

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>11/01/2018</u> and ending <u>10/31/2019</u>	
A	This return/report is for:
	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) ____
B	This return/report is:
	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under:
	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>OPT, LLC PENSION PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>07/15/1971</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>001</u>	1c	Effective date of plan	<u>07/15/1971</u>			
1b	Three-digit plan number (PN) ▶	<u>001</u>								
1c	Effective date of plan	<u>07/15/1971</u>								
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OPT, LLC</u> <u>C/O ESSILOR OF AMERICA, INC.</u> <u>13515 NORTH STEMMONS FREEWAY</u> <u>DALLAS, TX 75234</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>83-0575443</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>214-496-4100</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>621320</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>83-0575443</u>	2c	Plan Sponsor's telephone number	<u>214-496-4100</u>	2d	Business code (see instructions)	<u>621320</u>
2b	Employer Identification Number (EIN)	<u>83-0575443</u>								
2c	Plan Sponsor's telephone number	<u>214-496-4100</u>								
2d	Business code (see instructions)	<u>621320</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/18/2020	RYAN MURRY
	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 183
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 101 6a(2) 79 6b 16 6c 70 6d 165 6e 3 6f 168 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>OPT, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OPT, LLC</u>	D Employer Identification Number (EIN) <u>83-0575443</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>6907299</u>	
b Actuarial value	2b	<u>6907299</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>14</u>	<u>1006741</u>	<u>1006741</u>
b For terminated vested participants	<u>68</u>	<u>1212188</u>	<u>1212188</u>
c For active participants	<u>101</u>	<u>3577798</u>	<u>3604428</u>
d Total	<u>183</u>	<u>5796727</u>	<u>5823357</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.88 %</u>	
6 Target normal cost	6	<u>435466</u>	

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

SIGN HERE		
<u>MATT AVERY</u>	Signature of actuary	<u>06/29/2020</u>
<u>FIDELITY INVESTMENTS</u>	Type or print name of actuary	Date
<u>233 S WACKER DRIVE, SUITE 4850</u> <u>CHICAGO, IL 60606</u>	Firm name	<u>20-07246</u>
	Address of the firm	Most recent enrollment number
		<u>312-239-9101</u>
		Telephone number (including area code)

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	690508	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	690508	0
10 Interest on line 9 using prior year's actual return of <u>-4.25</u> %	-29347	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		292877
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.07</u> %		17778
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		310655
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	661161	0

Part III Funding Percentages

14 Funding target attainment percentage	14	107.26%
15 Adjusted funding target attainment percentage	15	118.61%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	136.08%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/31/2019	400000	0			
Totals ▶			18(b)	400000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	383326

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	435466	
b Excess assets, if applicable, but not greater than line 31a	31b	422781	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	12685	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	12685	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	383326	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	370641	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019		
A Name of plan OPT, LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OPT, LLC	D Employer Identification Number (EIN) 83-0575443	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENT MANAGEMENT
04-2723880

(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)

FIDELITY INVESTMENT MANAGEMENT

04-2723880

(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?
21 28 50	TRUSTEE	94308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	MARY GOLDY	b EIN:	39-0859910
c Position:	AUDITOR		
d Address:	BAKER TILLY VIRCHOW KRAUSE 205 N MICHIGAN AVE CHICAGO, IL 60601	e Telephone:	612-876-4500

Explanation: CONSOLIDATION OF AUDITING FIRMS FOR ALL RETIREMENT BUSINESS

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan <u>OPT, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OPT, LLC</u>	D Employer Identification Number (EIN) <u>83-0575443</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLL. ALL COUNTRY</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERNMFB NT COLL. LONG TERM CREDIT BOND TRUST</u>		
c EIN-PN <u>45-6138589-134</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFB NT COLL. LONG TERM CREDIT BOND</u>		
b Name of sponsor of entity listed in (a): <u>MFB NT COLL. LONG TERM CREDIT BOND</u>		
c EIN-PN <u>45-6138589-116</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY INV ASSET MANAGEMENT</u>		
b Name of sponsor of entity listed in (a): <u>FIAM PENSION JOURNEY 30/70 COMM POOL</u>		
c EIN-PN <u>20-4659714-159</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6905153</u>
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

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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019		
A Name of plan OPT, LLC PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OPT, LLC	D Employer Identification Number (EIN) 83-0575443	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	484	19
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	303713	23930
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6603102	6905153
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6907299	6929102

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6907299	6929102
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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)	400000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3578	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3578
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1267312
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1670890

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1557238	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1557238
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	87806	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	6502	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		94308
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1651546

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19344
l Transfers of assets:			
(1) To this plan.....	2l(1)		2459
(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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: WHITLEY PENN LLP

(2) EIN: 75-2393478

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.)

