

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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>LUXOTTICA GROUP PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/11/1952</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>11/11/1952</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>11/11/1952</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>LUXOTTICA U.S. HOLDINGS CORP.</u> <div style="display: flex; justify-content: space-between;"> <div><u>12 HARBOR PARK DRIVE</u> <u>PORT WASHINGTON, NY 11050-4686</u></div> <div><u>4000 LUXOTTICA PLACE</u> <u>ATTN - RETIREMENT</u> <u>MASON, OH 45040</u></div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>11-3491054</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>516-484-3800</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>446130</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-3491054</u>	2c Plan Sponsor's telephone number <u>516-484-3800</u>	2d Business code (see instructions) <u>446130</u>	
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2d Business code (see instructions) <u>446130</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	ALISON DALESSANDRO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	EMILIA FLAMINI
	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.

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3a Plan administrator's name and address ☐ Same as Plan Sponsor LUXOTTICA GROUP ERISA PLANS COMPLIANCE & INVESTMENT COMMITTEE 12 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050	3b Administrator's EIN 36-4300417 3c Administrator's telephone number 516-484-3800
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 29053
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) 8029 6a(2) 6908 6b 2979 6c 16788 6d 26675 6e 1273 6f 27948 6g 6h 144
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: 1C 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
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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>LUXOTTICA GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LUXOTTICA U.S. HOLDINGS CORP.</u>	D Employer Identification Number (EIN) <u>11-3491054</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>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>917245388</u>
b Actuarial value	2b <u>956231044</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>3385</u> (2) Vested Funding Target <u>84877203</u> (3) Total Funding Target <u>84877203</u>
b For terminated vested participants.....	<u>17639</u> <u>407316340</u> <u>407316340</u>
c For active participants	<u>8029</u> <u>305140166</u> <u>309061894</u>
d Total.....	<u>29053</u> <u>797333709</u> <u>801255437</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>5.55</u> %
6 Target normal cost.....	6 <u>25743410</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>09/22/2020</u>
	Signature of actuary	Date
<u>LORI A. DEVORE</u>	Type or print name of actuary	<u>20-05257</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>445 HUTCHINSON AVE., SUITE 900</u> <u>COLUMBUS, OH 43235-8619</u>	Address of the firm	<u>614-436-8100</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 ☐

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

Schedule SB (Form 5500) 2019
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	226748419
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	34324411
9 Amount remaining (line 7 minus line 8)	0	192424008
10 Interest on line 9 using prior year's actual return of <u>-4.83</u> %	0	-9294080
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7109443
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>5.74</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-343386
c Total available at beginning of current plan year to add to prefunding balance		6766057
d Portion of (c) to be added to prefunding balance		6766057
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	189895985

Part III Funding Percentages		
14 Funding target attainment percentage	14	95.64 %
15 Adjusted funding target attainment percentage	15	119.34 %
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	92.28 %
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
01/15/2020	2500000	0			
07/16/2020	2500000	0			
09/11/2020	5000000	0			
Totals ▶			18(b)	10000000	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	9227138
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
0	0	0
		(4) 4th 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** 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** 25743410**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 34920378 Installment 9114642**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** 34858052

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	30356545	30356545

36 Additional cash requirement (line 34 minus line 35) **36** 4501507**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 9227138**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 4725631**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 4725631**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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LUXOTTICA GROUP PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LUXOTTICA U.S. HOLDINGS CORP.	D Employer Identification Number (EIN) 11-3491054	

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	
STATE STREET GLOBAL ADVISORS	ONE LINCOLN STREET STATE STREET FINANCIAL CENTER BOSTON, MA 02111

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AON HEWITT GROUP TRUST	
27-2436452	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PNC BANK	
25-1211909	

(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)

KEATING MUETHING & KLEKAMP

31-0570030

(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?
29	LEGAL	124244	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

PLANTE MORAN

38-1357951

(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?
10	AUDITOR	1009	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

AON CONSULTING

44 HUTCHINSON AVE
SUITE 900
COLUMBUS, OH 43235

(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?
11 15 70	ACTUARY	461005	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

PNC TRUST

25-1211909

(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?
18 19 21	TRUSTEE	341897	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

AON INVESTMENT CONSULTING

100 HALF DAY ROAD
LINCOLNSHIRE, IL 60089

(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?
27	INVESTMENT CONSULTING	558039	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>LUXOTTICA GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LUXOTTICA U.S. HOLDINGS CORP.</u>	D Employer Identification Number (EIN) <u>11-3491054</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET GLOBAL EQUITY INDEX</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST CO</u>			
c EIN-PN <u>90-0337987-205</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>213496212</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET GLOBAL EX US N</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST CO</u>			
c EIN-PN <u>90-0337987-241</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>93597979</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSEL ALL CAP</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST CO</u>			
c EIN-PN <u>90-0337987-232</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>95806224</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL REAL ESTATE FUND</u>			
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>			
c EIN-PN <u>27-2436452-005</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>50622601</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE CREDIT BOND FUND</u>			
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>			
c EIN-PN <u>27-2436452-008</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>142457650</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG FIXED ACTIVE CREDIT FUND</u>			
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>			
c EIN-PN <u>27-2436452-007</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>160309430</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID DURATION LONG CREDIT FUND</u>			
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>			
c EIN-PN <u>27-2436452-013</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>276464475</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)

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LUXOTTICA GROUP PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 LUXOTTICA U.S. HOLDINGS CORP.	D Employer Identification Number (EIN) 11-3491054	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	10000000	10000000
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	5610	9012
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	11011107	11004423
	(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)	9784	3495
	(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)	896432739	1032754571
	(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	917459240	1053771501

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	301163	354403
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	301163	354403

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	917158077	1053417098
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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)	10000000	
(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)		10000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	184431	
(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)		184431
(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)	170052119	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		170052119

