# 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

**2017**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
DESIGNS FOR VISION, INC. PROFIT SHARING 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 04/01/1982

**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)
DESIGNS FOR VISION, INC.

4000 VETERANS MEMORIAL HIGHWAY
BOHEMIA, NY 11716-1024

**2b** Employer Identification Number (EIN)
13-1956568

**2c** Plan Sponsor's telephone number
631-585-3300

**2d** Business code (see instructions)
339110

**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. | 10/08/2018 | HERBERT SCHWARTZ |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

DESIGNS FOR VISION, INC.

4000 VETERANS MEMORIAL HIGHWAY
BOHEMIA, NY 11716-1024

**3b** Administrator's EIN: 13-1956568

**3c** Administrator's telephone number: 631-585-3300

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 190 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 157 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 169 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 29 |
| **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** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 199 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 163 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **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:

2E 2F 2G 2J 2K

**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)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | 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)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
DESIGNS FOR VISION, INC. PROFIT SHARING 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
DESIGNS FOR VISION, INC.

**D** Employer Identification Number (EIN)
13-1956568

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
METLIFE INSURANCE COMPANY OF CONNECTICUT

| (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 |
| 06-0566090 | 87726 | 7366600 | 1 | 01/01/2017 | 12/31/2017 |

**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 |
|---|---|
| 763 | 0 |

**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

KENNETH BIEBER INC
18 EAST 41ST STREET
SUITE 1902
NEW YORK, NY 10017

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 763 | | | 3 |

**(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 | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ AS PER RULES OF INSURANCE COMPANY

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | 38141 |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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

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

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

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

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

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **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. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
DESIGNS FOR VISION, INC. PROFIT SHARING 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
DESIGNS FOR VISION, INC.

**D** Employer Identification Number (EIN)
13-1956568

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

**1** Coverage Information:

**(a)** Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 71-0294708 | 86509 | 814825 | 164 | 01/01/2017 | 12/31/2017 |

**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 |
|---|---|
| 38958 | 15366 |

**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
NATIONAL PLANNING CORPORATION
401 WILSHIRE BOULEVARD
SUITE 1100
SANTA MONICA, CA 90401

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 26102 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
ASSOCIATED PENSION CONSULTANTS, INC
111 EXPRESS STREET
PLAINVIEW, NY 11803

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | 15366 | TPA PARNTERSHIP PROGRAM (6967) TPA ALLIANCE PROGRAM (8399) | 5 |

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

CETERA ADVISOR NETWORKS LLC

200 N SEPULVEDA BOULEVARD
SUITE 1200
EL SEGUNDO, CA 90245

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 12856 | | | 3 |

**(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 | 1865041 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 13455446 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RULES OF INSURANCE COMPANY

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

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 1833406 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 104897 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 24861 | | |
| | (4) Transferred from separate account | 7c(4) | 0 | | |
| | (5) Other (specify below) | 7c(5) | 7454 | | |
| | ▶ LOAN REPAYMENTS | | | | |
| | (6) Total additions | | | 7c(6) | 137212 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 1970618 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 51245 | | |
| | (2) Administration charge made by carrier | 7e(2) | 245 | | |
| | (3) Transferred to separate account | 7e(3) | 52121 | | |
| | (4) Other (specify below) | 7e(4) | 1966 | | |
| | ▶ LOAN DISBURSEMENTS | | | | |
| | (5) Total deductions | | | 7e(5) | 105577 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 1865041 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **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. | | | **10b** | |

Specify nature of costs.

## 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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2017**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
DESIGNS FOR VISION, INC. PROFIT SHARING 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
DESIGNS FOR VISION, INC.

**D** Employer Identification Number (EIN)
13-1956568

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

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

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

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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)

COMMONWEALTH FINANCIAL NETWORK

04-2675571

| (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? |
|---|---|---|---|---|---|---|
| 99 | SERVICE PROVIDER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 7577 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2017**

**This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
DESIGNS FOR VISION, INC. PROFIT SHARING 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
DESIGNS FOR VISION, INC.

**D** Employer Identification Number (EIN)
13-1956568

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RETIREMENT INSURANCE AND ANNUI

**b** Name of sponsor of entity listed in (a): MAP CONTRACT SEPARATE ACCOUNT D

| **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) |
|---|---|---|
| 71-0294708-000 | P | 13455446 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

## Part II Information on Participating Plans (to be completed by DFEs)

(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 |
|---|---|

**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

**2017**

**This Form is Open to Public Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
DESIGNS FOR VISION, INC. PROFIT SHARING 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
DESIGNS FOR VISION, INC.

**D** Employer Identification Number (EIN)
13-1956568

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 10010 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 208177 | 191812 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 11573449 | 13455446 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1833406 | 1865041 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | **1d(1)** | 0 | 0 |
| | **(2)** Employer real property | **1d(2)** | 0 | 0 |
| **e** | Buildings and other property used in plan operation | **1e** | 0 | 0 |
| **f** | Total assets (add all amounts in lines 1a through 1e) | **1f** | 13615032 | 15522309 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | **1g** | 0 | 0 |
| **h** | Operating payables | **1h** | 0 | 0 |
| **i** | Acquisition indebtedness | **1i** | 0 | 0 |
| **j** | Other liabilities | **1j** | 0 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | **1k** | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | **1l** | 13615032 | 15522309 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | **2a(1)(A)** | 87863 | |
| | **(B)** Participants | **2a(1)(B)** | 750215 | |
| | **(C)** Others (including rollovers) | **2a(1)(C)** | 67312 | |
| | **(2)** Noncash contributions | **2a(2)** | 0 | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | **2a(3)** | | 905390 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | **2b(1)(A)** | 0 | |
| | **(B)** U.S. Government securities | **2b(1)(B)** | 0 | |
| | **(C)** Corporate debt instruments | **2b(1)(C)** | 0 | |
| | **(D)** Loans (other than to participants) | **2b(1)(D)** | 0 | |
| | **(E)** Participant loans | **2b(1)(E)** | 8968 | |
| | **(F)** Other | **2b(1)(F)** | 24861 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | **2b(1)(G)** | | 33829 |
| | **(2)** Dividends: **(A)** Preferred stock | **2b(2)(A)** | 0 | |
| | **(B)** Common stock | **2b(2)(B)** | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | **2b(2)(C)** | 0 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | **2b(2)(D)** | | 0 |
| | **(3)** Rents | **2b(3)** | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | **2b(4)(A)** | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | **2b(4)(B)** | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | **2b(4)(C)** | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | **2b(5)(A)** | 0 | |
| | **(B)** Other | **2b(5)(B)** | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | **2b(5)(C)** | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 1674434 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 0 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2613653 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 648830 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 38141 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 686971 |
| f Corrective distributions (see instructions) | 2f | | 16270 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 3135 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 3135 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 706376 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1907277 |
| 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)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: HERTZ HERSON CPA LLP **(2)** EIN: 81-2276003

**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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**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** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

# 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

**2017**

**This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

**A** Name of plan
DESIGNS FOR VISION, INC. PROFIT SHARING 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
DESIGNS FOR VISION, INC.

