorr Bremse	**	1,436
	Koninklijke Philips	Koninklijke Philips	**	884
	Laboratroy	Laboratory Corp	**	943
	Lauder Estee	Lauder Estee	**	8,514
	Li Auto	Li Auto	**	835
	Lilly Eli	Lilly Eli & CO	**	1,105
	Linde	Linde PLC	**	9,353
	Lockheed Martin	Lockheed Martin Corp	**	4,265
	Lowes	Lowes Companies Inc	**	19,903
	Marsh & McLennan	Marsh & McLennan	**	1,564
	Mcdonalds	McDonalds Corp	**	6,166
	Medtronic	Medtronic PLC	**	4,759

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COMMON STOCK (CONTINUED)				
	Meta	Meta Platforms Inc	**	38,344
	Mesto	Mesto Outotec Oyj	**	1,021
	Michelin	Michelin	**	1,475
	Micron	Micron Technology Inc	**	1,677
	Microsoft	Microsoft	**	101,232
	Mirati Therapeutics	Mirati Therapeutics	**	587
	Montrose Environmental	Montrose Environmental	**	1,833
	Morgan Stanley	Morgan Stanley	**	7,853
	MSA Safety	MSA Safety	**	1,057
	Nextra	Nextra Energy Inc	**	2,521
	Nike	Nike Corp	**	9,667
	Nintendo	Nintendo LTD	**	817
	Nippon	Nippon Telegraph and Telephone	**	603
	Norfolk	Norfolk Corp	**	6,847
	NXP	NXP Semiconductors	**	1,594
	O'Reilly	O'Reilly Automotive Inc	**	17,656
	OKTA	OKTA Inc	**	673
	Parker Hannifin	Parker Hannifin Inc	**	16,224
	PING	PING LTD	**	674
	T Rowe Price	T Rowe Price Group Inc	**	1,966
	Proctor & Gamble	Proctor & Gamble Inc	**	5,398
	Prologis	Prologis Inc	**	5,051
	Prysmian	Prysmian SPA Milano	**	1,080
	Mandiri	PT BK Mandiri Persero	**	1,452
	Raytheon	Raytheon Technologies Inc	**	6,541
	Rivian	Rivian Automotive Inc	**	726
	Rockwell	Rockwell Automation	**	8,023
	S&P Global	S&P Global Inc	**	8,023
	Sage Group	Sage Group PLC	**	1,744
	SalesForce	SalesForce.com Inc	**	19,822
	Sherwin Williams	Sherwin Williams Co	**	14,439
	Shoals	Shoals technologies Group Inc	**	729
	Snowflake	Snowflake Inc	**	2,033
	Societe Generale	Societe Generale Inc	**	1,649
	Softbank	Softbank Group Corp	**	1,323
	Sony	Sony Group Corp	**	2,654
	Southwest	Southwest Airlines Co	**	643
	Spectris	Spectris PLC	**	1,347
	Sweetgreen	Sweetgreen Inc	**	864
	Sysco	Sysco Corp	**	5,263