	Yes	No	Amount
4a		X	
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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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 4210216. (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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019

A Name of plan <u>OPT, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OPT, LLC</u>	D Employer Identification Number (EIN) <u>83-0575443</u>

Part I	Distributions
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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	<u>0</u>
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): <u>04-3275867</u>		
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	<u>15</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

OPT, LLC PENSION PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**Years Ended October 31, 2019 and 2018
with Report of Independent Auditors**

OPT, LLC PENSION PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
Years Ended October 31, 2019 and 2018

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REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator and Participants of the
OPT, LLC Pension Plan

We were engaged to audit the accompanying financial statements of the OPT, LLC Pension Plan (the “Plan”), which comprise the statements of net assets available for benefits as of October 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, 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 audits 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 E, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan’s investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the year ended October 31, 2019 and 2018, that the information provided to the Plan Administrator by the trustee 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 – Supplemental Schedules

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended October 31, 2019, are required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations 2019

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Dallas, Texas
August 17, 2020

OPT, LLC PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	October 31,	
	2019	2018
Assets		
Investments, at fair value:		
Money market funds	\$ 23,930	\$ 303,713
Common collective trusts	6,905,153	6,603,102
Total investments, at fair value	<u>6,929,083</u>	<u>6,906,815</u>
Receivables:		
Accrued interest and dividends	19	484
Total receivables	<u>19</u>	<u>484</u>
Total assets	<u>6,929,102</u>	<u>6,907,299</u>
Net assets available for benefits	<u><u>\$ 6,929,102</u></u>	<u><u>\$ 6,907,299</u></u>

See accompanying notes to financial statements.

OPT, LLC PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended October 31,	
	2019	2018
Additions to (Reductions from) Net Assets		
Investment income (loss):		
Net realized and unrealized gains (losses) on investments	\$ 1,267,312	\$ (302,977)
Interest and dividends	3,578	5,088
Total investment income (loss)	1,270,890	(297,889)
Employer contributions	400,000	300,000
Total additions to net assets	1,670,890	2,111
Deductions from Net Assets		
Benefits paid to participants	1,557,238	236,429
Administrative expenses	94,308	8,245
Total deductions from net assets	1,651,546	244,674
Net increase (decrease) in net assets available for benefits	19,344	(242,563)
Plan transfer, net	2,459	-
Net assets available for benefits at beginning of year	6,907,299	7,149,862
Net assets available for benefits at end of year	<u>\$ 6,929,102</u>	<u>\$ 6,907,299</u>

See accompanying notes to financial statements.

OPT, LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

October 31, 2019 and 2018

A. Description of Plan

General

The following brief description of the OPT, LLC Pension Plan, formerly known as the Spectera, Inc. Pension Plan (the “Plan”), is provided for general information purposes only. The Plan was sponsored by Spectra, Inc. (the “Former Plan Sponsor”) until October 31, 2018. Effective November 1, 2018, the plan sponsor changed to OPT, LLC (the “Plan Sponsor” or “Company”). Participants should refer to the Plan document for more complete information.

The Plan was effective May 1, 2011, restated effective January 1, 2013, and is a noncontributory defined benefit pension plan available to all employees of the Company who have met the eligibility requirements of being currently employed and completing one year of eligibility service. The Plan provides retirement benefits for substantially all union employees of the United Optical and Crown Optical divisions of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective October 31, 2014, the Plan was frozen to new participation for new, rehired, or transferred participants.

To become a participant in the Plan, an individual must meet the following: (a) be classified by the Company as being a regular employee who is represented by either United Food & Commercial Union, Local #27 or the International Association of Machinists and Aerospace Workers District 54 – Local Lodge 1825; (b) be employed at the United Optical or Crown Optical divisions of Spectera, Inc.; and (c) complete one year of eligibility service. Eligibility service is met when the individual has at least 1,000 hours in a 12-month period beginning on the first day of employment. If the 1,000 hours is not met within the first 12 months, the individual may become eligible by completing at least 1,000 hours during any Plan year beginning after the first day of employment. Once the criteria are met, the individual will become a participant as of the first day of the month following the month in which the individual satisfies all three requirements.

Administration of the Plan

The Former Plan Sponsor was the administrator of the Plan (the “Plan Administrator”). The Plan Administrator is responsible for oversight of the Plan. Prior to October 31, 2018, the Plan Administrator reported to the UnitedHealth Group Employee Benefits Plan Administrative Committee. The UnitedHealth Group Employee Benefits Plans Investment Committee determined the appropriateness of the Plan’s investment offerings and monitored investment performance. Effective November 1, 2018, the Plan Sponsor became the Plan Administrator and reports to Essilor of America Retirement Plan Committee, the Parent company of the Plan Sponsor.

OPT, LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (continued)

A. Description of Plan – continued

Vesting

Employees are fully vested upon the earlier of being employed on the date of their normal retirement age (age 65), or having completed five or more years of credited service in which they worked a minimum of 1,000 hours per year. If participants terminate employment before completing five years of vested service, they forfeit the right to receive pension benefits upon retirement. Employees will receive the value of their accumulated Plan benefits as a life annuity payable monthly during retirement, unless the benefit is \$1,000 or less, and then they receive a lump-sum distribution as soon as administratively practicable.

Contributions

The Company is responsible for funding the Plan, and contributions by participants are not required or permitted. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The funding policy contribution is calculated as the minimum contribution required by ERISA for the applicable Plan year. The Company's contributions for 2019 and 2018 exceeded the minimum funding requirements of ERISA.

Retirement Benefits

The monthly amount of the participant's retirement income is based on his/her accrued benefit. The accrued benefits calculation at normal retirement age is equal to the sum of 0.7% of his/her final average monthly compensation up to \$833 and 1.35% of his/her final average monthly compensation in excess of \$833, then multiplied by his/her number of years of service after November 1, 1989. The benefit formula stated previously is used to determine the accrued single-life monthly pension payable to a participant who is not married.