**D** Employer Identification Number (EIN)
13-1956568

## Part I Distributions

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

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

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

EIN(s): 71-0294708

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

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

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

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

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

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

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

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

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

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

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

## Part III Amendments

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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that 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): _____

---

**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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **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):

REPORT ON

DESIGNS FOR VISION, INC.

PROFIT SHARING 401(K) PLAN

DECEMBER 31, 2017

HERTZ HERSON CPA LLP

Certified Public Accountants

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DESIGNS FOR VISION, INC.
PROFIT SHARING 401(K) PLAN
DECEMBER 31, 2017


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# FINANCIAL STATEMENTS

HERTZ | HERSON CPA LLP
Certified Public Accountants
SINCE 1931

477 Madison Avenue
New York, NY 10022
212.686.7160

# INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Designs For Vision, Inc.
Profit Sharing 401(k) Plan
4000 Veterans Memorial Highway
Bohemia, New York 11716

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Designs For Vision, Inc. Profit Sharing 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

## Management's Responsibility for the 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; this includes 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.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Voya Financial Inc. ("Voya") the custodian of the plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Voya holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification that the information provided by Voya as of December 31, 2017 and 2016 and for the year ended December 31, 2017, provided to the plan administrator is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Voya, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hertz Herson CPA LLP

New York, New York
October 4, 2018

DESIGNS FOR VISION, INC.
PROFIT SHARING 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS AT DECEMBER 31, 2017 AND 2016

| | 2017 | 2016 |
|---|---|---|
| ASSETS | | |
| Investments, at fair value - Notes C and E | | |
| Pooled separate accounts | $13,455,446 | $11,573,449 |
| Investment, at contract value - Notes D, and E | 1,865,041 | 1,833,406 |
| Total Investments | 15,320,487 | 13,406,855 |
| Receivables | | |
| Notes receivable from participants | 191,812 | 208,177 |
| Employer's contribution receivable | 10,010 | - |
| TOTAL ASSETS | 15,522,309 | 13,615,032 |
| LIABILITIES | | |
| Excess contributions payable - Note H | 14,011 | 16,270 |
| Total Liabilities | 14,011 | 16,270 |
| NET ASSETS AVAILABLE FOR BENEFITS | $15,508,298 | $13,598,762 |

The accompanying notes are an integral part of the financial statements and should be read in conjunction therewith.

DESIGNS FOR VISION, INC.
PROFIT SHARING 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

| | |
|---|---|
| Additions | |
| Investment income - Note E | |
| Net appreciation in fair value of pooled separate accounts | $ 1,674,434 |
| Interest on investment contract with insurance company | 24,861 |
| Total Investment Income | 1,699,295 |
| Contributions | |
| Participant contributions | 750,215 |
| Rollover contributions | 67,312 |
| Employer matching contributions | 87,863 |
| Total Contributions | 905,390 |
| Interest income on notes receivable from participants | 8,968 |
| Total Additions | 2,613,653 |
| Deductions | |
| Benefits paid to participants | 686,971 |
| Corrective distributions - Note H | 14,011 |
| Administrative expenses | 3,135 |
| Total Deductions | 704,117 |
| Net Increase | 1,909,536 |
| Net Assets Available for Benefits: | |
| Beginning of Year | 13,598,762 |
| End of Year | $ 15,508,298 |

The accompanying notes are an integral part of the financial statements and should be read in conjunction therewith.

## Note A - Description of Plan

The following description of the Designs For Vision, Inc. Profit Sharing 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more comprehensive description of the Plan's provisions. The Plan's sponsor is Designs for Vision, Inc. (the "Company").

1. *General and Eligibility.* The Plan is a defined-contribution plan covering all employees of the Company who have completed one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act ("ERISA"). The Plan's trustees are responsible for oversight of the Plan, determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

2. *Contributions.* Eligible employees can contribute any whole percentage of their compensation, subject to limitations set by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may elect to make a matching contribution equal to a percentage of the amount the participant elects to contribute to the Plan. Effective January 1, 2017, the plan was amended and restated to reactivate matching employer contributions. Such contributions amounted to $87,863 for the year ending December 31, 2017.

   Each year the Company may also make a discretionary contribution, which is allocated in the same ratio that each participant's compensation for the Plan year bears to the total compensation for all participants for the Plan year. The participant must complete a year of service and be actively employed on the last day of the Plan year to share in this contribution.

   Employer matching and discretionary contributions are invested in the same manner as the participant's contributions.

3. *Participant accounts.* Each participant's account is credited with the participant's contribution and allocations of the Company's contributions and Plan earnings and charged with an allocation of the Plan's administrative expenses. Plan earnings and administrative expenses are allocated based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note A - Description of Plan (Continued)

4. *Vesting.* Participants are immediately vested in their salary reduction contributions, rollover contributions, any qualified non-elective contributions and qualified matching contributions, as defined in the Internal Revenue Code (the "IRC") plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is graduated based on years of continuous service. A participant is 100% vested after six years of credited service.

5. *Notes Receivable from Participants.* Participants may borrow from their accounts from a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The note repayment period cannot exceed five years unless such note is used to acquire the participants' principal residence. The notes are secured by the balance in participant's account and bear interest at rates ranging from 4.25% to 6.25% as at December 31, 2017. Principal and interest is paid through weekly payroll deductions.

6. *Payment of benefits.* Normal retirement is the date a participant attains age 65. At retirement, or upon attaining age 59-1/2 years old, a participant is entitled to their account balance consisting of 100% of the participant contribution plus the vested portion of the Company's contribution, plus earnings thereon. In the event of disability, a participant is entitled to receive 100% of the account balance. In the event of death, a participant's beneficiary is entitled to receive 100% of the deceased participant's account.

7. *Forfeited accounts.* As at December 31, 2017 and 2016, forfeited nonvested accounts totaled $5,650 and $4,608, respectively. These accounts maybe used to first pay any expenses of the Plan and then be allocated as an additional employer contribution for the year.

Note B - Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of 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 invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note B - Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for an investment contract with an insurance company, which is reported at contract value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note C for discussion of investment value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation/ depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Realized and unrealized gains and losses from the assets in the pooled separate accounts are credited to or charged against the pooled separate accounts. Interest income is recorded as earned. Interest income on the investment contract with insurance company is recorded at the rate in effect the day it is directed into the account.

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 as earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding deduction to the Plan's net assets presented as corrective distributions.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through October 4, 2018, the date the financial statements were available to be issued.

Note C - Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, "Fair Value Measurement and Disclosures" establishes a framework for measuring fair value. The framework provides a 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).