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COMMON STOCK (CONTINUED)				
	Target	Target Corp	**	4,860
	Takeda	Takeda Pharmaceutical Co	**	600
	Technopro Holdings	Technopro Holdings LTD	**	984
	Tencent Holdings	Tencent Holdings LTD	**	1,166
	Texas Instruments	Texas Instruments	**	14,701
	Thermo Fisher	Thermo Fisher Scientific Inc	**	9,341
	TJX	TJX COS Inc	**	25,053
	Travelers	Travelers Cos Inc	**	4,536
	Unilever	Unilever PLC	**	1,183
	Union Pacific	Union Pacific Corp	**	18,895
	UnitedHealth	UnitedHealth Group Inc	**	18,077
	United Parcel Services	United Parcel Services Inc	**	5,359
	Universal Display	Universal Display Corp	**	1,320
	Vail Resorts	Vail Resorts Inc	**	1,312
	Vertex	Vertex Pharmaceutical Inc	**	1,537
	VF	VF Corp	**	4,540
	Visa	Visa Inc	**	29,689
	Vmware	Vmware Inc	**	1,042
	Wells Fargo	Wells Fargo & Co	**	1,727
	Western Digital	Western Digital Corp	**	1,109
	Walmart	Walmart Inc	**	6,222
	Xilinx	Xilinx Inc	**	1,272
	Ishares	Ishares Semicomductors ETF	**	20,066
	Ishares	Ishares Global Clean Energy ETF	**	27,796
	Invesco	Invesco QQQ Trust ETF	**	19,893
	Ishares	Ishares S&P 500 Value	**	418,829
	Ishares	Ishares S&P 500 Growth	**	660,324
	Ishares	Ishares MSCI EAFE	**	131,553
	Ishares	Ishares MSCI Emerging Mkt	**	64,677
	SPDR	SPDR DJIA Trust	**	372,403
	S&P Midcap	SPDR S&P Midcap 400	**	264,017
	Ishares	Ishares Morningstar Large Cap Growth ETF	**	902,059
	Ishares	Ishares Inc Core MSCI Emerging Mkts	**	37,951
	Proshares	Proshares Ultra QQQ	**	1,464,023
	Communication Services	Communication Svc Select Sector SPDR Fund	**	25,245
	First Trust	First Trust NASDAQ Cybersecurity ETF	**	29,087
	Ishares	Ishares S&P 500 Equal Weight Technology ETF	**	62,862
	Ishares	Ishares S&P Mid-Cap 400 Value ETF	**	44,825
	Ishares	Ishares S&P Small-Cap 600 Value ETF	**	63,634
	Vanguard	Vanguard Small Cap Growth ETF	**	16,626

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COMMON STOCK (CONTINUED)				
	Vanguard	Vanguard Mid-Cap ETF	**	52,992
	Vanguard	Vanguard Mid-Cap Growth ETF	**	38,957
	Vanguard	Vanguard Health Care ETF	**	54,616
	Vanguard	Vanguard Industrials ETF	**	56,423
	Vanguard	Vanguard FTSE Emerging Mkt ETF	**	31,605
	Vanguard	Vanguard FTSE Developed Mkt ETF	**	68,267
	First Trust	First Trust Value Line Divid Index	**	176,764
	Invesco	Invesco S&P 500 Equal Weight Financials	**	119,149
	Ishares	Ishares MSCI USA Value Factor ETF	**	124,796
	Vanguard	Vanguard Total Stock Mkt	**	502,678
	Vanguard	Vanguard FTSE Emerging Markets	**	235,744
	Ishares	Ishares ESG Aware 1-5 year US ETF	**	70,025
	Ishares	Ishares Morningstar Large Cap Growth ETF	**	194,631
				<u>7,365,453</u>
REGISTERED INVESTMENT COMPANIES				
	Ishares Inc.	Ishares Iboxx \$Invt Grade Corporate Bond ETF	**	48,358
	Calvert Green	Calvert Green Bond Fund	**	48,377
	Calvert	Calvert Fd Income Fd	**	48,482
	Fidelity Inc	Fidelity Advisor New Markets Income Fund	**	19,530
	Fidelity Inc	Guggenheim Total Return Bond Fund	**	38,684
	Guggenheim Ltd.	Guggenheim Limited Duration Fund Class I	**	29,136
	Janus Henderson	Developed World Bond Fund I	**	38,905
	Lord Abbett	Lord Abbett Floating Rate Fund	**	48,824
	Lord Abbett	Lord Abbett Short Duration Income Fund	**	38,717
	Nuveen	Nuveen Preferred Securities and Income Fund	**	39,169
	TCW	TCW Emerging Markets Income	**	29,476
	TIAA-CREF	TIAA-CREF Core Impact Bond Fund	**	48,363
	Ishares	Ishares Floating Rate Bond ETF	**	50,730
	Vanguard	Vanguard Short-Term Inflation Protected SEC In	**	51,400
	AllianceBernstein	AB High Income Fund	**	31,133
	Blackrock	Blackrock Strategic Global Bond Fund	**	22,406
	Carillon Reams	Carillon Reams Core Plus Bond Fund	**	22,025
	Columbia	Columbia Mortgage Opportunites Fund	**	40,111
	Guggenheim	Guggenheim Total Return Bond Fund	**	70,998
	US Govt	SIT US Gov't Secs	**	41
	Jensen	Jensen Quality Growth Fund	**	863,880
	Fidelity Inc	Fidelity Total Mkt Index	**	941,785
	Fidelity Inc	Fidelity Contrafund	**	232,131