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4495402
(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		70112
d Total income. Add all income amounts in column (b) and enter total	2d		184802064

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	43234066	
(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)		43234066
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)	5308977	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5308977
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48543043

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		136259021
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: **PLANTE & MORAN, PLLC**

(2) EIN: **38-1357951**

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		50000000
4e	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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 4227195. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LUXOTTICA GROUP PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 LUXOTTICA U.S. HOLDINGS CORP.		D Employer Identification Number (EIN) 11-3491054
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1211909		
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		3 785
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>39.0</u> % Investment-Grade Debt: <u>55.0</u> % High-Yield Debt: _____ % Real Estate: <u>5.0</u> % Other: <u>1.0</u> %</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____</p>
20	<p>PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No</p> <p>b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____</p>

Luxottica Group Pension Plan

Financial Report
December 31, 2019

Luxottica Group Pension Plan

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Independent Auditor's Report

To the Luxottica Group ERISA Plans
Compliance and Investment Committee
Luxottica Group Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Luxottica Group Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management'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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by PNC Bank, N.A. (the "Trustee"), except for comparing such 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 related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2019 and 2018 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2019 and reportable transactions for the year ended December 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA 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, we do not express an opinion on these supplemental schedules.

To the Luxottica Group ERISA Plans
Compliance and Investment Committee
Luxottica Group Pension Plan

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

The form and content of the information included in the financial statements and supplemental 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Columbus, Ohio
October 1, 2020

Luxottica Group Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2019 and 2018	
	2019	2018
Assets		
Investments at fair value:		
Money market funds	\$ 11,004,423	\$ 11,011,107
Common collective trust funds	1,032,754,571	896,432,739
Limited partnership	3,495	9,784
Total investments	1,043,762,489	907,453,630
Employer contribution receivable	10,000,000	10,000,000
Accrued investment income	9,012	5,610
Total assets	1,053,771,501	917,459,240
Liabilities - Accrued administrative expenses and other liabilities	354,403	301,163
Net Assets Available for Benefits	\$ 1,053,417,098	\$ 917,158,077

Luxottica Group Pension Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2019 and 2018

	2019	2018
Additions to Net Assets		
Employer contributions	\$ 10,000,000	\$ 10,000,000
Investment income (loss):		
Interest and dividend income	184,431	170,643
Net realized and unrealized gains (losses) on investments	174,617,633	(46,687,167)
Net investment income (loss)	174,802,064	(46,516,524)
Total additions to net assets - Net	184,802,064	(36,516,524)
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	43,234,066	41,503,999
Administrative expenses	5,308,977	3,720,055
Total deductions from net assets	48,543,043	45,224,054
Net Increase (Decrease) in Net Assets	136,259,021	(81,740,578)
Net Assets Available for Benefits		
Beginning of year	917,158,077	998,898,655
End of year	<u><u>\$ 1,053,417,098</u></u>	<u><u>\$ 917,158,077</u></u>

December 31, 2019 and 2018

Note 1 - Plan Description

The following description of Luxottica Group Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a noncontributory defined benefit retirement income plan that provides for pension benefits to all nonunion employees of the Luxottica U.S. Holdings Corp. and associates in Puerto Rico (the "Company"). The Luxottica Group ERISA Plans Compliance and Investment Committee (the "Plan Administrator") controls and manages the operation and administration of the Plan. PNC Bank, N.A. (the "Trustee") serves as the trustee of the Plan and, together with several investment managers, manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. In 2013, the Plan Administrator amended the Plan to disallow new entrants to the Plan effective December 31, 2013. All new associates and rehires whose first day of employment with the Company was on or after January 1, 2014 are not eligible to receive pension credits within the Plan.

Pension Benefits

Participants with three years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. Employees are credited with one year of vesting service for each calendar year in which they complete at least 1,000 hours of service. Pension benefits are provided to participants based upon years of vesting service and compensation. Retirement benefits are paid to pensioners or beneficiaries in various forms, including single life annuities, joint and survivor annuities, and a lump-sum payment option.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

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

Risks and Uncertainties

The Plan utilizes various investment securities, including collective trusts, money market funds, and partnerships. Investment securities, in general, are exposed to risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

December 31, 2019 and 2018

Note 2 - Summary of Significant Accounting Policies (Continued)***Investment Valuation and Income Recognition***

Investments held by the Plan are stated at fair value. Fair value is defined 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. See Note 6 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation or depreciation in the fair value of investments includes the Plan's gains and losses on investments sold.

Expenses

Various administrative costs are paid by the Plan or the Company, as provided in the plan document. The Company provides accounting and other administrative services to the Plan at no charge.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan Administrator has evaluated subsequent events through October 1, 2020, which is the date the financial statements were available to be issued.

Note 3 - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in accordance with amounts determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2019 and 2018. The latest actuarial valuation was prepared as of January 1, 2020.

Note 4 - Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments and lump-sum distributions that are attributable, under the Plan's provisions, to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired participants currently receiving benefits, (2) terminated vested participants, and (3) vested active participants, and, in all cases, the above-listed benefits will be paid to beneficiaries of employees who have died. The actuarial present value of accumulated plan benefits is determined by an independent actuary and represents the amount resulting from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

	2020	2019
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired participants, including beneficiaries currently receiving payments	\$ 81,971,435	\$ 74,648,439
Other participants	724,321,429	630,757,874
Total vested benefits	806,292,864	705,406,313
Nonvested benefits	2,615,069	3,733,193
Total actuarial present value of accumulated plan benefits at January 1	<u>\$ 808,907,933</u>	<u>\$ 709,139,506</u>

December 31, 2019 and 2018

Note 4 - Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of the Plan's accumulated plan benefits for the years beginning January 1 are as follows:

	2020	2019
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 709,139,506	\$ 648,680,609
Increase (decrease) due to:		
Benefits accumulated - Net	24,589,999	23,538,083
Interest due to the decrease in the discount period	46,431,593	45,551,148
Benefits paid	(43,234,066)	(41,503,999)
Changes in actuarial assumptions	71,980,901	32,873,665
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 808,907,933</u>	<u>\$ 709,139,506</u>

The significant actuarial assumptions used in the January 1, 2020 and 2019 valuations were as follows:

- Actuarial cost method: Standard unit credit
- Mortality: For 2019, the Pri-2012 Blue Collar Employee Healthy Annuitant Mortality Table (base year 2012) was used projected generationally from 2012 with mortality improvement scale MP-2019. For 2018, the Blue Collar 2014 Annuitant/Non-Annuitant Mortality table was used, with mortality rates projected back to 2006 using the Scale MP-2014 and then projected forward using scale MP-2018.
- Weighted-average retirement age: 62
- Investment return: 5.75 percent for 2019 and 6.75 percent for 2018
- Interest crediting rate: 4.01 percent
- Retirement: Various retirement ages are assumed, ranging between 55 and 73

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

The changes in actuarial assumptions in the January 1, 2020 valuation were the result of changes in interest rate assumptions, changes in mortality assumptions, and changes in the expected return on plan assets. The changes in actuarial assumptions used in the January 1, 2019 valuation were the result of changes in interest rate assumptions, changes in mortality assumptions, and changes in the expected return on plan assets.

Note 5 - Information Certified by the Trustee (Unaudited)

PNC Bank, N.A. (the "Trustee") holds the Plan's investments and executes all related transactions. The investment balances and related income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by the Trustee.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

December 31, 2019 and 2018

Note 6 - Fair Value Measurements (Continued)

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Plan's investments:

Money Market Funds

The money market funds are valued at net asset value (NAV) of \$1 per share, as reported by the Trustee.

Common Collective Trust Funds

The common collective trust funds are valued at the closing NAV of the units held by the Plan at year end based on information reported by the Trustee. There are no redemption restrictions or unfunded commitments on these investments.

Limited Partnership

The limited partnership is valued at the Plan's share of the total partnership's capital as of the most recent audited financial statements at the Plan's year end.

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

December 31, 2019 and 2018

Note 6 - Fair Value Measurements (Continued)

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2019 and 2018:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2019				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Limited partnership	\$ 3,495	\$ -	\$ -	\$ 3,495
Investments measured at NAV:				
Common collective trust funds	1,032,754,571			
Money market funds	11,004,423			
Total investments at fair value	<u>\$ 1,043,762,489</u>			
Assets Measured at Fair Value on a Recurring Basis at December 31, 2018				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Limited partnerships	\$ 9,784	\$ -	\$ -	\$ 9,784
Investments measured at NAV:				
Common collective trust funds	896,432,739			
Money market funds	11,011,107			
Total investments at fair value	<u>\$ 907,453,630</u>			

Investments valued at NAV at December 31, 2019 and 2018 that were not considered direct filing entities consisted of the Fidelity Government MM Institutional Class Fund, the PNC Government Money Market Fund, and the Federated Government Obligations Fund (collectively, the "MMF"). The MMF strategy is to maintain a stable \$1 unit price, but there is no guarantee that the funds will be able to do so. The yield of the MMF will fluctuate.

The MMF invests in high-quality, short-term money market securities to obtain as high a level of current income as is consistent with the preservation of capital and liquidity.

The NAV of the MMF is determined using the market value, or fair value if market data is unavailable, of the underlying securities. The funds allow for daily liquidity with three to five days' notice required for redemption.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2019 and 2018.

There were no transfers, purchases, or issuances of the Plan's Level 3 assets for the years ended December 31, 2019 and 2018.

Note 7 - Exempt Party-in-Interest Transactions

Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Company also pays for various administrative fees on behalf of the Plan. Certain plan assets are in investment funds managed by AON Hewitt and PNC Bank, N.A. or their affiliates. PNC Bank, N.A. performs record-keeping services for the Plan. AON Hewitt acts as the Plan's actuary, a strategic investment advisor, and ERISA investment manager of the Plan. Therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

December 31, 2019 and 2018

Note 8 - Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated December 17, 2015 that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and 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 survivors' 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 their accumulated 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 those 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 for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note 10 - Subsequent Events

Subsequent to year end, the Plan was amended to allow certain eligible participants, as outlined within the amendment, to withdraw their funds beginning on August 1, 2020 in a lump-sum distribution window. As a result of this amendment, there have been significant benefit payments made from the Plan subsequent to year end.

Luxottica Group Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 11-3491054, Plan No. 002
 December 31, 2019

(a)(b) Identity of Issuer/ Description of Investment	(c) Shares	(d) Cost	(e) Current Value
Limited partnership - CHL Medical Partners II LP	0.146	\$ 170,009	\$ 3,495
Money market funds:			
Fidelity Government MM Institutional Class FD #057	11,002,165	11,002,165	11,002,165
Federated Government Obligations FD #07	2,258	2,258	2,258
Total market funds		11,004,423	11,004,423
Common collective trust funds:			
SSGA Global Equity Index Non-lending Series Fund Class A FD #CMER1	7,499,779	147,050,330	213,496,212
SSGA Global Equity EX U.S. Index Non-lending Series Fund Class A FD #ZVQN4	8,120,595	81,205,951	93,597,979
SSGA Russell All Cap Index Non-lending Series Fund Class A FD #CMCW1	1,938,142	57,656,313	95,806,224
*AHGT Global Real Estate Fund	2,304,542	38,538,289	50,622,601
*AHGT Intermediate Credit Bond Fund	9,752,789	124,199,212	142,457,650
*AHGT US Long Fixed Active Credit Fund	7,296,152	124,850,000	160,309,430
*AHGT MID Duration Long Credit Fund	20,617,005	223,094,759	276,464,475
Total common collective trust funds		796,594,854	1,032,754,571
Total		\$ 807,769,286	\$ 1,043,762,489

*Denotes a party in interest
 Note - The information in this schedule was certified by the trustee of the Plan as complete and accurate.