Note C - Fair Value Measurements (Continued)

The hierarchy consists of three broad levels:

Level 1 - Quoted prices in active markets for identical assets. This level has the highest priority.

Level 2 - Quoted prices for similar assets in active markets, quoted prices for identical or similar assets not traded in active markets and other observable inputs.

Level 3 - Prices or valuations that are unobservable. This level has the lowest priority

The following tables set forth by level, within the fair value hierarchy, a summary of the Plan's investment measured at fair value as at December 31, 2017 and 2016:

| | Total | Level 1 | Level 2 | Level 3 | Investments measured at net asset value |
|---|---|---|---|---|---|
| As at December 31, 2017 | | | | | |
| Pooled separate accounts | $ 13,455,446 | $ - | $ - | $ - | $ 13,455,446 |
| As at December 31, 2016 | | | | | |
| Pooled separate accounts | $ 11,573,449 | $ - | $ - | $ - | $ 11,573,449 |

Following is a description of the valuation methodologies used for investments measured at fair value.

As at December 31, 2017 and 2016, pooled separate accounts offered are proprietary to Voya and invest exclusively in underlying mutual funds traded on an established market. The separate account owns and holds the underlying mutual fund, which are valued daily at their net asset values ("NAV"). The Plan and participants hold "units of participation' in a separate account. The accumulation unit value ("AUV") is the value of each unit in the separate account and the separate account is valued daily as the number of accumulated units held multiplied by the AUV. The AUV is based on the NAV of the shares of the underlying fund, the fund's dividends and the Contract's separate account charges. The pooled separate account held can be redeemed at NAV as of the measurement date and are redeemable on a daily basis with a 1-day notice period. Unfunded commitments typically are found in private equity funds and therefore are not applicable to pooled separate account.

Note D - Investment Contract with Insurance Company

As of December 31, 2017, the plan has a Voya Fixed Account Investment Funds, insurance contract, with Voya. This contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Voya maintains the contributions in a general account. The account is credited with earnings from the underlying investments and is charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The credit rate is based on a formula established by the contract issuer but may not be less than 1 percent. The credit rate is reviewed on an annual basis. The contract is included in the financial statements at contract value as reported by Voya.

Note D - Investment Contract with Insurance Company (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or premature termination of the contract. No events are probable of occurring that might limit the ability of the plan to transact at contract value with the participants. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investments guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without consent of the issuer.

Note E - Investment Information Certified by the Plan's Custodian

The following is a summary of the investment information regarding the Plan as at December 31, 2017 and 2016, and for the year ended December 31, 2017, included in the Plan's financial statements and supplementary schedule, that was prepared or derived by Voya, the custodian of the Plan, and furnished to the Plan's administrator. The Plan's administrator has obtained a certification from Voya that such information is complete and accurate.

| | 2017 | 2016 |
|---|---|---|
| Investments at fair value | $ 13,455,446 | $ 11,573,449 |
| Investments at contract value | $ 1,865,041 | $ 1,833,406 |
| Net appreciation in fair value of pooled separate accounts | $ 1,674,434 | |
| Interest income on investment contract with insurance company | $ 24,861 | |

Note F - Related Party Transactions and Party-In-Interest Transactions

The trustees, as defined by the Plan, have the primary duty and responsibility to administer, manage and control the assets of the Trust. The trustees have retained Associated Pension, to act as the record keeper and administrator of the Plan. The trustees appointed Voya as the custodian of the Plan to hold and maintain all the assets of the Trust. The responsibilities held by Associated Pension and Voya qualify each of them as a party-in-interest to the Plan.

Note F - Related Party Transactions and Party-In-Interest Transactions (Continued)

Fees incurred by the Plan for investment management services are included in net appreciation/ depreciation in investments. These transactions qualify as party-in-interest transactions.

The Company absorbs certain costs of administering the Plan, principally consisting of professional fees and limited costs of the Company's personnel involved in administrative matters of the Plan and are excluded from these financial statements.

Note G - 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 will become 100% vested in their accounts.

Note H - Excess Contributions

During the years ended December 31, 2017 and 2016, corrective distributions of $14,011 and $16,270, respectively, were recorded for certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are also included in the Plan's statements of net assets available for benefits as excess contributions payable at December 31, 2017 and 2016, respectively.

Note I - Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated September 29, 2009, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving this latest determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt. In accordance with IRS requirements, the plan sponsor must apply for a new determination letter for each remedial amendment cycle in order to preserve reliance on a plan's favorable determination letter. In August 2015, the plan sponsor received a favorable determination letter from the IRS that expires on January 31, 2019.

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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note J - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as at December 31, 2017 and 2016 and changes in net assets available for benefits for the year ended December 31, 2017 per the financial statements to the Form 5500:

| | As at December 31, | |
|---|---|---|
| | 2017 | 2016 |
| Net assets available for benefits per the financial statements | $15,508,298 | $13,598,762 |
| Add: Excess contributions payable | 14,011 | 16,270 |
| Net assets available for benefits per Form 5500 | $15,522,309 | $13,615,032 |

| | For the Year Ended December 31, 2017 |
|---|---|
| Net increase in net assets available for benefits per financial statements | $1,909,536 |
| Less: Corrective distributions per financial statement at December 31, 2016 | (16,270) |
| Add: Corrective distributions per financial statement at December 31, 2017 | 14,011 |
| Net income per Form 5500 | $1,907,277 |

Note K - Former Participant Account Balances

At December 31, 2017 account balances of retired and separated participants of the Plan approximated $1,427,000 which represents approximately 9% of net assets available for benefits at that date.

# SUPPLEMENTARY FINANCIAL INFORMATION

DESIGNS FOR VISION, INC
PROFIT SHARING 401(K) PLAN
SCHEDULE 1 - SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS AT DECEMBER 31, 2017

