

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>04/30/2020</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>CLEVELAND EYE CLINIC & COMPANIES 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2004</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>NORTHERN OHIO EYE CONSULTANTS, INC. DBA CLEVELAND EYE CLINIC</u> <u>7001 S. EDGERTON RD.</u> <u>SUITE B</u> <u>BRECKSVILLE, OH 44141</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>84-1622399</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-526-1974</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621320</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>84-1622399</u>	2c Plan Sponsor's telephone number <u>440-526-1974</u>	2d Business code (see instructions) <u>621320</u>	
2b Employer Identification Number (EIN) <u>84-1622399</u>					
2c Plan Sponsor's telephone number <u>440-526-1974</u>					
2d Business code (see instructions) <u>621320</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/12/2021	DR. WILLIAM F. WILEY M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	165
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	130
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2J 2K 2F 2G 2T 3D 3B 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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 04/30/2020	
A Name of plan CLEVELAND EYE CLINIC & COMPANIES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN OHIO EYE CONSULTANTS, INC. DBA CLEVELAND EYE CLINIC	D Employer Identification Number (EIN) 84-1622399

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	923-80029	0	01/01/2020	04/30/2020

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

(a) Total amount of commissions paid 131	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY SMITH BARNEY LLC 1 NEW YORK PLAZA 12TH FLOOR
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
131			3

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 111174**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 45886**c** Additions: (1) Contributions deposited during the year **7c(1)** 440
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 585
(4) Transferred from separate account..... **7c(4)** 64263
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 65288**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 111174**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 101799(2) Administration charge made by carrier..... **7e(2)** 81(3) Transferred to separate account..... **7e(3)** 5490(4) Other (specify below) **7e(4)** 3804

▶ MARKET VALUE ADJUSTMENT

(5) Total deductions **7e(5)** 111174**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 04/30/2020		
A Name of plan CLEVELAND EYE CLINIC & COMPANIES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN OHIO EYE CONSULTANTS, INC. DBA CLEVELAND EYE CLINIC	D Employer Identification Number (EIN) 84-1622399	

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	
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
37 15 49 59 60 63 64 99	RECORDKEEPER	15056	Yes ☒ No ☐	Yes ☒ No ☐	1694	Yes ☐ No ☒

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

BREWSTER & BREWSTER, INC

370 BLACKBROOK RD.
PAINESVILLE, OH 44077

34-1842059

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	14627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

1 NEW YORK PLAZA 12TH FLOOR
NEW YORK, NY 10004

(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?
57 52	BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	4863	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 04/30/2020		
A Name of plan CLEVELAND EYE CLINIC & COMPANIES 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN OHIO EYE CONSULTANTS, INC. DBA CLEVELAND EYE CLINIC	D Employer Identification Number (EIN) 84-1622399	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	51266	0
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5293154	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	45886	0
(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	5390306	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5390306	0
---	-----------	---------	---

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)	20529	
(B) Participants	2a(1)(B)	33365	
(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)		53894
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	395	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		395
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-560374
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		-506085

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4816687	
(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)		4816687
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	17692	
(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)		17692
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4834379

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5340464
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		49842

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HOBE & LUCAS, CERTIFIED PUBLIC ACC**

(2) EIN: **31-1488076**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
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)	
MIDWEST VISION PARTNERS 401(K) PLAN	83-4617457	001	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 04/30/2020

A Name of plan CLEVELAND EYE CLINIC & COMPANIES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN OHIO EYE CONSULTANTS, INC. DBA CLEVELAND EYE CLINIC	D Employer Identification Number (EIN) 84-1622399

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 34-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

b The corresponding number for the second preceding plan year.....

15a	
15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16a	
16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
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Hobe & Lucas

Certified Public Accountants, Inc.

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Independence, Ohio 44131 Fax: (216) 524.8777
<http://www.hobe.com>

INDEPENDENT AUDITORS' REPORT

To the Administrator and Participants of the
Cleveland Eye Clinic & Companies 401k Plan
Brecksville, OH

Report on the Financial Statement

We were engaged to audit the accompanying financial statements of Cleveland Eye Clinic & Companies 401k Plan, which comprise the statements of net assets available for benefits (liquidation basis) as of April 30, 2020 and December 31, 2019, and the related statements of changes in net assets available for benefits (liquidation basis) for the period January 1, 2020 to April 30, 2020 and for the year ended December 31, 2019, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the 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 on the Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodian as of and for the period ended April 30, 2020 and the year ended December 31, 2019, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion on the Financial Statements

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 the financial statements.

-1-

Independent Member

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Emphasis of Matter – Plan Termination

As further discussed in Note 1, the plan sponsor sold its operations as of December 2019. Accordingly, all participants became fully vested in their account as the plan experienced a full termination. Due to certain conditions of the sale, the Plan continued on in a liquidation basis until the final distribution of Plan assets, which occurred on April 24, 2020.

Other Matters

The supplemental schedule of assets – held at year end as of and for the period ended April 30, 2020 and the year ended December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and 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 the supplemental schedule referred to above.