Luxottica Group Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 11-3491054, Plan No. 002
Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Fidelity Government MM Institutional Class FD #057						
	Money market funds:					
	Purchases - 74	\$ 48,510,117	\$ -	\$ 48,510,117	\$ 48,510,117	\$ -
	Sales - 65	-	48,517,124	48,517,124	48,517,124	-

There were no Category (i), (ii), or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
► 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 LUXOTTICA GROUP PENSION PLAN	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LUXOTTICA U.S. HOLDINGS CORP.	D Employer Identification Number (EIN) 11-3491054
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>01</u> Day <u>01</u> Year <u>2019</u>			
2 Assets:			
a Market value.....	2a	917,245,388	
b Actuarial value.....	2b	956,231,044	
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	3,385	84,877,203	84,877,203
b For terminated vested participants	17,639	407,316,340	407,316,340
c For active participants	8,029	305,140,166	309,061,894
d Total	29,053	797,333,709	801,255,437
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	5.55%	
6 Target normal cost	6	25,743,410	

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> LORI A. DEVORE Type or print name of actuary </div> <div style="text-align: center;"> AON CONSULTING, INC. Firm name </div> <div style="text-align: center;"> 445 HUTCHINSON AVE., SUITE 900 COLUMBUS OH 43235-8619 Address of the firm </div>	<div style="text-align: center;"> 09/22/2020 Date </div> <div style="text-align: center;"> 2005257 Most recent enrollment number </div> <div style="text-align: center;"> 614-436-8100 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	226,748,419
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	34,324,411
9 Amount remaining (line 7 minus line 8).....	0	192,424,008
10 Interest on line 9 using prior year's actual return of <u>-4.83%</u>	0	-9,294,080
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		7,109,443
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>5.74%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		-343,386
c Total available at beginning of current plan year to add to prefunding balance.....		6,766,057
d Portion of (c) to be added to prefunding balance.....		6,766,057
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	189,895,985

Part III Funding Percentages

14 Funding target attainment percentage.....	14	95.64%
15 Adjusted funding target attainment percentage.....	15	119.34%
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	92.28%
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
01/15/2020	2,500,000	0			
07/16/2020	2,500,000	0			
09/11/2020	5,000,000	0			
Totals ▶			18(b)	10,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	9,227,138

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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 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	25,743,410
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	34,920,378	9,114,642	
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	34,858,052
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	30,356,545	30,356,545
36 Additional cash requirement (line 34 minus line 35)		36	4,501,507
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	9,227,138
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	4,725,631
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	4,725,631
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 SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
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Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.55%	Interest Adjusted Contribution
January 15, 2020	\$ 2,500,000	379	\$ 2,363,657
July 16, 2020	2,500,000	562	2,300,675
September 11, 2020	5,000,000	619	4,562,806
Total Contribution	\$ 10,000,000		\$ 9,227,138

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	10.00%	0.9000	5.04
57	10.00%	0.8100	4.62
58	10.00%	0.7290	4.23
59	10.00%	0.6561	3.87
60	10.00%	0.5905	3.54
61	12.50%	0.5314	4.05
62	12.50%	0.4650	3.60
63	17.50%	0.4069	4.49
64	17.50%	0.3357	3.76
65	22.50%	0.2769	4.05
66	22.50%	0.2146	3.19
67	22.50%	0.1663	2.51
68	22.50%	0.1289	1.97
69	22.50%	0.0999	1.55
70	27.50%	0.0774	1.49
71	27.50%	0.0561	1.10
72	27.50%	0.0407	0.81
73	100.00%	0.0295	2.15
Weighted Average			61.52

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	Plan PBGC Rate as of January 1, 2019
Optional Payment Form Election Percentage for Cash Balance Participants	10% life annuity 90% lump sum
Optional Payment Form Election Percentage for Non-Cash Balance Participants	100% life annuity
Retirement Age	
Active Participants	See Table 2
Inactive Cash Balance Participants	See Table 3
Inactive Annuity Participants	Age 65
Mortality Rates	
Healthy and Disabled	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 4
Disability Rates	None
Decrement Timing	Beginning of year decrements

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Surviving Spouse Benefit	For Luxottica associates, 100% are assumed to be married. For Cole associates, it is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2018 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$225,000 and the IRC section 401(a)(17) compensation limit of \$280,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2017 Plan Year	7.25%, limited to 6.48%
2018 Plan Year	7.25%, limited to 6.29%
2019 Plan Year	6.75%, limited to 6.11%
Trust Expenses Included in Target Normal Cost	The plan expenses anticipated to be paid from the trust are reflected in the Target Normal Cost. This amount is based on prior year expenses adjusted for the anticipated change in PBGC premiums from the prior year, rounded to the nearest \$100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Table 1
Salary Scale

Age	Rate
34 and younger	7.50%
35 - 54	4.00%
55 and older	3.00%

Actuarial Assumptions and Methods

Table 2
Retirement Rates – Active Participants

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	12.50%
62	12.50%
63	17.50%
64	17.50%
65	22.50%
66	22.50%
67	22.50%
68	22.50%
69	22.50%
70	27.50%
71	27.50%
72	27.50%
73+	100.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Table 3

Retirement Rates – Cash Balance Vested Terminated Participants

Age	Rate
55	25.00%
56	20.00%
57	12.50%
58	12.50%
59	12.50%
60	12.50%
61	12.50%
62	25.00%
63	25.00%
64	25.00%
65	60.00%
66	60.00%
67	50.00%
68	50.00%
69	50.00%
70	50.00%
71+	100.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Table 4—Page 1 of 2
Withdrawal Rates