Plan Number 001
EIN 13-1956568

| (a) | (b) Identity of issuer, borrower, lessor or similar party. | (c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value. | | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2020 Port R6 | ** | $ - | $ 988,715 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2025 Port R6 | ** | - | 2,062,396 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2030 Port R6 | ** | - | 550,097 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2035 Port R6 | ** | - | 1,339,852 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2040 Port R6 | ** | - | 673,500 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2045 Port R6 | ** | - | 709,673 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2050 Port R6 | ** | - | 518,692 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2055 Port R6 | ** | - | 150,249 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2060 Port R6 | ** | - | 28,807 |
| * | Voya Retirement Insurance and Annuity Co | AmCen One Choice In Ret Pt R6 | ** | - | 2,032,550 |
| * | Voya Retirement Insurance and Annuity Co | American Funds EuroPacific R6 | ** | - | 145,951 |
| * | Voya Retirement Insurance and Annuity Co | American Funds Fdmntl Inv R6 | ** | - | 465,810 |
| * | Voya Retirement Insurance and Annuity Co | American Funds Growth Fnd R6 | ** | - | 335,204 |
| * | Voya Retirement Insurance and Annuity Co | American Funds Income Fnd R6 | ** | - | 45,609 |
| * | Voya Retirement Insurance and Annuity Co | American Funds Nw Prspctv R6 | ** | - | 235,864 |
| * | Voya Retirement Insurance and Annuity Co | American Funds Wash Mtual R6 | ** | - | 121,711 |
| * | Voya Retirement Insurance and Annuity Co | ClrBrg Aggr Grw Fd IS | ** | - | 66,332 |
| * | Voya Retirement Insurance and Annuity Co | ClrBrg SmCo Grw Fd IS | ** | - | 149,222 |
| * | Voya Retirement Insurance and Annuity Co | DFA Infl-Prot Sec Port Ins | ** | - | 21,325 |
| * | Voya Retirement Insurance and Annuity Co | DFA Real Estate Secs Port Ins | ** | - | 182,348 |
| * | Voya Retirement Insurance and Annuity Co | DFA US Targeted VI Port Ins | ** | - | 36,446 |
| * | Voya Retirement Insurance and Annuity Co | Eaton Vance Inc Fd of Bstn R6 | ** | - | 89,101 |
| * | Voya Retirement Insurance and Annuity Co | Legg Msn BW GI Op Bond Fd IS | ** | - | 150,948 |
| * | Voya Retirement Insurance and Annuity Co | Neuberg Berm MdCp Grw Fnd R6 | ** | - | 135,150 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd 500 Index Fund Adm | ** | - | 566,695 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd Balanced Index Fnd Adm | ** | - | 113,711 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd Em Mkts Stk Ind Fd Adm | ** | - | 128,026 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd LifeStrat Grw Fd Inv | ** | - | 176,158 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd LifeStrat Md Grw Fd Inv | ** | - | 350,051 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd Mid-Cap Index Fund Adm | ** | - | 174,261 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd Small-Cap Index Fnd Adm | ** | - | 143,191 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd Tot Bd Mkt Ind Fd Adm | ** | - | 14,345 |
| * | Voya Retirement Insurance and Annuity Co | Vangrd Tot Int Stk In F Adm | ** | - | 190,879 |
| * | Voya Retirement Insurance and Annuity Co | Victory Sycmr Est VI Fd R6 | ** | - | 289,951 |
| * | Voya Retirement Insurance and Annuity Co | Voya Gv Mny Mkt FA (Hid Acct) | ** | - | 6,053 |
| * | Voya Retirement Insurance and Annuity Co | Voya Intermediate Bond Fund R6 | ** | - | 66,573 |
| * | Voya Retirement Insurance and Annuity Co | Voya Fixed Account (4062) | | - | 1,865,041 |
| | Participant Loans | 4.25% - 6.25% | | - | 191,812 |

* Represents party in interest.

** Represents investments in pooled separate accounts.

Plan Name: DESIGNS FOR VISION, INC. PROFIT SHARING 401K PLAN
Plan ID: 814825

# Summary of Investment Expenses and Indirect Compensation

The chart below summarizes the investment expenses for the funds available under your Voya Financial, Inc. (Voya) program and the revenue received by Voya from the funds in support of the recordkeeping and administrative services we provide in connection with your plan. Voya uses this revenue to maintain the investment, administrative and technological platforms and other supporting services used by your plan. Part of this revenue may also be used to compensate one or more of your plan's other service providers. Among those additional service providers are the plan's adviser and third party administrator (TPA). For informational purposes, we are providing the amounts that may be paid to certain other providers in the summary below. Amounts shown are expressed as a percentage of program assets based on formulas in effect as of the date above, and are subject to change.

**Note: The amounts shown below are not added to each other. Rather, the revenue Voya receives is paid directly or indirectly from the total investment expenses. The compensation paid by Voya is a Voya expense and is not separately charged to the plan.**

| Summary | |
|---|---|
| Average Annual Investment Expense of Managed Investment Options (1) | 0.91% |
| Average Annual Managed Investment Option Revenue (2) | 0.50% |
| Average Annual Total Investment Option Revenue (3) | 0.48% |
| Annual compensation that may be payable by Voya to Third Party Administrator* | |
| - Partnership Program | 0.05% |

[1] **Average Annual Investment Expense of Managed Investment Options**: This is the weighted average of the Total Investment Expenses for the plan investment options, based on assets at the reporting date, excluding any funds for which the expenses are N/A and any self directed brokerage accounts.

[2] **Average Annual Managed Investment Option Revenue**: This is the weighted average revenue to Voya, based on assets at the reporting date, from the funds included in the Total Investment Expenses. (Paid to Voya from Total Investment Expenses)

[3] **Average Annual Total Investment Option Revenue:** This is the weighted average revenue to Voya from all plan investment options, based on assets at the reporting date, including any assets in the Voya Fixed or Guaranteed Accumulation Account.

* The annual compensation paid by Voya to your adviser and TPA reflects the compensation payable after the first year of the program and does not include compensation paid on transferred assets or any "first year" compensation. See your new business paperwork for information on first year compensation. Certain minimum criteria may apply before such payments are made and receipt of compensation by your TPA may vary by plan. In addition, Renewal Contributions are contributions made after the first year of the contract. Increase Contributions are contributions that exceed the highest contributions in any prior year. Voya may also make payments to other plan service providers from the total revenue received by Voya.

Plan Name: DESIGNS FOR VISION, INC. PROFIT SHARING 401K PLAN
Plan ID: 814825

# Investment Expenses and Indirect Compensation

The chart below shows the components of the investment expenses for the non-fixed interest funds available under your plan as well as the revenue paid to Voya Financial, Inc. (Voya) from the funds in support of the recordkeeping and administrative services we provide in connection with your plan. The revenue received by Voya from the fund is paid by the fund itself or a related party (e.g. the fund's investment manager) and is not an additional expense above the fund fees. Voya uses this revenue to maintain the investment, administrative and technological platforms and other supporting services used by your plan. Part of this revenue may also be used to compensate your advisor. Amounts shown below are based on charges in effect as of the date above and are subject to change.