The Plan permits early retirement if an employee has more than 10 years of service and has reached age 55. If a participant elects to commence his/her pension benefits prior to reaching to social security retirement age, the pension will be actuarially reduced for early commencement. Participants who terminate employment other than by reasons of death or disability after they have completed five years of service, but prior to their normal retirement dates are eligible to receive a deferred vested pension at age 65. Participants who retire on or after their normal retirement dates are eligible to receive a normal retirement pension. Participants may elect to receive their pension benefits in the form of a single-life annuity, qualified joint and survivor annuity, a non-qualified joint and survivor annuity, or in a lump-sum settlement, all with spousal consent if married. The monthly amount of each participant's pension will be the amount of his/her accrued benefit determined as of the date the first payment of the pension is made.

OPT, LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (continued)

A. Description of Plan – continued

Death and Disability Benefits

If an active vested employee, who has an eligible spouse and has completed five years of service, dies at age 55 or older, a reduced monthly death benefit or lump sum is paid to the employee's spouse. Active vested employees who become totally disabled and have accrued at least 10 years of service receive monthly disability benefits that are equal to the normal retirement benefits they would have accumulated if employment had continued uninterrupted until age 65.

Amendments and Termination

The Company has the right to amend the Plan in any respect, either prospectively or retroactively or both. In addition, the Company has the right to terminate the Plan, although it has not expressed any intention to do so, and in certain circumstances, to discontinue its contributions at any time subject to the provisions set forth in ERISA. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Plan Expenses

The Company shall pay all expenses authorized and incurred in the administration of the Plan except to the extent such expenses are paid by the Plan. Employees of the Company perform certain administrative functions without compensation from the Plan. All significant administrative expenses are paid by the Company and are not reflected in the accompanying financial statements.

B. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

OPT, LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (continued)

B. Summary of Significant Accounting Policies – continued

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note C for information related to the Plan's valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year-end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

The Plan's investments are generally subject to market and/or credit risk customarily associated with equity investments. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

C. Fair Value Measurements

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used.

OPT, LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (*continued*)

C. Fair Value Measurements – continued

The three levels defined are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.
- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Money market funds: Money market funds are valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.
- Common collective trust: The Plan's investments are valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by Fidelity, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

OPT, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

C. Fair Value Measurements – continued

There have been no changes in the methodologies used at October 31, 2019 and 2018. The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of October 31, 2019 and 2018. The Plan has no assets classified within Level 2 or Level 3 of the valuation hierarchy.

	2019	
	Level 1	Total
Money market funds	\$ 23,930	\$ 23,930
Total investments in the fair value hierarchy	<u>\$ 23,930</u>	23,930
Investments measured at NAV ^(a)		<u>6,905,153</u>
Total investments at fair value		<u>\$ 6,929,083</u>

	2018	
	Level 1	Total
Money market funds	\$ 303,713	\$ 303,713
Total investments in the fair value hierarchy	<u>\$ 303,713</u>	303,713
Investments measured at NAV ^(a)		<u>6,603,102</u>
Total investments at fair value		<u>\$ 6,906,815</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy. For the years ended October 31, 2019 and 2018, there were no significant transfers between levels.

OPT, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

D. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on employees' compensation and years of service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary using a November 1 measurement date and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The accumulated plan benefit information based on a beginning of the year valuation is as follows:

	November 1, 2018	November 1, 2017
Vested benefits:		
Participants currently receiving benefits	\$ 979,620	\$ 994,289
Terminated participants with deferred benefits	1,228,341	915,187
Other participants	3,569,461	3,368,288
Total vested benefits	5,777,422	5,277,764
Non-vested benefits	26,541	108,794
Total actuarial present value of accumulated Plan benefits	<u>\$ 5,803,963</u>	<u>\$ 5,386,558</u>

The following is a summary of the changes in the accumulated Plan benefits between the applicable benefit information dates:

	November 1, 2018	November 1, 2017
Actuarial present value of accumulated Plan benefits at beginning of year	\$ 5,386,558	\$ 4,805,750
Changes during period:		
Interest due to the decrease in the discount period	316,101	278,447
Benefits accumulated, gains	337,733	632,300
Assumption changes	-	-
Benefits paid	(236,429)	(329,939)
Actuarial present value of accumulated Plan benefits at end of year	<u>\$ 5,803,963</u>	<u>\$ 5,386,558</u>

OPT, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

D. Actuarial Present Value of Accumulated Plan Benefits – continued

The actuarial present value of accumulated Plan benefits was prepared by an independent actuary as of November 1, 2018, which would not be materially different if prepared as of the end of the Plan year.

The actuarial cost method used was the unit credit actuarial cost method. The rate of return on assets and segmented discount rates for the benefit obligations assumption, mortality basis table, and the average retirement age are detailed in the table below:

	<u>November 1, 2018</u>	<u>November 1, 2017</u>
Expected rate of return	6.00%	6.00%
Mortality basis	2018 Blue Collar Mortality Table	2017 Blue Collar Mortality Table
Average retirement age	65	65

These actuarial assumptions are based on the presumption that the Plan will continue. If the Company terminates the Plan at some future date, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The Plan is funded by quarterly installment contributions from the Company (based on actuarial computations described above) and is non-contributory for participants. The Plan's actuary has determined that there was no minimum required contribution amount for 2019 or 2018; however, the Company elected an annual contribution in 2019 on July 31, 2019. The Plan met the minimum required contributions for the 2019 and 2018 Plan years.