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REGISTERED INVESTMENT COMPANIES (CONTINUED)				
	Fidelity Inc	Fidelity Equity Income	**	226,761
	Fidelity Inc	Fidelity Mid Cap Index Fund	**	99,833
	Fidelity Inc	Fidelity Low Priced Stock	**	168,441
	Fidelity Inc	Fidelity Blue Chip Growth	**	222,553
	Columbia	Columbia Small Cap Growth Fund	**	38,382
	Invesco	Invesco Developing Markets Fund	**	29,837
	John Hancock	John Hancock disciplined Value Mid Cap Fund	**	30,369
	Neuberger	Neuberger Berman Large Cap Value Fund	**	65,492
	Pioneer	Pioneer Fund	**	70,604
	Smead	Smead Value Fund Class Institutional	**	71,605
	Vanguard	Vanguard International Growth Fund Admiral	**	115,202
	Invesco	Emerging Mkts Sovereign Debt ETF	**	19,578
	Columbia	Columbia Mortgage opportuntites Fund	**	21,510
	Eaton Vance Inc	Eaton Vance Short Duration Government Inc	**	17,172
	Eaton Vance Inc	Eaton Vance Floating Rate Advantage	**	31,949
*	Guggenheim	Guggenheim Total Return Bond Fund	**	61,968
	Janus Henderson	Janus Enderson Developed World Bond Fund	**	40,639
	Lord Abbett	Lord Abbett Floating Rate Fund	**	30,680
	Lord Abbett	Lord Abbett Short Duration Income Fund	**	13,321
	Nuveen	Nuveen Preferred Securities and Income Fund	**	46,849
	Pimco	Pimco Investment Grade Credit Bond Fund	**	44,075
	TCW	TCW Emerging Markets Income	**	20,761
	Baron	Baron Emerging Markets Fund Instl Class	**	112,501
	Delware IVY	Delaware IVY Mid Cap Income Opportunities I	**	125,359
	Eventide	Eventide Gilead Fund	**	240,558
	Eventide	Eventide Healthcare Life Sciences	**	157,212
	John Hancock	John Hancock Bond Fund	**	283,505
	Amer Funds	Amer Funds American Balanced Fund	**	248,427
	Harding Loevner	Harding Loevner Emerg Mrkts	**	20,025
	Jensen	Jensen Quality Growth Fd	**	281,277
				<u>5,759,106</u>
POOLED SEPARATE ACCOUNTS				
*	John Hancock (U.S.A)	Blackrock Lifepath Index 2065	n/a	22,086
*	John Hancock (U.S.A)	Blackrock Lifepath Index 2060	n/a	46,883
*	John Hancock (U.S.A)	Blackrock Lifepath Index 2055	n/a	2,164
*	John Hancock (U.S.A)	Blackrock Lifepath Index 2045	n/a	10,103
*	John Hancock (U.S.A)	Blackrock Lifepath Index 2035	n/a	37,234
*	John Hancock (U.S.A)	Blackrock Lifepath Index 2025	n/a	124,293
*	John Hancock (U.S.A)	Blackrock Lifepath Index Ret	n/a	729