Please refer to the Appendix for a description of the services provided in connection with the following fees paid by the Funds to Voya:

| | | Expenses Paid | | | | | | | | | Recordkeeping Revenue to Voya | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Fund Expenses | | | | | | | Voya Contract Charges | Total | | | | | |
| Fund No | Fund Name | (A) Management Fees | (B) 12b-1 Fees | (C) Other Expenses | (D) Gross Fund Expense (A+B+C) | (E) Waivers and Adjustments | (F) Net Fund Expense (D+E) | Prospectus Date | (G) Daily Asset Charge | (H) Total Net Fund Expense (F+G) | (I) Total Daily Asset Charge (From Column G) | (J) Sub TA/Expense Reimbursement | (K) 12b-1 Fee | (L) Service Fee | (M) Total Revenue to Voya (I+J+K+L) |
| 1438 | DFA Real Estate Securities Port Inst | 0.17% | 0.00% | 0.02% | 0.19% | -0.01% | 0.18% | 02/28/2017 | 0.50% | 0.68% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 1723 | American Funds EuroPacific R6 | 0.42% | 0.00% | 0.08% | 0.50% | 0.00% | 0.50% | 06/01/2017 | 0.50% | 1.00% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 1724 | American Funds Growth Fnd R6 | 0.27% | 0.00% | 0.06% | 0.33% | 0.00% | 0.33% | 04/07/2017 | 0.50% | 0.83% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 1899 | American Funds Nw Prspctv R6 | 0.38% | 0.00% | 0.07% | 0.45% | 0.00% | 0.45% | 04/07/2017 | 0.50% | 0.95% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 1961 | American Funds Income Fnd R6 | 0.22% | 0.00% | 0.07% | 0.29% | 0.00% | 0.29% | 10/01/2017 | 0.50% | 0.79% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 1990 | American Funds Wash Mtual R6 | 0.24% | 0.00% | 0.06% | 0.30% | 0.00% | 0.30% | 07/01/2017 | 0.50% | 0.80% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 2323 | American Funds Fdmntl Inv R6 | 0.25% | 0.00% | 0.06% | 0.31% | 0.00% | 0.31% | 04/07/2017 | 0.50% | 0.81% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 2566 | DFA U.S. Targeted Value Port Inst | 0.35% | 0.00% | 0.02% | 0.37% | 0.00% | 0.37% | 02/28/2017 | 0.50% | 0.87% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 2609 | Vanguard LifeStrat Growth Fd Inv | 0.00% | 0.00% | 0.15% | 0.15% | 0.00% | 0.15% | 02/23/2017 | 0.50% | 0.65% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 2618 | Vanguard LifeStrat Mod Grwth Fd Inv | 0.00% | 0.00% | 0.14% | 0.14% | 0.00% | 0.14% | 02/23/2017 | 0.50% | 0.64% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 3223 | DFA Inflat-Prot Securities Port Inst | 0.10% | 0.00% | 0.02% | 0.12% | 0.00% | 0.12% | 02/28/2017 | 0.50% | 0.62% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 3497 | ClrBrg Sm Cp Growth Fnd IS | 0.75% | 0.00% | 0.03% | 0.78% | 0.00% | 0.78% | 03/01/2017 | 0.50% | 1.28% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 3833 | Neuberger Berman Md Cp Grw Fnd R6 | 0.58% | 0.00% | 0.09% | 0.67% | 0.00% | 0.67% | 12/12/2016 | 0.50% | 1.17% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 3860 | ClrBrg Aggr Grwth Fnd IS | 0.69% | 0.00% | 0.03% | 0.72% | 0.00% | 0.72% | 12/28/2016 | 0.50% | 1.22% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 3869 | BrandywineGLOBAL Glbl Opp Bnd Fd IS | 0.50% | 0.00% | 0.08% | 0.58% | 0.00% | 0.58% | 05/01/2017 | 0.50% | 1.08% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 4062 | Voya Fixed Account (4062) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 0.36% | 0.36% |
| 4739 | Amer Cent One Choice 2060 Port R6 | 0.63% | 0.00% | 0.04% | 0.67% | -0.10% | 0.57% | 10/21/2017 | 0.50% | 1.07% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6270 | Amer Cent One Choice In Ret Prt R6 | 0.52% | 0.00% | 0.03% | 0.55% | -0.13% | 0.42% | 10/21/2017 | 0.50% | 0.92% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6272 | Amer Cent One Choice 2020 Port R6 | 0.52% | 0.00% | 0.03% | 0.55% | -0.13% | 0.42% | 10/21/2017 | 0.50% | 0.92% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6273 | Amer Cent One Choice 2025 Port R6 | 0.54% | 0.00% | 0.03% | 0.57% | -0.13% | 0.44% | 10/21/2017 | 0.50% | 0.94% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6274 | Amer Cent One Choice 2030 Port R6 | 0.55% | 0.00% | 0.03% | 0.58% | -0.12% | 0.46% | 10/21/2017 | 0.50% | 0.96% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6275 | Amer Cent One Choice 2035 Port R6 | 0.57% | 0.00% | 0.03% | 0.60% | -0.11% | 0.49% | 10/21/2017 | 0.50% | 0.99% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6276 | Amer Cent One Choice 2040 Port R6 | 0.58% | 0.00% | 0.03% | 0.61% | -0.10% | 0.51% | 10/21/2017 | 0.50% | 1.01% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6277 | Amer Cent One Choice 2045 Port R6 | 0.60% | 0.00% | 0.03% | 0.63% | -0.09% | 0.54% | 10/21/2017 | 0.50% | 1.04% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6278 | Amer Cent One Choice 2050 Port R6 | 0.62% | 0.00% | 0.04% | 0.66% | -0.09% | 0.57% | 10/21/2017 | 0.50% | 1.07% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |

Plan Name: DESIGNS FOR VISION, INC. PROFIT SHARING 401K PLAN
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| | | Expenses Paid | | | | | | | | | Recordkeeping Revenue to Voya | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Fund Expenses | | | | | | | Voya Contract Charges | Total | | | | | |
| Fund No | Fund Name | (A) Management Fees | (B) 12b-1 Fees | (C) Other Expenses | (D) Gross Fund Expense (A+B+C) | (E) Waivers and Adjustments | (F) Net Fund Expense (D+E) | Prospectus Date | (G) Daily Asset Charge | (H) Total Net Fund Expense (F+G) | (I) Total Daily Asset Charge (From Column G) | (J) Sub TA/Expense Reimbursement | (K) 12b-1 Fee | (L) Service Fee | (M) Total Revenue to Voya (I+J+K+L) |
| 6279 | Amer Cent One Choice 2055 Port R6 | 0.63% | 0.00% | 0.04% | 0.67% | -0.10% | 0.57% | 10/21/2017 | 0.50% | 1.07% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 628 | Voya Gov Money Mkt Fnd A (Hold Acct) | 0.50% | 0.00% | 0.24% | 0.74% | -0.02% | 0.72% | 07/31/2017 | 0.00% | 0.72% | 0.00% | 0.17% | 0.00% | 0.00% | 0.17% |
| 6431 | Voya Intermediate Bond Fund R6 | 0.27% | 0.00% | 0.04% | 0.31% | 0.00% | 0.31% | 07/31/2017 | 0.50% | 0.81% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6595 | Victory Sycmr Established Value F R6 | 0.46% | 0.00% | 0.13% | 0.59% | 0.00% | 0.59% | 03/01/2017 | 0.50% | 1.09% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6722 | Vanguard Emr Mkts Stck Ind Fd Adm | 0.06% | 0.00% | 0.08% | 0.14% | 0.00% | 0.14% | 02/24/2017 | 0.50% | 0.64% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 6726 | Eaton Vance Income Fund of Boston R6 | 0.59% | 0.00% | 0.07% | 0.66% | 0.00% | 0.66% | 03/01/2017 | 0.50% | 1.16% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 756 | Vanguard Mid-Cap Index Fund Adm | 0.05% | 0.00% | 0.01% | 0.06% | 0.00% | 0.06% | 04/27/2017 | 0.50% | 0.56% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 757 | Vanguard Small-Cap Index Fund Adm | 0.05% | 0.00% | 0.01% | 0.06% | 0.00% | 0.06% | 04/27/2017 | 0.50% | 0.56% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 898 | Vanguard Total Bnd Mrkt Ind F Adm | 0.04% | 0.00% | 0.01% | 0.05% | 0.00% | 0.05% | 04/26/2017 | 0.50% | 0.55% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 899 | Vanguard 500 Index Fund Adm | 0.03% | 0.00% | 0.01% | 0.04% | 0.00% | 0.04% | 04/27/2017 | 0.50% | 0.54% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 9009 | Vanguard Balanced Index Fund Adm | 0.06% | 0.00% | 0.01% | 0.07% | 0.00% | 0.07% | 04/26/2017 | 0.50% | 0.57% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |
| 9889 | Vanguard Total Intl Stk Index Fd Adm | 0.08% | 0.00% | 0.03% | 0.11% | 0.00% | 0.11% | 02/23/2017 | 0.50% | 0.61% | 0.50% | 0.00% | 0.00% | 0.00% | 0.50% |

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## Fund Notes

DFA Real Estate Securities Portfolio - Institutional Class: Dimensional Fund Advisors LP (the ?Advisor?) has agreed to waive certain fees and in certain instances, assume certain expenses of the DFA Real Estate Securities Portfolio. The Fee Waiver and Expense Assumption Agreement for the Portfolio will remain in effect through February 28, 2018, and may only be terminated by the Fund?s Board of Directors prior to that date. Under certain circumstances, the Advisor retains the right to seek reimbursement for any fees previously waived and/or expenses previously assumed up to thirty-six months after such fee waiver and/or expense assumption.

ClearBridge Small Cap Growth Fund - Class IS: The manager has agreed to waive fees and/or reimburse operating expenses (other than interest, brokerage, taxes, extraordinary expenses and acquired fund fees and expenses) so that total annual operating expenses are not expected to exceed 1.05% for Class I shares. In addition, total annual fund operating expenses for Class IS shares will not exceed total annual fund operating expenses for Class I shares. These arrangements cannot be terminated prior to December 31, 2015 without the Board of Trustees' consent. The manager is permitted to recapture amounts waived and/or reimbursed to a class during the same fiscal year if the class' total annual operating expenses have fallen to a level below the limits described above.

ClearBridge Aggressive Growth Fund - Class IS: The manager has agreed to waive fees and/or reimburse operating expenses (other than interest, brokerage, taxes, extraordinary expenses and acquired fund fees and expenses) so that total annual fund operating expenses will not exceed 0.80%, subject to recapture as described below. In addition, total annual fund operating expenses for Class IS shares will not exceed total annual fund operating expenses for Class I shares, subject to recapture as described below. These arrangements cannot be terminated prior to December 31, 2018 without the Board of Trustees' consent. The manager is permitted to recapture amounts waived and/or reimbursed during the same fiscal year if the total annual fund operating expenses have fallen to a level below the limits described above. In no case will the manager recapture any amount that would result, on any particular business day of the fund, in the total annual fund operating expenses exceeding the applicable limits described above or any other lower limit then in effect.

Legg Mason BW Global Opportunities Bond Fund - Class IS: The manager has agreed to waive fees and/or reimburse operating expenses (other than interest, brokerage commissions, dividend expense on short sales, taxes, extraordinary expenses and acquired fund fees and expenses) so that total annual fund operating expenses will not exceed 0.65%, subject to recapture as described below. In addition, total annual fund operating expenses for Class IS shares will not exceed total annual fund operating expenses for Class I shares, subject to recapture as described below. These arrangements cannot be terminated prior to December 31, 2018 without the Board of Trustees' (the "Board") consent. The manager is permitted to recapture amounts waived and/or reimbursed within three years after the fiscal year in which the manager earned the fee or incurred the expense if the total annual fund operating expenses have fallen to a level below the limits described above. In no case will the manager recapture any amount that would result, on any particular business day of the fund, in the total annual fund operating expenses exceeding the applicable limits described above or any other lower limit then in effect.

Voya Intermediate Bond Fund - Class R6: The adviser is contractually obligated to limit expenses to 0.50% through August 1, 2015. The limitation does not extend to interest, taxes, brokerage commissions, extraordinary expenses, and Acquired Fund Fees and Expenses. This limitation is subject to possible recoupment by the adviser within 36 months of the waiver or reimbursement. Termination or modification of this obligation requires approval by the Fund's board.

Victory Sycamore Established Value Fund - Class R6: The Adviser has contractually agreed to waive its management fee and/or to reimburse expenses so that the total annual operating expenses (excluding Acquired Fund Fees and Expenses and certain items such as interest, taxes and brokerage commissions) do not exceed 0.63% until at least February 28, 2017. The Adviser is permitted to recoup advisory fees waived and expenses reimbursed for up to three years after the fiscal year in which the waiver or reimbursement took place, subject to any operating expense limits in effect at the time of the original waiver or expense reimbursement and at the time of recoupment or reimbursement. This agreement may only be terminated by the Fund's Board of

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# Other Indirect Compensation

### Float

Voya and its affiliated companies ("Voya") earn income in the form of bank service credits on contributions awaiting investment and on payments awaiting distribution from the bank accounts that Voya maintains (or "float"). The bank service credits are applied against the bank service fees that apply to the bank accounts that Voya maintains and may not be redeemed for cash. Specifically, the bank accounts have been established to receive and hold for a reasonable time:

- contributions or other amounts to be invested in your retirement plan, or
- amounts redeemed to pay a distribution or disbursement from your plan.

Your Voya service provider will receive income in the form of bank service credits (as described below) and offset such credits against bank service fees that are charged to Voya for the use of such bank accounts and for services provided by the banks for processing receipts or disbursements.

#### Float Generated by Contributions:

Your Voya service provider uses a bank account to receive and hold contributions or other Plan deposit amounts to be invested. Contributions or other deposit amounts are held until Authorized Instructions are received in good order. Income in the form of bank service credits are earned on the bank account during any waiting period for Authorized Instructions. For Authorized Instructions received in good order by the close of the New York Stock Exchange (normally 4:00 p.m. Eastern Time), contributions or other deposit amounts will be invested on that business day. For Authorized Instructions received in good order after the close of the New York Stock Exchange, contributions or other deposit amounts will be processed on the next business day.