E. Information Certified by the Trustee

The Plan Administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator limited auditing procedures with respect to the investment information certified by the Trustee, which included total investments as of October 31, 2019 and 2018, the total investment income (loss) for the years ended October 31, 2019 and 2018, and all information included in the supplemental schedule H, line 4i – schedule of assets (held at end of year) and schedule h, line 4j – schedule of reportable transactions.

OPT, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

F. Tax Status

The Plan obtained its latest determination letter dated January 9, 2014 (covering the Plan's most recent restatement effective January 1, 2013), in which the Internal Revenue Service (the "IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter.

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of October 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

G. Parties-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in shares of mutual funds and common collective trusts managed by Fidelity Management Trust Company. Fidelity Management Trust Company acts as the trustee and the custodian for only those investments defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

H. Plan Termination

While the Company has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to the requirements of ERISA. If the Plan is terminated, net assets of the Plan would be distributed to participants and beneficiaries in an order of priority as prescribed by the Plan, subject to the requirements of ERISA. If such discontinuance results in the termination of the Plan, the net assets may not be sufficient to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

OPT, LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS *(continued)*

I. Subsequent Events

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through August 17, 2020, the date the financial statements were available for issuance.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (“COVID-19”) as a pandemic, which continues to spread worldwide. The pandemic has adversely affected, and may continue to adversely affect, the macro-economic environment and global economy. Due to the disruption of COVID-19 on the global economy, the values of investment securities have declined and may continue to be adversely affected. Management is not able to reasonably estimate the extent or duration of the negative impact.

In June 2020, the Plan was amended to freeze all future benefit accruals as of June 30, 2020. Per the Plan amendment, participants will no longer accrue service time for monthly pension as of this date. Final monthly averages for accruals for all employees were calculated as of June 30, 2020.

SUPPLEMENTAL SCHEDULES

OPT, LLC PENSION PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

October 31, 2019

EIN: 52-1260282

Plan #: 001

(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
	Common/Collective Trust Funds:			
*	Fidelity	Pension Journey 30/70 Comingled Pool - A	\$ 6,905,153	\$ 6,905,153
	Cash Equivalents:			
*	Fidelity	Government Money Market	**	<u>23,930</u>
				<u><u>\$ 6,929,083</u></u>

* A party in interest as defined by ERISA

** Cost omitted for participant directed investments

OPT, LLC PENSION PLAN

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended October 31, 2019

EIN: 52-1260282
Plan #: 001

(a) Identity of Party	(b) Description of Asset	Number of Purchase Transactions	(c) Purchase Price	Number of Sell Transactions	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of securities transactions in excess of 5% of Plan Assets								
* Fidelity	Pension Journey 30/70 Comingled Pool - A	1	\$ 7,051,406	-	\$ -	\$ 7,051,406	\$ 7,051,406	\$ -
* Fidelity	Pension Journey 30/70 Comingled Pool - A	-	\$ -	2	\$ 146,253	\$ 146,253	\$ 145,099	\$ (1,154)
* Fidelity	Government Money Market	16	\$ 1,437,474	-	\$ -	\$ -	\$ -	\$ -
* Fidelity	Government Money Market	-	\$ -	18	\$ 1,413,543	\$ 1,413,543	\$ 1,413,543	\$ -
* Northern Trust	Long-term Credit Bond Index Fund All Country World Investable	1	\$ 4,700,334	-	\$ -	\$ -	\$ -	\$ -
* Northern Trust	Long-term Credit Bond Index Fund All Country World Investable	-	\$ -	5	\$ 4,700,334	\$ 4,700,334	\$ 5,845,842	\$ 1,145,508
* Northern Trust	Market Index Fund	1	\$ 1,902,767	-	\$ -	\$ -	\$ -	\$ -
* Northern Trust	Market Index Fund	-	\$ -	5	\$ 1,902,767	\$ 1,902,767	\$ 2,025,725	\$ 122,958

* A party in interest as defined by ERISA
Columns (e) and (f) are not applicable

2018 Form 5500 Schedule SB Attachments
Schedule SB, line 26 – Schedule of Active Participant Data
OPT, LLC
OPT, LLC Pension Plan
For Plan Year November 1, 2018

EIN: 83-0575443
Plan Number: 001

Age and Service Distribution of Active Members¹

Attained Age	Completed Years of Service on 11/01/2018										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
Number	0	1	0	0	0	0	0	0	0	0	1
Average Pay											
25-29											
Number	0	2	3	0	0	0	0	0	0	0	5
Average Pay											
30-34											
Number	0	2	9	3	0	0	0	0	0	0	14
Average Pay											
35-39											
Number	0	0	4	3	2	0	0	0	0	0	9
Average Pay											
40-44											
Number	0	0	0	2	2	0	0	0	0	0	4
Average Pay											
45-49											
Number	0	1	3	5	3	1	1	0	0	0	14
Average Pay											
50-54											
Number	0	0	1	5	3	0	1	0	0	0	10
Average Pay											
55-59											
Number	0	2	3	4	8	2	1	0	0	0	20
Average Pay											\$38,772
60-64											
Number	0	0	6	6	3	0	3	0	0	0	18
Average Pay											
65-69											
Number	0	0	1	1	1	0	0	0	0	0	3
Average Pay											
Over 69											
Number	0	0	0	2	0	0	1	0	0	0	3
Average Pay											
Total											
Number	0	8	30	31	22	3	7	0	0	0	101
Average Pay			\$33,892	\$34,947	\$41,672						\$37,158

¹ Average pay is not shown for subsets with fewer than 20 participants; values do not reflect the 7 transfer participants.