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POOLED SEPARATE ACCOUNTS (CONTINUED)				
*	John Hancock (U.S.A)	JH Multimanager 2060 Lifetime	**	28,135
*	John Hancock (U.S.A)	JH Multimanager 2055 Lifetime	**	509,826
*	John Hancock (U.S.A)	JH Multimanager 2050 Lifetime	**	946,726
*	John Hancock (U.S.A)	JH Multimanager 2045 Lifetime	**	958,436
*	John Hancock (U.S.A)	JH Multimanager 2040 Lifetime	**	1,445,523
*	John Hancock (U.S.A)	JH Multimanager 2035 Lifetime	**	1,247,046
*	John Hancock (U.S.A)	JH Multimanager 2030 Lifetime	**	3,141,921
*	John Hancock (U.S.A)	JH Multimanager 2025 Lifetime	**	297,041
*	John Hancock (U.S.A)	JH Multimanager 2020 Lifetime	**	675,329
*	John Hancock (U.S.A)	JH Multimanager 2015 Lifetime	**	19,414
*	John Hancock (U.S.A)	Vanguard Target Ret 2065	**	73,063
*	John Hancock (U.S.A)	Vanguard Target Ret 2060	**	10,962
*	John Hancock (U.S.A)	Vanguard Target Ret 2055	**	3,821
*	John Hancock (U.S.A)	Vanguard Target Ret 2050	**	1,487
*	John Hancock (U.S.A)	Vanguard Target Ret 2040	**	1,535
*	John Hancock (U.S.A)	Vanguard Target Ret 2030	**	94,135
*	John Hancock (U.S.A)	Vanguard Target Ret 2025	**	91,972
*	John Hancock (U.S.A)	JH Multimanager Aggressive LS	**	984
*	John Hancock (U.S.A)	JH Multimanager Growth LS	**	299,349
*	John Hancock (U.S.A)	JH Multimanager Balanced LS	**	213,942
*	John Hancock (U.S.A)	JH Multimanager Conserv LS	**	87,598
*	John Hancock (U.S.A)	American Century Heritage	**	39,012
*	John Hancock (U.S.A)	DFA Emerging Markets Value	**	5,665
*	John Hancock (U.S.A)	DFA International Value	**	9,708
*	John Hancock (U.S.A)	DFA U.S. Small Cap Fund	**	33,361
*	John Hancock (U.S.A)	EuroPacific Growth Fund	**	290,295
*	John Hancock (U.S.A)	Intl Equity Index Fund	**	318,841
*	John Hancock (U.S.A)	Invesco Opp Developing Mkt	**	177,106
*	John Hancock (U.S.A)	Mid Cap Index Fund	**	170,178
*	John Hancock (U.S.A)	New World Fund	**	51,900
*	John Hancock (U.S.A)	Real Est. Securities Fund	**	155,965
*	John Hancock (U.S.A)	Small Cap Index Fund	**	87,059
*	John Hancock (U.S.A)	Small Cap Stock Fund	**	35,003
*	John Hancock (U.S.A)	Vanguard Mid-Cap Growth ETF	**	100,421
*	John Hancock (U.S.A)	Vanguard Mid-Cap Value ETF	**	70,194
*	John Hancock (U.S.A)	Vanguard Small Cap Grow Index	**	85,992
*	John Hancock (U.S.A)	Vanguard Small Cap Value Index	**	70,080
*	John Hancock (U.S.A)	500 Index Fund	**	638,368
*	John Hancock (U.S.A)	Blue Chip Growth Fund	**	36,198
*	John Hancock (U.S.A)	Fidelity Contrafund	**	144,116
*	John Hancock (U.S.A)	John Hancock Disciplined Value	**	99,764

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POOLED SEPARATE ACCOUNTS (CONTINUED)				
*	John Hancock (U.S.A)	New Perspective Fund	**	1,310,865
*	John Hancock (U.S.A)	The Growth Fund of America	**	1,848,996
*	John Hancock (U.S.A)	Vanguard Growth Index Fund	**	568,451
*	John Hancock (U.S.A)	Vanguard Value Index Fund	**	337,969
*	John Hancock (U.S.A)	Victory Diversified Stocks	**	4,374
*	John Hancock (U.S.A)	Washington Mutual Investors	**	15,115
*	John Hancock (U.S.A)	American Balanced Fund	**	29,052
*	John Hancock (U.S.A)	Capital World Bond Fund	**	4,460
*	John Hancock (U.S.A)	Fidelity Advisor Total Bond	**	25,719
*	John Hancock (U.S.A)	High Yield Fund	**	64,336
*	John Hancock (U.S.A)	Invesco Oppenheimer Int'l Bond	**	39,830
*	John Hancock (U.S.A)	John Hancock Bond Fund	**	873
*	John Hancock (U.S.A)	Pimco Real Return	**	5,001
*	John Hancock (U.S.A)	T. Rowe Price Spectrum Inc	**	5,379
*	John Hancock (U.S.A)	Total Bond Market Fund	**	193,075
*	John Hancock (U.S.A)	US Government Securities	**	299,186
*	John Hancock (U.S.A)	Vanguard Short-Term Federal	**	14,001
				<u>17,777,645</u>
NOTES RECEIVABLE FROM PARTICIPANTS				
*	Notes Receivable from Participants	Interest rates ranging from 5.25% to 7.50%, due at various dates through 2026	-0-	<u>84,242</u>
				<u>\$ 31,678,540</u>