#### Float Generated by Distributions:

Your Voya service provider and/or one or more of its corporate affiliates receives income in the form of bank service credits in connection with distributions or disbursements that Voya pays on the plan's behalf. The service credits accrue during the period beginning when an amount is redeemed from the Plan's investment to fund a distribution or disbursement check and ending when the check is presented for payment.

Additionally, from time to time, the corporate affiliate of your Voya service provider may receive money market like rates of return on other deposit or short term investment products in which distributions may be held until such time as the check is presented for payment.

### Transaction Processing Errors

Voya processes your Plan's investment instructions on an "omnibus" or aggregated basis. If Voya's correction of a Voya processing error results in a loss to your Plan or its Participants, Voya will absorb the loss. If any gain results in connection with the correction of a Voya processing error, Voya will net any such gain against other losses absorbed by Voya and retain any resulting net gain as a component of its compensation for transaction processing services, including its agreement to make Plan and Participant accounts whole for losses resulting from Voya processing errors. For more information on our error correction policy, please refer to Voya Retirement Insurance and Annuity Company's Policy for Correction of Processing Errors ("VRIAC Policy"). The VRIAC policy is posted in the Sponsor Disclosure section of the Sponsor Web.

### Revenue Sharing

In addition, to the extent former or current Affiliates of Voya perform services for the Plan, such Affiliate may share any revenue received with Voya or may credit Voya for such revenue against amounts due from Voya to such Affiliate. Such revenue sharing may include, but it is not limited to, revenue sharing in connection with investment management, brokerage or trustee/custodial services.

### Conference Support

Some fund families provide financial support to Voya companies in connection with training and education events attended by Voya employees and representatives. This financial support may include expenses associated with meals. For calendar year 2017 such amount was approximately $0.36 per plan. This estimate was determined by dividing the total amount received from all fund families by the number of plans for which Voya provides investment services.

# Appendix: Definitions for Indirect Fees

- **Fund No:** The fund number assigned by Voya
- **Fund Name:** The name of the Fund

Please note that some of the funds available under your plan may include Voya proprietary funds. Proprietary funds are funds which are owned by Voya companies. The mutual funds listed for your plan which start with Voya's name are Voya proprietary funds.

## FUND EXPENSES

- **Management Fees**: Fees paid to the Fund for investment advisory activities related to the selection and management of fund investments. These fees may include fees paid to the trustee of a collective investment trust.
- **12b-1 Fees**: Fees paid to the Fund for distribution services provided on behalf of a fund. If the fund imposes 12b-1 fees, such payments are made out of fund assets.
- **Other Expenses**: Fees paid to the Fund for other expenses associated with maintenance of a fund, such as: accounting, audit, recordkeeping, prospectus delivery, proxy support, periodic fund reports printing and/or mailing, etc.
- **Gross Fund Expense:** The sum of the management fees, 12b-1 fees and other expenses paid by the Fund.
- **Waivers and Adjustments**: An adjustment to a portion of the mutual fund fees as stated in the fund's most current prospectus. For certain funds, the investment adviser or other service provider to the fund may waive a portion of its fees or reimburse certain fund expenses, which will reduce the expense ratio of the fund for the period of the waiver or adjustment. These waivers and adjustments may not necessarily continue in the future. Please refer to the footnotes at the end of this report for further information regarding any Waivers and Adjustments shown.
- **Net Fund Expense**: The Gross Fund Expense reduced by any waiver or adjustment in effect.
- **Prospectus Date**: The date of the fund prospectus from which the fund fees have been provided.

## VOYA CONTRACT CHARGES

- **Daily Asset Charge**: A Voya contract charge assessed against the variable funds for marketing and sales expenses as well as the costs of various services (e.g., call centers, websites, daily valuation systems, regulatory information, transaction processing, communication, education and enrollment support) in support of your program. This fee paid to Voya may be comprised of a base contract charge as well as additional charges for optional services selected by the plan.

- **Total Net Fund Expense**: The Net Fund Expense plus the Daily Asset Charge.
- **Total Revenue to Voya:** The sum of the Total Daily Asset Charge plus amounts received by Voya from the Fund or fund custodian for Sub TA Expense Reimbursement, 12b-1 Fees and other services.

## REVENUE TO VOYA

- **Total Daily Asset Charge**: The Daily Asset charge.
- **Sub Transfer Agent (Sub TA) Expense Reimbursement**: The amount paid to Voya Retirement Insurance and Annuity Company ("VRIAC") or its affiliates by the Fund Family or Fund Transfer Agent for plan and participant level recordkeeping services.
- **12b-1 Fees:** The amount paid to VRIAC or its affiliates by the fund family from the fund's 12b-1 fees for distribution services.
- **Service Fee:** The amount paid to VRIAC or its affiliates by the Fund Family or Fund Transfer Agent for other services provided in connection with the investment option. If your plan uses the Voya Fixed Account or Voya Guaranteed Accumulation Account (GAA), the amount shown in the "Service Fee" column represents our reasonable and good faith estimate of the cost of the recordkeeping and other administrative services being offset through a reduction in the rates of interest that would otherwise be credited. In developing our estimate, we applied guidance issued by the Department of Labor in connection with Form 5500 Schedule C reporting. Under that guidance, if the rate of return on a fixed rate investment contract is net of the expense of recordkeeping and similar administrative services, then the amount so "netted" should be reported as a fee charged against the Plan's investment in order to avoid the inference that the Plan services were being provided free of charge. Estimates of those amounts are permitted so long as the estimate is reasonable, and the methodology and assumptions used to prepare the estimate are disclosed.

  The rate credited to your Plan's Fixed Account and/or GAA ("fixed accounts") balance is a "net" rate that reflects the costs of the recordkeeping and other administrative services we provide. We have estimated the amount of that rate reduction and reported it in the "Service Fee" column of our indirect compensation report in order to inform your understanding of the costs of our recordkeeping and administrative services. Set forth below is a description of the method we used in developing our estimate:

  First, we determined the ratio of (1) our estimated internal costs for providing plan recordkeeping, trusteeship and similar services to all of our Plan customers as of the prior calendar year end, to (2) our average total assets during the same calendar year. We applied that ratio to your Plan's fixed account(s) to arrive at an estimate of the dollar amount of reportable compensation attributable to netting the costs of providing such services against the Fixed Account/GAA rate.

- **Total Revenue to Voya:** The sum of the Total Daily Asset Charge plus amounts received by Voya from the Fund or fund custodian for Sub TA Expense Reimbursement, 12b-1 Fees and other services.