Age	Years of Service						
	0	1	2	3	4	5	6+
20	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	28.41%
21	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	27.41%
22	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	26.45%
23	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	25.53%
24	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	24.61%
25	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	23.75%
26	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	22.93%
27	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	22.11%
28	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	21.30%
29	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	20.49%
30	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	19.74%
31	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	19.38%
32	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	18.48%
33	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	17.83%
34	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	17.20%
35	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	16.59%
36	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	16.01%
37	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	15.45%
38	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	14.90%
39	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	14.39%
40	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	13.88%
41	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	13.39%
42	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	12.91%
43	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	12.46%
44	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	12.01%
45	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	11.59%
46	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	11.19%
47	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.80%
48	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.41%
49	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.05%

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Table 4—Page 2 of 2
Withdrawal Rates

Age	Years of Service						
	0	1	2	3	4	5	6+
50	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.69%
51	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.36%
52	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.03%
53	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	8.70%
54	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	8.40%
55	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	8.10%
56	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.81%
57	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.53%
58	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.26%
59	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.01%
60	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	6.76%
61	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	6.53%
62	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	6.30%
63+	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	0.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
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Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

- (1) Original Effective Date: November 11, 1952
- (2) Effective Date of Last Amendment: January 1, 2014
- (3) Plan Year: January 1 to December 31
- (4) Employer Fiscal Year: January 1 to December 31
- (5) Employer ID Number: 11-3491054
- (6) Plan Administrator's ID Number: 36-4300417
- (7) Plan Number: 002
- (8) Plan Administrator: Luxottica Group ERISA Plans Compliance & Investment Committee

Eligibility

All employees of the Employer are eligible to participate in the Plan on the first day of the month following completion of one year of service, but after attainment of age 21. As of January 1, 1998, employees of Avant-Garde Optics, Inc. were eligible to participate in the Plan. As of June 25, 1999, employees of Ray-Ban Sun Optics, Inc. and REVCO, Inc., divisions of Bausch & Lomb, were eligible to participate in the Plan. As of January 1, 2002, employees of SunGlass Hut, Inc. were eligible to participate in the Plan. As of January 1, 2007, employees of Cole National Group, Inc. were eligible to participate in the Plan. Employees of Cole National Group, Inc. must have met the age condition and had worked 1,000 or more hours in 2006 in order to enter on January 1, 2007. Employees hired after December 31, 2013 will not enter the plan.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each year in which an employee works 1,000 hours. A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability during which the participant is being paid directly or indirectly by the Employer,
- (4) Transfer of employment from one participating Employer to another.

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An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his Accrued Benefit at the time of his break in service, or
- (2) The employee's period of absence was less than his pre-break service or five years, whichever is greater.

Creditable service means the total number of plan years during which an employee worked at least 1,000 hours of service.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65 and the fifth anniversary of participation in the Plan. Effective January 1, 2008, the fifth anniversary of participation is replaced with the third anniversary.

Normal Retirement Benefit

The benefit to be paid in a lump sum amount, which is equal to the value of the employee's cash balance. The cash balance account increases with the interest adjustment and contributions.

The interest adjustment equals the greater of 1) one percent over the twelve-month average of the 90-day U.S. Treasury Bill established on the first business day of each month from the previous calendar year or 2) 4.01% per annum, and is applied at the end of each calendar-year quarter to the retirement account balance.

For employees hired before January 1, 2006, the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	5.50%
5 but less than 15	7.25%
15 or more	10.00%

For employees hired (or rehired) after January 1, 2006 or employed by Cole National Group, Inc., the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	4.00%
5 but less than 10	5.00%
10 but less than 15	6.00%
15 but less than 20	8.00%
20 or more	10.00%

For Cole National Group, Inc. employees, only vesting service earned after January 1, 2006 is considered for purposes of determining the Percent of Pay credit.

Employees rehired after December 31, 2013 will not earn pay credits after their rehire date.

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The distributable lump sum amount cannot be less than the present value of the participant's 1994 accrued benefit.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement or death the cash balance as of the Delayed Retirement date based on interest and contributions at that date. The value of the plan benefit as of the later of Normal Retirement Date and January 1, 2017 is held as a minimum benefit.

Compensation

Compensation equals total cash remuneration (excluding any deferred compensation) plus differentials and commissions. Effective April 1, 2012, compensation attributable to exercised stock options will not be included as pensionable compensation.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date is an amount equal to the vested portion of his cash balance account.

Early Retirement Benefits

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life equal to the actuarial equivalent normal retirement benefit of his cash balance account reduced by plan factors to the age at his Early Retirement Date.

Any participant with an annuity benefit from the Cole National plan is eligible to retire, in regard to their total plan benefit, upon the completion of 5 years of service and the attainment of age 55.

Death Benefit

In the event of a vested participant's death, the benefit payable to the spouse or domestic partner, if living, will be a monthly benefit payable for the life of the surviving spouse or domestic partner, actuarially equivalent to the participant's cash balance as of his date of death, or the spouse or domestic partner may receive a one-time payment equal to the participant's cash balance account. If no surviving spouse or domestic partner exists, a single lump sum payment equal to the participant's cash balance account will be payable to the participant's estate.

Severance Benefits

Upon the termination of employment after 3 or more years of service, a participant shall be vested in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 3 years	0%
3 or more	100%

In the event that the participant had met the Service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Employees who do not work on or after January 1, 2008 are subject to a 5 year vesting schedule.

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Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to a spouse or domestic partner after death.
- (2) A reduced benefit to be paid during the participant's lifetime with three-quarters of the reduced benefit to be continued to a spouse or domestic partner after death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to a spouse or domestic partner after death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) A lump sum settlement if retirement eligible. If not eligible for retirement, lump sums are only payable if less than \$5,000.