* Party-in-interest

** Investments are participant directed; cost information is not applicable.

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 01/01/2021 and ending 12/31/2021

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 MAINE EYE CENTER, P.A. PROFIT SHARING PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1994</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1994	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1994					
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) Maine Eye Center, P.A. 15 Lowell Street US Portland ME 04102	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 01-0329291</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (207) 774-8277</td> </tr> <tr> <td>2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 01-0329291	2c Plan Sponsor's telephone number (207) 774-8277	2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 01-0329291					
2c Plan Sponsor's telephone number (207) 774-8277					
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	<i>Michele D. Alves</i>	10-12-22	Michele D. Alves
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Michele D. Alves</i>	10-12-22	Michele D. Alves
	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

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

Form 5500 (2021)
v. 201209

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 and 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	5 210
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) 138
a(2) Total number of active participants at the end of the plan year	6a(2) 120
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 78
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 179
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 25
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>1</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 H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of Plan

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

Employer Identification Number

01-0329291

Three Digit Plan Number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
*	Money Market Fund	Cash Account		19,664
*	Cash	Cash Account		13,915
	Cash	Cash Account		13,802
	Cash	Cash Account		111,506
	Fidelity Govt Cash Reserves	Cash Account		17,958
	Fidelity Govt Cash Reserves	Cash Account		143
	Cash	Cash Account		10,658
	Cash	Cash Account		8,663
	Cash	Cash Account		33,050
	Fidelity Govt Cash Reserves	Cash Account		596
	Various Holdings	Corp Bond		145,193
	Various Holdings	Corp Bond		313,232
	Various Holdings	Equity		356,265
	Various Holdings	Equity		1,931,695
	Various Holdings	Equity		2,149,970
	Various Holdings	Equity		704,528
	Various Holdings	Equity		966,631
	Various Holdings	Equity		1,794,762
	Various Holdings	Equity		448,695
	Jensen Quality Growth Fd	Mutual Fund		863,880
	Various Holdings	Mutual Fund		1,891,506
	Various Holdings	Mutual Fund		29,948
	Various Holdings	Mutual Fund		348,503
	Various Holdings	Mutual Fund		301,301
	Various Holdings	Mutual Funds		476,988
	Various Holdings	Mutual Funds		261,645
	Various Holdings	Mutual Funds		601,956
*	Blackrock Lifepath Index 2065	Pooled Separate Accounts		22,086
*	Blackrock Lifepath Index 2060	Pooled Separate Accounts		46,883
*	Blackrock Lifepath Index 2055	Pooled Separate Accounts		2,164
*	Blackrock Lifepath Index 2045	Pooled Separate Accounts		10,103
*	Blackrock Lifepath Index 2035	Pooled Separate Accounts		37,234
*	Blackrock Lifepath Index 2025	Pooled Separate Accounts		124,293
*	Blackrock Lifepath Index Ret	Pooled Separate Accounts		729
*	JH Multimanager 2060 Lifetime	Pooled Separate Accounts		28,135
*	JH Multimanager 2055 Lifetime	Pooled Separate Accounts		509,826
*	JH Multimanager 2050 Lifetime	Pooled Separate Accounts		946,726
*	JH Multimanager 2045 Lifetime	Pooled Separate Accounts		958,436
*	JH Multimanager 2040 Lifetime	Pooled Separate Accounts		1,445,523
*	JH Multimanager 2035 Lifetime	Pooled Separate Accounts		1,247,046
*	JH Multimanager 2030 Lifetime	Pooled Separate Accounts		3,141,921
*	JH Multimanager 2025 Lifetime	Pooled Separate Accounts		297,041
*	JH Multimanager 2020 Lifetime	Pooled Separate Accounts		675,329
*	JH Multimanager 2015 Lifetime	Pooled Separate Accounts		19,414
*	Vanguard Target Ret 2065	Pooled Separate Accounts		73,063
*	Vanguard Target Ret 2060	Pooled Separate Accounts		10,962