Plan Name: DESIGNS FOR VISION, INC. PROFIT SHARING 401K PLAN
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# Service Description and Direct Compensation

In addition to investment related compensation, your plan may pay direct fees to Voya in connection with the services we provide. Current direct fees for standard services are shown below. Additional optional services may also be available for which fees are not shown. Please refer to your program agreements for complete detail. Services and charges are subject to change as described in the applicable agreements.

**Recordkeeping Services**
Voya's recordkeeping services include services related to the maintenance of plan investment options, and may include additional plan administrative support. These services include those listed below. Voya does not act in a fiduciary or investment advisory capacity in the provision of these services.

| | |
|---|---|
| 1099 reporting on participant distributions | Annual plan review |
| Client relationship management | Communications to help educate, guide and motivate your participants to take full advantage of the benefits of your plan |
| Comprehensive support to help navigate today's regulatory landscape | Cutting-edge technology to help manage your plan |
| Daily account valuations and reconciliations | Dedicated Plan Participant Website |
| Dedicated Plan Sponsor Website | Establishment and maintenance of participant accounts |
| Fiduciary Investment Guide | Financial education and counseling for terminated or retiring employees |
| Fund scorecard to help assess performance of funds | Local or online enrollment support |
| Multiple distribution options | Participant bench-marking tools, calculators and newsletters |
| Personal Rate of Return via the participant website | QDRO/DRO account maintenance |
| Receiving and processing periodic contributions, fund transfers and allocation changes | Sample investment policy statements |
| Sponsor/participant account statements | Support for IRS Form 5500 filings |
| Support for multiple contribution sources | Support for plan audits |
| Toll-free telephone access (interactive voice response or live rep) | TPA support |
| Wide range of pre-screened investment alternatives | |

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Direct Fees for Standard Recordkeeping Services: None

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**Optional Services and Fees:**

| Direct Fees for Optional Recordkeeping Services | Fees | Payment Method |
|---|---|---|
| Loan Initiation Fee, one-time charge per loan: | $100.00 | Deducted from participant account |
| In-Service Withdrawal and Hardship Distribution processing, one time charge per disbursement or withdrawal | $50.00 | Deducted from participant account |
| Termination Distribution Processing, one-time charge per distribution: | $50.00 | Deducted from participant account |
| Participant-Initiated Wire, per occurrence: | $50.00 | Deducted from participant account |
| Overnight Mail, per occurrence: | $50.00 | Deducted from participant account |
| Stop Payment, per occurrence: | $50.00 | Deducted from participant account |

**Additional Disclosures**
Other plan-sponsor services also may be available for additional fees.

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

Name of Plan:

► DESIGNS FOR VISION, INC. PROFIT SHARING 401(k) PLAN

Employer Identification Number:► 13-1956568

For plan year (beginning/ending):► 01/01/2017 / 12/31/2017 Plan numbe 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2020 Port R6 | | $988,714.75 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2025 Port R6 | | $2,062,395.73 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2030 Port R6 | | $550,097.15 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2035 Port R6 | | $1,339,851.47 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2040 Port R6 | | $673,499.74 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2045 Port R6 | | $709,673.34 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2050 Port R6 | | $518,691.99 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2055 Port R6 | | $150,248.56 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice 2060 Port R6 | | $28,806.79 |
| | Voya Retirement Insurance and Annuity Co | AmCen One Choice In Ret Pt R6 | | $2,032,550.30 |
| | Voya Retirement Insurance and Annuity Co | American Funds EuroPacific R6 | | $145,951.18 |
| | Voya Retirement Insurance and Annuity Co | American Funds Fdmntl Inv R6 | | $465,810.01 |
| | Voya Retirement Insurance and Annuity Co | American Funds Growth Fnd R6 | | $335,203.52 |
| | Voya Retirement Insurance and Annuity Co | American Funds Income Fnd R6 | | $45,609.47 |
| | Voya Retirement Insurance and Annuity Co | American Funds Nw Prspctv R6 | | $235,864.02 |
| | Voya Retirement Insurance and Annuity Co | American Funds Wash Mtual R6 | | $121,710.89 |
| | Voya Retirement Insurance and Annuity Co | ClrBrg Aggr Grw Fd IS | | $66,331.59 |
| | Voya Retirement Insurance and Annuity Co | ClrBrg SmCp Grw Fd IS | | $149,222.11 |
| | Voya Retirement Insurance and Annuity Co | DFA Infl-Prot Sec Port Ins | | $21,325.05 |
| | Voya Retirement Insurance and Annuity Co | DFA Real Estate Secs Port Ins | | $182,348.30 |
| | Voya Retirement Insurance and Annuity Co | DFA US Targeted Vl Port Ins | | $36,446.23 |
| | Voya Retirement Insurance and Annuity Co | Eaton Vance Inc Fd of Bstn R6 | | $89,100.60 |
| | Voya Retirement Insurance and Annuity Co | Legg Msn BW Gl Op Bond Fd IS | | $150,947.21 |
| | Voya Retirement Insurance and Annuity Co | Neuberg Berm MdCp Grw Fnd R6 | | $135,150.06 |
| | Voya Retirement Insurance and Annuity Co | Vangrd 500 Index Fund Adm | | $566,695.46 |
| | Voya Retirement Insurance and Annuity Co | Vangrd Balanced Index Fnd Adm | | $113,711.31 |
| | Voya Retirement Insurance and Annuity Co | Vangrd Em Mkts Stk Ind Fd Adm | | $128,026.08 |
| | Voya Retirement Insurance and Annuity Co | Vangrd LifeStrat Grw Fd Inv | | $176,158.08 |
| | Voya Retirement Insurance and Annuity Co | Vangrd LifeStrat Md Grw Fd Inv | | $350,051.36 |
| | Voya Retirement Insurance and Annuity Co | Vangrd Mid-Cap Index Fund Adm | | $174,260.89 |
| | Voya Retirement Insurance and Annuity Co | Vangrd Small-Cap Index Fnd Adm | | $143,191.31 |
| | Voya Retirement Insurance and Annuity Co | Vangrd Tot Bd Mkt Ind Fd Adm | | $14,344.87 |
| | Voya Retirement Insurance and Annuity Co | Vangrd Tot Int Stk In F Adm | | $190,879.47 |
| | Voya Retirement Insurance and Annuity Co | Victory Sycmr Est Vl Fd R6 | | $289,951.18 |
| * | Voya Retirement Insurance and Annuity Co | Voya Fixed Account (4062) | | $1,865,040.70 |
| * | Voya Retirement Insurance and Annuity Co | Voya Gv Mny Mkt F A (Hld Acct) | | $6,052.62 |
| * | Voya Retirement Insurance and Annuity Co | Voya Intermediate Bond Fund R6 | | $66,573.07 |
| | Participant Loans | 4.25% - 6.25% | | $191,811.98 |
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