2018 Form 5500 Schedule SB Attachments**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods****OPT, LLC****EIN: 83-0575443****OPT, LLC Pension Plan****Plan Number: 001****For Plan Year November 1, 2018**

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2018 Plan Year		2017 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	3.92%	2.14%	4.16%	1.72%
Next 15 years	5.52%	3.73%	5.72%	3.80%
Over 20 years	6.29%	4.44%	6.48%	4.72%
Applicable Law for the segment rates corridor	BBA	Not Applicable	BBA	Not Applicable

Expected Long-Term Return on Plan Assets: 6.00%.

Salary Scale: 3.25%. This assumption is based on a study of historical pay increases for the eligible plan participants.

Increase in Social Security Taxable Wage Base: Not Applicable.

Administrative Expenses: \$100,000, based on the anticipated expenses estimated to be paid out of the trust for the upcoming plan year.

2018 Form 5500 Schedule SB Attachments**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods****OPT, LLC****EIN: 83-0575443****OPT, LLC Pension Plan****Plan Number: 001****For Plan Year November 1, 2018**

Actuarial Assumptions and Methods (continued)**Mortality:**

ERISA: IRS 2018 Static Table provided in Appendix A of IRS Notice 2017-60, using separate tables for annuitants and non-annuitants, per Treasury Regulation 1.430(h)(3)-1(f) (previously IRS 2017 Static Mortality Table). The plan sponsor elected to use the methodology in place for 2017 mortality determination. These tables include future mortality improvement of 7 years for annuitants and 15 years for non-annuitants.

FASB ASC 960: RP-2014 Blue Collar Mortality Tables for males and females projected with MP-2018 Mortality Improvement Scale applied on a generational basis (previously RP-2014 Blue Collar for males and females with MP-2017 Mortality Improvement Scale applied on a generational basis). This plan does not have a large enough population to vary from the standard tables. The blue-collar table was chosen because approximately 100% of the plan participants are hourly or union. For purposes of determining single sums, the PPA optional combined unisex mortality table projected to commencement year is used.

Disability Mortality: Same as healthy.

Retirement Rates: Assumed that participants will retire at normal retirement date.

There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Termination: Rates varying by age and sex. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Attained Age	Males	Females
20	7.4%	12.4%
25	4.9%	7.4%
30	3.4%	4.9%
35	2.4%	3.4%
40	1.3%	2.4%
45	0.7%	1.3%
50	0.0%	0.7%
55	0.0%	0.0%
60+	0.0%	0.0%

2018 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

OPT, LLC

EIN: 83-0575443

OPT, LLC Pension Plan

Plan Number: 001

For Plan Year November 1, 2018

Actuarial Assumptions and Methods (continued)

Disability Rates: Wyatt 1985 Disability Study Class 1 unisex rates. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Marital Status: 80% of active males and 60% of active females are assumed married, with females 3 years younger than males. 60% of terminated vested employees are assumed married, with females 3 years younger the males. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Maximum Benefit: \$220,000 for 2018. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$275,000 for 2018. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid to 50% of participants in the normal annuity form and 50% of participants are assumed to elect a lump sum. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Data Assumptions: None.

2018 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

OPT, LLC

EIN: 83-0575443

OPT, LLC Pension Plan

Plan Number: 001

For Plan Year November 1, 2018

Actuarial Assumptions and Methods (continued)

Census Date/Measurement Date: The census date and measurement date for the funding results are November 1, 2018.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

OPT, LLC PENSION PLAN

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended October 31, 2019

EIN: 52-1260282

Plan #: 001

<u>(a) Identity of Party</u>	<u>(b) Description of Asset</u>	<u>Number of Purchase Transactions</u>	<u>(c) Purchase Price</u>	<u>Number of Sell Transactions</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Assets</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain (Loss)</u>
<u>Category (iii) - Series of securities transactions in excess of 5% of Plan Assets</u>								
* Fidelity	Pension Journey 30/70 Comingled Pool - A	1	\$ 7,051,406	-	\$ -	\$ 7,051,406	\$ 7,051,406	\$ -
* Fidelity	Pension Journey 30/70 Comingled Pool - A	-	\$ -	2	\$ 146,253	\$ 146,253	\$ 145,099	\$ (1,154)
* Fidelity	Government Money Market	16	\$ 1,437,474	-	\$ -	\$ -	\$ -	\$ -
* Fidelity	Government Money Market	-	\$ -	18	\$ 1,413,543	\$ 1,413,543	\$ 1,413,543	\$ -
* Northern Trust	Long-term Credit Bond Index Fund All Country World Investable	1	\$ 4,700,334	-	\$ -	\$ -	\$ -	\$ -
* Northern Trust	Long-term Credit Bond Index Fund All Country World Investable	-	\$ -	5	\$ 4,700,334	\$ 4,700,334	\$ 5,845,842	\$ 1,145,508
* Northern Trust	Market Index Fund	1	\$ 1,902,767	-	\$ -	\$ -	\$ -	\$ -
* Northern Trust	Market Index Fund	-	\$ -	5	\$ 1,902,767	\$ 1,902,767	\$ 2,025,725	\$ 122,958