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of Plan

MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

Employer Identification Number

01-0329291

Three Digit Plan Number

001

*	Vanguard Target Ret 2055	Pooled Separate Accounts		3,821
*	Vanguard Target Ret 2050	Pooled Separate Accounts		1,487
*	Vanguard Target Ret 2040	Pooled Separate Accounts		1,535
*	Vanguard Target Ret 2030	Pooled Separate Accounts		94,135
*	Vanguard Target Ret 2025	Pooled Separate Accounts		91,972
*	JH Multimanager Aggressive LS	Pooled Separate Accounts		984
*	JH Multimanager Growth LS	Pooled Separate Accounts		299,349
*	JH Multimanager Balanced LS	Pooled Separate Accounts		213,942
*	JH Multimanager Conserv LS	Pooled Separate Accounts		87,598
*	American Century Heritage	Pooled Separate Accounts		39,012
*	DFA Emerging Markets Value	Pooled Separate Accounts		5,665
*	DFA International Value	Pooled Separate Accounts		9,708
*	DFA U.S. Small Cap Fund	Pooled Separate Accounts		33,361
*	EuroPacific Growth Fund	Pooled Separate Accounts		290,295
*	Intl Equity Index Fund	Pooled Separate Accounts		318,841
*	Invesco Opp Developing Mkt	Pooled Separate Accounts		177,106
*	Mid Cap Index Fund	Pooled Separate Accounts		170,178
*	New World Fund	Pooled Separate Accounts		51,900
*	Real Est. Securities Fund	Pooled Separate Accounts		155,965
*	Small Cap Index Fund	Pooled Separate Accounts		87,059
*	Small Cap Stock Fund	Pooled Separate Accounts		35,003
*	Vanguard Mid-Cap Growth ETF	Pooled Separate Accounts		100,421
*	Vanguard Mid-Cap Value ETF	Pooled Separate Accounts		70,194
*	Vanguard Small Cap Grow Index	Pooled Separate Accounts		85,992
*	Vanguard Small Cap Value Index	Pooled Separate Accounts		70,080
*	500 Index Fund	Pooled Separate Accounts		638,368
*	Blue Chip Growth Fund	Pooled Separate Accounts		36,198
*	Fidelity Contrafund	Pooled Separate Accounts		144,116
*	John Hancock Disciplined Value	Pooled Separate Accounts		99,764
*	New Perspective Fund	Pooled Separate Accounts		1,310,865
*	The Growth Fund of America	Pooled Separate Accounts		1,848,996
*	Vanguard Growth Index Fund	Pooled Separate Accounts		568,451
*	Vanguard Value Index Fund	Pooled Separate Accounts		337,969
*	Victory Diversified Stocks	Pooled Separate Accounts		4,374
*	Washington Mutual Investors	Pooled Separate Accounts		15,115
*	American Balanced Fund	Pooled Separate Accounts		29,052
*	Capital World Bond Fund	Pooled Separate Accounts		4,460
*	Fidelity Advisor Total Bond	Pooled Separate Accounts		25,719
*	High Yield Fund	Pooled Separate Accounts		64,336
*	Invesco Oppenheimer Int'l Bond	Pooled Separate Accounts		39,830
*	John Hancock Bond Fund	Pooled Separate Accounts		873
*	Pimco Real Return	Pooled Separate Accounts		5,001
*	T. Rowe Price Spectrum Inc	Pooled Separate Accounts		5,379
*	Total Bond Market Fund	Pooled Separate Accounts		193,075
*	US Government Securities	Pooled Separate Accounts		299,186
*	Vanguard Short-Term Federal	Pooled Separate Accounts		14,001
*	Participant Loans	various due dates, rates 5.25%-7.50%		84,242

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2021 and Ending 12/31/2021

Name of Plan: MAINE EYE CENTER, P.A. PROFIT SHARING PLAN

Employer Identification Number: 01-0329291 Three-digit plan number: 001

[illegible]