Participants with a Cole prior plan benefit may also receive a benefit to be paid during the participant's lifetime with two-thirds of the reduced benefit to be continued to a spouse or domestic partner after death.

Lump sums for non-cash balance benefits are based on the applicable mortality table and interest rates for the November preceding the Valuation Date. All other Optional Forms of Settlement are actuarially equivalent to the normal form of payment based on the 1971 Group Annuity Mortality Tables blended for 85% males and 15% females and the PBGC lump sum rate published on January 1 of the plan year containing the distribution.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes which were made to better anticipate future plan experience:

- A change in the expected return on assets from 7.25% for 2018 to 6.75% for 2019.

Schedule SB Attachment (Form 5500)—2019 Plan Year
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2019**

**Luxottica Retail
Luxottica Group Pension Plan
Active Employees**

EIN: 11-3491054 PN: 002

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	52 \$16,608 \$1,478	27 \$42,811 \$4,905							
25-29	13	299 \$17,891 \$1,952	415 \$47,151 \$8,831	16						
30-34	12	193 \$16,615 \$2,510	620 \$56,405 \$13,268	234 \$61,466 \$26,161	6					
35-39	8	108 \$15,677 \$3,015	491 \$60,973 \$16,249	389 \$61,416 \$33,467	148 \$60,838 \$60,822	20 \$64,905 \$91,314				
40-44	7	78 \$17,292 \$4,115	307 \$67,572 \$17,973	338 \$71,787 \$39,812	186 \$63,258 \$68,779	121 \$70,836 \$102,514	5			
45-49	5	66 \$31,386 \$7,237	317 \$71,106 \$19,725	294 \$75,709 \$45,293	138 \$69,319 \$82,136	160 \$70,152 \$114,581	76 \$73,032 \$144,479	8		
50-54	7	55 \$25,080 \$3,931	237 \$66,140 \$19,872	302 \$76,123 \$44,690	89 \$62,509 \$72,466	116 \$76,758 \$127,108	58 \$73,662 \$157,792	69 \$83,865 \$196,314		
55-59	7	46 \$27,400 \$4,629	236 \$62,161 \$17,651	305 \$64,849 \$40,456	97 \$58,593 \$73,601	101 \$72,515 \$122,972	75 \$90,211 \$200,117	71 \$89,746 \$224,128	5	2
60-64	4	49 \$25,923 \$4,664	126 \$56,604 \$17,205	228 \$60,861 \$38,401	66 \$54,374 \$64,959	81 \$60,468 \$116,952	33 \$62,701 \$161,978	47 \$74,980 \$214,590	3	3
65-69	3	12 \$46,658 \$16,091	46 \$58,333 \$39,130	92 \$45,773 \$72,122	39 \$54,743 \$108,457	30	14	9	2	
70+	2	9 \$49,518 \$19,362	31 \$42,231 \$29,424	34	12	15	2			1

N-8,029

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$ 6,343,852	January 1, 2014	2 \$	3,230,152
Shortfall	\$ (2,763,164)	January 1, 2015	3 \$	(955,073)
Shortfall	\$ (1,710,780)	January 1, 2016	4 \$	(451,531)
Shortfall	\$ 28,413,307	January 1, 2017	5 \$	6,107,436
Shortfall	\$ 19,627,260	January 1, 2018	6 \$	3,619,366
Shortfall	\$ (14,990,097)	January 1, 2019	7 \$	(2,435,708)

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.55%	Interest Adjusted Contribution
January 15, 2020	\$ 2,500,000	379	\$ 2,363,657
July 16, 2020	2,500,000	562	2,300,675
September 11, 2020	5,000,000	619	4,562,806
Total Contribution	\$ 10,000,000		\$ 9,227,138

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	10.00%	0.9000	5.04
57	10.00%	0.8100	4.62
58	10.00%	0.7290	4.23
59	10.00%	0.6561	3.87
60	10.00%	0.5905	3.54
61	12.50%	0.5314	4.05
62	12.50%	0.4650	3.60
63	17.50%	0.4069	4.49
64	17.50%	0.3357	3.76
65	22.50%	0.2769	4.05
66	22.50%	0.2146	3.19
67	22.50%	0.1663	2.51
68	22.50%	0.1289	1.97
69	22.50%	0.0999	1.55
70	27.50%	0.0774	1.49
71	27.50%	0.0561	1.10
72	27.50%	0.0407	0.81
73	100.00%	0.0295	2.15
Weighted Average			61.52

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2019**

**Luxottica Retail
Luxottica Group Pension Plan
Active Employees**

EIN: 11-3491054 PN: 002

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	52 \$16,608 \$1,478	27 \$42,811 \$4,905							
25-29	13	299 \$17,891 \$1,952	415 \$47,151 \$8,831	16						
30-34	12	193 \$16,615 \$2,510	620 \$56,405 \$13,268	234 \$61,466 \$26,161	6					
35-39	8	108 \$15,677 \$3,015	491 \$60,973 \$16,249	389 \$61,416 \$33,467	148 \$60,838 \$60,822	20 \$64,905 \$91,314				
40-44	7	78 \$17,292 \$4,115	307 \$67,572 \$17,973	338 \$71,787 \$39,812	186 \$63,258 \$68,779	121 \$70,836 \$102,514	5			
45-49	5	66 \$31,386 \$7,237	317 \$71,106 \$19,725	294 \$75,709 \$45,293	138 \$69,319 \$82,136	160 \$70,152 \$114,581	76 \$73,032 \$144,479	8		
50-54	7	55 \$25,080 \$3,931	237 \$66,140 \$19,872	302 \$76,123 \$44,690	89 \$62,509 \$72,466	116 \$76,758 \$127,108	58 \$73,662 \$157,792	69 \$83,865 \$196,314		
55-59	7	46 \$27,400 \$4,629	236 \$62,161 \$17,651	305 \$64,849 \$40,456	97 \$58,593 \$73,601	101 \$72,515 \$122,972	75 \$90,211 \$200,117	71 \$89,746 \$224,128	5	2
60-64	4	49 \$25,923 \$4,664	126 \$56,604 \$17,205	228 \$60,861 \$38,401	66 \$54,374 \$64,959	81 \$60,468 \$116,952	33 \$62,701 \$161,978	47 \$74,980 \$214,590	3	3
65-69	3	12 \$46,658 \$16,091	46 \$58,333 \$39,130	92 \$45,773 \$72,122	39 \$54,743 \$108,457	30	14	9	2	
70+	2	9 \$49,518 \$19,362	31 \$42,231 \$29,424	34	12	15	2			1