* A party in interest as defined by ERISA
Columns (e) and (f) are not applicable

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 11/01/2018 and ending 10/31/2019	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan OPT, LLC PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OPT, LLC	D Employer Identification Number (EIN) 83-0575443
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information		
1 Enter the valuation date: Month 11 Day 01 Year 2018			
2 Assets:			
a Market value.....		2a	6907299
b Actuarial value		2b	6907299
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	14	1006741	1006741
b For terminated vested participants	68	1212188	1212188
c For active participants	101	3577798	3604428
d Total	183	5796727	5823357
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.88%	
6 Target normal cost	6	435466	

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

SIGN HERE		06/29/2020
Signature of actuary		Date
MATT AVERY		2007246
Type or print name of actuary		Most recent enrollment number
FIDELITY INVESTMENTS		312-239-9101
Firm name		Telephone number (including area code)
233 S WACKER DRIVE, SUITE 4850		
CHICAGO	IL 60606	
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	690508	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	690508	0
10 Interest on line 9 using prior year's actual return of <u>-4.25%</u>	-29347	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		292877
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.07%</u>		17778
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance		310655
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	661161	0

Part III Funding Percentages

14	Funding target attainment percentage	14	107.26%
15	Adjusted funding target attainment percentage.....	15	118.61%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	136.08%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/31/2019	400000	0			
Totals ►			18(b)	400000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	383326

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

Liquidity Shortfalls at End of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	435466	
b Excess assets, if applicable, but not greater than line 31a	31b	422781	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	12685	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	12685	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	383326	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	370641	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

2018 Form 5500 Schedule SB Attachments

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

OPT, LLC

EIN: 83-0575443

OPT, LLC Pension Plan

Plan Number: 001

For Plan Year November 1, 2018

All participants are assumed to retire on their normal retirement date (age 65). The average retirement age for the OPT, LLC Pension Plan is 65.

2018 Form 5500 Schedule SB Attachments
Schedule SB, line 26 – Schedule of Active Participant Data
OPT, LLC
OPT, LLC Pension Plan
For Plan Year November 1, 2018

EIN: 83-0575443
Plan Number: 001

Age and Service Distribution of Active Members¹

Attained Age	Completed Years of Service on 11/01/2018										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
Number	0	1	0	0	0	0	0	0	0	0	1
Average Pay											
25-29											
Number	0	2	3	0	0	0	0	0	0	0	5
Average Pay											
30-34											
Number	0	2	9	3	0	0	0	0	0	0	14
Average Pay											
35-39											
Number	0	0	4	3	2	0	0	0	0	0	9
Average Pay											
40-44											
Number	0	0	0	2	2	0	0	0	0	0	4
Average Pay											
45-49											
Number	0	1	3	5	3	1	1	0	0	0	14
Average Pay											
50-54											
Number	0	0	1	5	3	0	1	0	0	0	10
Average Pay											
55-59											
Number	0	2	3	4	8	2	1	0	0	0	20
Average Pay											\$38,772
60-64											
Number	0	0	6	6	3	0	3	0	0	0	18
Average Pay											
65-69											
Number	0	0	1	1	1	0	0	0	0	0	3
Average Pay											
Over 69											
Number	0	0	0	2	0	0	1	0	0	0	3
Average Pay											
Total											
Number	0	8	30	31	22	3	7	0	0	0	101
Average Pay			\$33,892	\$34,947	\$41,672						\$37,158

¹ Average pay is not shown for subsets with fewer than 20 participants; values do not reflect the 7 transfer participants.

2018 Form 5500 Schedule SB Attachments**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods****OPT, LLC****EIN: 83-0575443****OPT, LLC Pension Plan****Plan Number: 001****For Plan Year November 1, 2018**

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2018 Plan Year		2017 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	3.92%	2.14%	4.16%	1.72%
Next 15 years	5.52%	3.73%	5.72%	3.80%
Over 20 years	6.29%	4.44%	6.48%	4.72%
Applicable Law for the segment rates corridor	BBA	Not Applicable	BBA	Not Applicable

Expected Long-Term Return on Plan Assets: 6.00%.

Salary Scale: 3.25%. This assumption is based on a study of historical pay increases for the eligible plan participants.

Increase in Social Security Taxable Wage Base: Not Applicable.

Administrative Expenses: \$100,000, based on the anticipated expenses estimated to be paid out of the trust for the upcoming plan year.

2018 Form 5500 Schedule SB Attachments**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods****OPT, LLC****EIN: 83-0575443****OPT, LLC Pension Plan****Plan Number: 001****For Plan Year November 1, 2018**

Actuarial Assumptions and Methods (continued)**Mortality:**

ERISA: IRS 2018 Static Table provided in Appendix A of IRS Notice 2017-60, using separate tables for annuitants and non-annuitants, per Treasury Regulation 1.430(h)(3)-1(f) (previously IRS 2017 Static Mortality Table). The plan sponsor elected to use the methodology in place for 2017 mortality determination. These tables include future mortality improvement of 7 years for annuitants and 15 years for non-annuitants.

FASB ASC 960: RP-2014 Blue Collar Mortality Tables for males and females projected with MP-2018 Mortality Improvement Scale applied on a generational basis (previously RP-2014 Blue Collar for males and females with MP-2017 Mortality Improvement Scale applied on a generational basis). This plan does not have a large enough population to vary from the standard tables. The blue-collar table was chosen because approximately 100% of the plan participants are hourly or union. For purposes of determining single sums, the PPA optional combined unisex mortality table projected to commencement year is used.