N-8,029

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

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Shortfall	\$ (14,990,097)	January 1, 2019	7 \$	(2,435,708)

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	Plan PBGC Rate as of January 1, 2019
Optional Payment Form Election Percentage for Cash Balance Participants	10% life annuity 90% lump sum
Optional Payment Form Election Percentage for Non-Cash Balance Participants	100% life annuity
Retirement Age	
Active Participants	See Table 2
Inactive Cash Balance Participants	See Table 3
Inactive Annuity Participants	Age 65
Mortality Rates	
Healthy and Disabled	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 4
Disability Rates	None
Decrement Timing	Beginning of year decrements

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Surviving Spouse Benefit	For Luxottica associates, 100% are assumed to be married. For Cole associates, it is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2018 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$225,000 and the IRC section 401(a)(17) compensation limit of \$280,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2017 Plan Year	7.25%, limited to 6.48%
2018 Plan Year	7.25%, limited to 6.29%
2019 Plan Year	6.75%, limited to 6.11%
Trust Expenses Included in Target Normal Cost	The plan expenses anticipated to be paid from the trust are reflected in the Target Normal Cost. This amount is based on prior year expenses adjusted for the anticipated change in PBGC premiums from the prior year, rounded to the nearest \$100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2019

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Table 1
Salary Scale

Age	Rate
34 and younger	7.50%
35 - 54	4.00%
55 and older	3.00%

Actuarial Assumptions and Methods

Table 2
Retirement Rates – Active Participants

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	12.50%
62	12.50%
63	17.50%
64	17.50%
65	22.50%
66	22.50%
67	22.50%
68	22.50%
69	22.50%
70	27.50%
71	27.50%
72	27.50%
73+	100.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Table 3

Retirement Rates – Cash Balance Vested Terminated Participants

Age	Rate
55	25.00%
56	20.00%
57	12.50%
58	12.50%
59	12.50%
60	12.50%
61	12.50%
62	25.00%
63	25.00%
64	25.00%
65	60.00%
66	60.00%
67	50.00%
68	50.00%
69	50.00%
70	50.00%
71+	100.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Table 4—Page 1 of 2
Withdrawal Rates

Age	Years of Service						
	0	1	2	3	4	5	6+
20	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	28.41%
21	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	27.41%
22	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	26.45%
23	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	25.53%
24	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	24.61%
25	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	23.75%
26	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	22.93%
27	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	22.11%
28	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	21.30%
29	35.00%	30.00%	30.00%	30.00%	30.00%	30.00%	20.49%
30	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	19.74%
31	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	19.38%
32	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	18.48%
33	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	17.83%
34	30.00%	30.00%	25.00%	25.00%	25.00%	22.50%	17.20%
35	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	16.59%
36	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	16.01%
37	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	15.45%
38	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	14.90%
39	30.00%	25.00%	25.00%	25.00%	20.00%	20.00%	14.39%
40	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	13.88%
41	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	13.39%
42	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	12.91%
43	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	12.46%
44	30.00%	25.00%	25.00%	20.00%	20.00%	20.00%	12.01%
45	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	11.59%
46	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	11.19%
47	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.80%
48	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.41%
49	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.05%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Table 4—Page 2 of 2
Withdrawal Rates

Age	Years of Service						
	0	1	2	3	4	5	6+
50	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.69%
51	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.36%
52	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.03%
53	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	8.70%
54	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	8.40%
55	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	8.10%
56	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.81%
57	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.53%
58	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.26%
59	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.01%
60	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	6.76%
61	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	6.53%
62	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	6.30%
63+	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	0.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

- (1) Original Effective Date: November 11, 1952
- (2) Effective Date of Last Amendment: January 1, 2014
- (3) Plan Year: January 1 to December 31
- (4) Employer Fiscal Year: January 1 to December 31
- (5) Employer ID Number: 11-3491054
- (6) Plan Administrator's ID Number: 36-4300417
- (7) Plan Number: 002
- (8) Plan Administrator: Luxottica Group ERISA Plans Compliance & Investment Committee

Eligibility

All employees of the Employer are eligible to participate in the Plan on the first day of the month following completion of one year of service, but after attainment of age 21. As of January 1, 1998, employees of Avant-Garde Optics, Inc. were eligible to participate in the Plan. As of June 25, 1999, employees of Ray-Ban Sun Optics, Inc. and REVCO, Inc., divisions of Bausch & Lomb, were eligible to participate in the Plan. As of January 1, 2002, employees of SunGlass Hut, Inc. were eligible to participate in the Plan. As of January 1, 2007, employees of Cole National Group, Inc. were eligible to participate in the Plan. Employees of Cole National Group, Inc. must have met the age condition and had worked 1,000 or more hours in 2006 in order to enter on January 1, 2007. Employees hired after December 31, 2013 will not enter the plan.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each year in which an employee works 1,000 hours. A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability during which the participant is being paid directly or indirectly by the Employer,
- (4) Transfer of employment from one participating Employer to another.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his Accrued Benefit at the time of his break in service, or
- (2) The employee's period of absence was less than his pre-break service or five years, whichever is greater.

Creditable service means the total number of plan years during which an employee worked at least 1,000 hours of service.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65 and the fifth anniversary of participation in the Plan. Effective January 1, 2008, the fifth anniversary of participation is replaced with the third anniversary.

Normal Retirement Benefit

The benefit to be paid in a lump sum amount, which is equal to the value of the employee's cash balance. The cash balance account increases with the interest adjustment and contributions.

The interest adjustment equals the greater of 1) one percent over the twelve-month average of the 90-day U.S. Treasury Bill established on the first business day of each month from the previous calendar year or 2) 4.01% per annum, and is applied at the end of each calendar-year quarter to the retirement account balance.

For employees hired before January 1, 2006, the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	5.50%
5 but less than 15	7.25%
15 or more	10.00%

For employees hired (or rehired) after January 1, 2006 or employed by Cole National Group, Inc., the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	4.00%
5 but less than 10	5.00%
10 but less than 15	6.00%
15 but less than 20	8.00%
20 or more	10.00%

For Cole National Group, Inc. employees, only vesting service earned after January 1, 2006 is considered for purposes of determining the Percent of Pay credit.

Employees rehired after December 31, 2013 will not earn pay credits after their rehire date.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
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The distributable lump sum amount cannot be less than the present value of the participant's 1994 accrued benefit.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement or death the cash balance as of the Delayed Retirement date based on interest and contributions at that date. The value of the plan benefit as of the later of Normal Retirement Date and January 1, 2017 is held as a minimum benefit.

Compensation

Compensation equals total cash remuneration (excluding any deferred compensation) plus differentials and commissions. Effective April 1, 2012, compensation attributable to exercised stock options will not be included as pensionable compensation.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date is an amount equal to the vested portion of his cash balance account.

Early Retirement Benefits

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life equal to the actuarial equivalent normal retirement benefit of his cash balance account reduced by plan factors to the age at his Early Retirement Date.

Any participant with an annuity benefit from the Cole National plan is eligible to retire, in regard to their total plan benefit, upon the completion of 5 years of service and the attainment of age 55.

Death Benefit

In the event of a vested participant's death, the benefit payable to the spouse or domestic partner, if living, will be a monthly benefit payable for the life of the surviving spouse or domestic partner, actuarially equivalent to the participant's cash balance as of his date of death, or the spouse or domestic partner may receive a one-time payment equal to the participant's cash balance account. If no surviving spouse or domestic partner exists, a single lump sum payment equal to the participant's cash balance account will be payable to the participant's estate.

Severance Benefits

Upon the termination of employment after 3 or more years of service, a participant shall be vested in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 3 years	0%
3 or more	100%

In the event that the participant had met the Service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Employees who do not work on or after January 1, 2008 are subject to a 5 year vesting schedule.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to a spouse or domestic partner after death.
- (2) A reduced benefit to be paid during the participant's lifetime with three-quarters of the reduced benefit to be continued to a spouse or domestic partner after death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to a spouse or domestic partner after death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) A lump sum settlement if retirement eligible. If not eligible for retirement, lump sums are only payable if less than \$5,000.

Participants with a Cole prior plan benefit may also receive a benefit to be paid during the participant's lifetime with two-thirds of the reduced benefit to be continued to a spouse or domestic partner after death.

Lump sums for non-cash balance benefits are based on the applicable mortality table and interest rates for the November preceding the Valuation Date. All other Optional Forms of Settlement are actuarially equivalent to the normal form of payment based on the 1971 Group Annuity Mortality Tables blended for 85% males and 15% females and the PBGC lump sum rate published on January 1 of the plan year containing the distribution.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Luxottica Group Pension Plan
EIN: 11-3491054 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes which were made to better anticipate future plan experience:

- A change in the expected return on assets from 7.25% for 2018 to 6.75% for 2019.

Luxottica Group Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 11-3491054, Plan No. 002
 December 31, 2019

(a)(b) Identity of Issuer/ Description of Investment	(c) Shares	(d) Cost	(e) Current Value
Limited partnership - CHL Medical Partners II LP	0.146	\$ 170,009	\$ 3,495
Money market funds:			
Fidelity Government MM Institutional Class FD #057	11,002,165	11,002,165	11,002,165
Federated Government Obligations FD #07	2,258	2,258	2,258
Total market funds		11,004,423	11,004,423
Common collective trust funds:			
SSGA Global Equity Index Non-lending Series Fund Class A FD #CMER1	7,499,779	147,050,330	213,496,212
SSGA Global Equity EX U.S. Index Non-lending Series Fund Class A FD #ZVQN4	8,120,595	81,205,951	93,597,979
SSGA Russell All Cap Index Non-lending Series Fund Class A FD #CMCW1	1,938,142	57,656,313	95,806,224
*AHGT Global Real Estate Fund	2,304,542	38,538,289	50,622,601
*AHGT Intermediate Credit Bond Fund	9,752,789	124,199,212	142,457,650
*AHGT US Long Fixed Active Credit Fund	7,296,152	124,850,000	160,309,430
*AHGT MID Duration Long Credit Fund	20,617,005	223,094,759	276,464,475
Total common collective trust funds		796,594,854	1,032,754,571
Total		\$ 807,769,286	\$ 1,043,762,489

*Denotes a party in interest
 Note - The information in this schedule was certified by the trustee of the Plan as complete and accurate.

Luxottica Group Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 11-3491054, Plan No. 002
 Year Ended December 31, 2019

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Fidelity Government MM Institutional Class FD #057	Money market funds:					
	Purchases - 74	\$	48,510,117	\$	-	\$
	Sales - 65	\$	-	\$	48,517,124	\$
			48,517,124	48,517,124	48,517,124	-
				48,517,124	48,517,124	-

There were no Category (i), (ii), or (iv) reportable transactions during the year.