Disability Mortality: Same as healthy.

Retirement Rates: Assumed that participants will retire at normal retirement date.

There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Termination: Rates varying by age and sex. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Attained Age	Males	Females
20	7.4%	12.4%
25	4.9%	7.4%
30	3.4%	4.9%
35	2.4%	3.4%
40	1.3%	2.4%
45	0.7%	1.3%
50	0.0%	0.7%
55	0.0%	0.0%
60+	0.0%	0.0%

2018 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

OPT, LLC

EIN: 83-0575443

OPT, LLC Pension Plan

Plan Number: 001

For Plan Year November 1, 2018

Actuarial Assumptions and Methods (continued)

Disability Rates: Wyatt 1985 Disability Study Class 1 unisex rates. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Marital Status: 80% of active males and 60% of active females are assumed married, with females 3 years younger than males. 60% of terminated vested employees are assumed married, with females 3 years younger the males. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Maximum Benefit: \$220,000 for 2018. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$275,000 for 2018. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid to 50% of participants in the normal annuity form and 50% of participants are assumed to elect a lump sum. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Data Assumptions: None.

2018 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

OPT, LLC

EIN: 83-0575443

OPT, LLC Pension Plan

Plan Number: 001

For Plan Year November 1, 2018

Actuarial Assumptions and Methods (continued)

Census Date/Measurement Date: The census date and measurement date for the funding results are November 1, 2018.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

2018 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
OPT, LLC
OPT, LLC Pension Plan
For Plan Year November 1, 2018

EIN: 83-0575443
Plan Number: 001

Plan Provisions

Name of Plan: OPT, LLC Pension Plan (formerly the Spectera, Inc. Pension Plan)

Employer Identification Number / Plan Number: 83-0575443/001.

Effective Date: July 15, 1971. Effective date of most recent amendment, November 1, 2018.

Covered Employees: Must complete 1,000 hours of Service in any Plan Year or within the 12 month period following the date of hire. If any such employee is represented by a collective bargaining agent, the collective bargaining agreement must provide for participation in this Plan or the employee cannot be covered by another pension plan.

Participation Date: First day of the month after becoming an eligible Covered Employee. Effective October 31, 2014, no employee who is hired, rehired, or transferred into otherwise eligible employment after October 31, 2014 shall be eligible to participate or accrue any benefit under the Plan.

Definitions:

Service: Equal to the number of months (rounded up to the next month) from the participant's date of hire to the current date divided by 12.

Monthly Plan Compensation: One-twelfth of the total earnings from the Employer during the immediately preceding Plan Year.

Final Average Monthly Compensation: The average of Monthly Plan Compensation over the five Plan Years during the ten years immediately preceding the Plan Year which produces the highest average.

Normal retirement date (NRD): The last day of the month which contains the participant's 65th birthday.

Accrued Single Life Monthly Pension: Equal to the sum of (a) and (b):

- a) The amount of the accrued pension as of October 31, 1989 under any of the prior three plans
- b) The product of (1) and (2):
 - 1) The sum of 0.7% of Final Average Monthly Compensation and 0.65% of any Final Average Monthly Compensation in excess of \$833.33.
 - 2) Service in the period starting with November 1, 1989 and ending on such given date.

2018 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
OPT, LLC
OPT, LLC Pension Plan
For Plan Year November 1, 2018

EIN: 83-0575443
Plan Number: 001

Plan Provisions (continued)

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Optional retirement - Age 55 and 10 years of Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability or retirement after completing 5 years of Service.

Pre-retirement surviving spouse benefit: Death of a married participant who has completed at least 5 years of Service.

Disability: 10 years of Service and receiving a Social Security disability pension.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Accrued Monthly Pension determined as of NRD.

Early retirement: Accrued Monthly Pension determined as of the termination date, reduced 2/3 of 1% for each month the benefit commencement precedes the participant's NRD for ages 62 to 65 and 1/3 of 1% for ages 55 to 62.

Postponed retirement: Accrued Monthly Pension determined as of actual retirement date, but not less than actuarial equivalent benefit payable at NRD.

Termination with deferred vested benefit: Accrued Monthly Pension determined as of the termination date, reduced 2/3 of 1% for each month the benefit commencement precedes the participant's NRD for ages 62 to 65, 1/3 of 1% for ages 55 to 62 and on an actuarially equivalent basis from date of commencement to age 55.

Death with pre-retirement surviving spouse benefit: The survivor portion of the 50% joint and survivor annuity based upon the participant's Accrued Monthly Pension at the date of death. Monthly pre-retirement spouse benefit is payable to the spouse at the later of the date of death of the participant or the participant's 55th birthday.

Disability: Equal to the Accrued Monthly Pension as of the date of disability.

2018 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
OPT, LLC
OPT, LLC Pension Plan
For Plan Year November 1, 2018

EIN: 83-0575443
Plan Number: 001

Plan Provisions (continued)

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity or a lump sum distribution.

Actuarial Equivalence: Interest of 7% per year with mortality determined using the Unisex Pension 1984 Mortality Table, unrated for the participant and set back three years for the designated beneficiary.

Prior Plan Provisions: The accrued pensions under the prior plans continue to be payable under the applicable provisions of the prior plans.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining minimum and maximum contributions



Mary Goldy
Baker Tilly Virchow Krause, LLP
205 North Michigan Ave
Chicago, IL 60601

I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2018 Form 5500, Annual Return/Report of Employee Benefit Plan, for the **OPT, LLC Pension Plan**.

This Form 5500 is identified in line 2b by the nine-digit **EIN 83-0575443** and in line 1b by the three-digit **PN 001**.

Explanation: We have another audit firm that audits all of our retirement plans, so the plan audit functions will be managed by this firm moving forward.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement,
Employee Benefits Security Administration
U.S. Department of Labor,
200 Constitution Avenue, N.W.
Washington, DC 20210



Signature of Plan Administrator

Ryan Murry
Dir. Benefits
Essilor of America

5/18/2020
Date

2018 Form 5500 Schedule SB Attachments

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

OPT, LLC

EIN: 83-0575443

OPT, LLC Pension Plan

Plan Number: 001

For Plan Year November 1, 2018

All participants are assumed to retire on their normal retirement date (age 65). The average retirement age for the OPT, LLC Pension Plan is 65.

2018 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
OPT, LLC
OPT, LLC Pension Plan
For Plan Year November 1, 2018

EIN: 83-0575443
Plan Number: 001

Plan Provisions

Name of Plan: OPT, LLC Pension Plan (formerly the Spectera, Inc. Pension Plan)

Employer Identification Number / Plan Number: 83-0575443/001.

Effective Date: July 15, 1971. Effective date of most recent amendment, November 1, 2018.

Covered Employees: Must complete 1,000 hours of Service in any Plan Year or within the 12 month period following the date of hire. If any such employee is represented by a collective bargaining agent, the collective bargaining agreement must provide for participation in this Plan or the employee cannot be covered by another pension plan.

Participation Date: First day of the month after becoming an eligible Covered Employee. Effective October 31, 2014, no employee who is hired, rehired, or transferred into otherwise eligible employment after October 31, 2014 shall be eligible to participate or accrue any benefit under the Plan.

Definitions:

Service: Equal to the number of months (rounded up to the next month) from the participant's date of hire to the current date divided by 12.

Monthly Plan Compensation: One-twelfth of the total earnings from the Employer during the immediately preceding Plan Year.

Final Average Monthly Compensation: The average of Monthly Plan Compensation over the five Plan Years during the ten years immediately preceding the Plan Year which produces the highest average.

Normal retirement date (NRD): The last day of the month which contains the participant's 65th birthday.

Accrued Single Life Monthly Pension: Equal to the sum of (a) and (b):

- a) The amount of the accrued pension as of October 31, 1989 under any of the prior three plans
- b) The product of (1) and (2):
 - 1) The sum of 0.7% of Final Average Monthly Compensation and 0.65% of any Final Average Monthly Compensation in excess of \$833.33.
 - 2) Service in the period starting with November 1, 1989 and ending on such given date.

2018 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
OPT, LLC
OPT, LLC Pension Plan
For Plan Year November 1, 2018

EIN: 83-0575443
Plan Number: 001

Plan Provisions (continued)

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Optional retirement - Age 55 and 10 years of Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability or retirement after completing 5 years of Service.

Pre-retirement surviving spouse benefit: Death of a married participant who has completed at least 5 years of Service.

Disability: 10 years of Service and receiving a Social Security disability pension.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Accrued Monthly Pension determined as of NRD.

Early retirement: Accrued Monthly Pension determined as of the termination date, reduced 2/3 of 1% for each month the benefit commencement precedes the participant's NRD for ages 62 to 65 and 1/3 of 1% for ages 55 to 62.

Postponed retirement: Accrued Monthly Pension determined as of actual retirement date, but not less than actuarial equivalent benefit payable at NRD.

Termination with deferred vested benefit: Accrued Monthly Pension determined as of the termination date, reduced 2/3 of 1% for each month the benefit commencement precedes the participant's NRD for ages 62 to 65, 1/3 of 1% for ages 55 to 62 and on an actuarially equivalent basis from date of commencement to age 55.

Death with pre-retirement surviving spouse benefit: The survivor portion of the 50% joint and survivor annuity based upon the participant's Accrued Monthly Pension at the date of death. Monthly pre-retirement spouse benefit is payable to the spouse at the later of the date of death of the participant or the participant's 55th birthday.

Disability: Equal to the Accrued Monthly Pension as of the date of disability.

2018 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
OPT, LLC
OPT, LLC Pension Plan
For Plan Year November 1, 2018

EIN: 83-0575443
Plan Number: 001

Plan Provisions (continued)

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity or a lump sum distribution.

Actuarial Equivalence: Interest of 7% per year with mortality determined using the Unisex Pension 1984 Mortality Table, unrated for the participant and set back three years for the designated beneficiary.

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Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining minimum and maximum contributions

OPT, LLC PENSION PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

October 31, 2019

EIN: 52-1260282

Plan #: 001

(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
Common/Collective Trust Funds:				
*	Fidelity	Pension Journey 30/70 Comingled Pool - A	\$ 6,905,153	\$ 6,905,153
Cash Equivalents:				
*	Fidelity	Government Money Market	**	23,930
				<u>\$ 6,929,083</u>

* A party in interest as defined by ERISA

** Cost omitted for participant directed investments