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

January 26, 2021

Hoke & Lucas
Certified Public Accountants, Inc.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS)
APRIL 30, 2020 AND DECEMBER 31, 2019

	<u>2020</u> <u>(In Liquidation)</u>	<u>2019</u> <u>(In Liquidation)</u>
<u>ASSETS</u>		
<u>Investments, At Fair Value</u>		
Pooled separate accounts	\$ -	\$ 5,293,154
<u>Investments, At Contract Value</u>		
Fixed funds	-	45,886
Total Investments	-	5,339,040
<u>Receivables</u>		
Notes receivable from participants	-	51,266
Total Receivables	-	51,266
Net Assets Available For Benefits	\$ -	\$ 5,390,306

See accompanying notes to financial statements.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS)
FOR THE PERIOD ENDED APRIL 30, 2020 AND THE YEAR ENDED DECEMBER 31, 2019

	<u>2020</u> <u>(In Liquidation)</u>	<u>2019</u> <u>(In Liquidation)</u>
<u>Additions</u>		
Additions to net assets attributed to:		
Interest income	\$ 395	\$ 2,990
Unrealized and realized gains/(losses)	<u>(560,374)</u>	<u>914,061</u>
	<u>(559,979)</u>	<u>917,051</u>
 Contributions:		
Employee	33,365	347,033
Employer	20,529	188,785
Rollovers	<u>-</u>	<u>48,246</u>
	<u>53,894</u>	<u>584,064</u>
Total Additions	<u>(506,085)</u>	<u>1,501,115</u>
 <u>Deductions</u>		
Deductions from net assets attributed to:		
Distributions to participants	4,816,687	80,212
Administrative expenses	<u>17,692</u>	<u>3,499</u>
	<u>4,834,379</u>	<u>83,711</u>
 <u>Net Increase/(Decrease) in Net Assets Available for Benefits</u>	<u>(5,340,464)</u>	<u>1,417,404</u>
 Transfers To Other Retirement Plans	<u>(49,842)</u>	<u>-</u>
 <u>Net Assets Available for Benefits, Beginning of Year</u>	<u>5,390,306</u>	<u>3,972,902</u>
 <u>Net Assets Available for Benefits, End of Year</u>	<u>\$ -</u>	<u>\$ 5,390,306</u>

See accompanying notes to financial statements.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 1 – PLAN TERMINATION AND BASIS OF PRESENTATION

In December, 2019, the Plan Sponsor, Northern Ohio Eye Consultants, Inc. dba Cleveland Eye Clinic and its subsidiaries, were purchased by Midwest Vision Partners. As a result, on January 15, 2020, the Board of Directors determined to terminate the Cleveland Eye Clinic & Companies 401k Plan, and the Plan's termination, and subsequent asset distribution in the form of a rollover to a qualifying retirement plan, occurred on April 24, 2020.

The financial statements for the period ended April 30, 2020 and the year ended December 31, 2019 are prepared using the liquidation basis of accounting.

NOTE 2 - DESCRIPTION OF PLAN

The following brief description of Cleveland Eye Clinic & Companies 401k 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 401(K) plan established by Northern Ohio Eye Consultants, Inc. dba Cleveland Eye Clinic on January 1, 2004 to provide retirement benefits for all employees of Northern Ohio Eye Consultants, Inc. dba Cleveland Eye Clinic and its' affiliates (the Company). Company affiliates include (1) Brecksville Laser Eye Center dba Clear Choice TLC, (2) Accomodative Surgery Center, LLC, (3) Brecksville Anesthesia, LLC and (4) Western Reserve Eye Associates dba Clear Vision Centers. Employees of the Company are eligible to participate in the Plan after having completed one year of service and reaching a minimum age of 21 years old. The plan entry date is the first day of the first month or first day of the seventh month of the plan year following attainment of the service requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, plan participants may contribute to the Plan, on a pretax basis, an amount not to exceed 100% of their compensation, subject to a limit of \$19,500 for 2020 and \$19,000 for 2019. Eligible employees may elect to make additional "catch up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company contributes a safe harbor matching contribution on behalf of each participant in an amount equal to 100% of the first 3% of the participant's compensation and 50% of 4th and 5th percent of the participant's compensation contributed to the plan.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 2 - DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

A separate account is maintained for each investment option selected by the participant. Each participant's account is credited with the participant's contributions, the Company's matching contributions, and the Plan's earnings. Allocation of the Plan's earnings is based on participant's account balances.

Participants direct the investment of their contributions into various investment options offered by the Plan. The plan currently offered thirty-one funds as investment options for participants.

Vesting

As of January 15, 2020, all participants are fully vested in their account due to the sale of the Company and subsequent Plan termination.

Payment of Benefits

In case of a normal retirement, retirement due to permanent disability or termination of employment, participants may elect to receive the value of their account balance in a lump sum distribution, or as a rollover in whole or in part to an eligible retirement plan, in accordance with the provisions of the Plan. In the event that a participant dies before retirement, the beneficiary will receive the value of the participant's account balance in either a lump-sum distribution or, if the beneficiary is a surviving spouse, as a rollover in whole or in part to an eligible retirement plan. If a participant's vested balance is greater than \$1,000 and less than \$5,000, and the participant does not make an election to either receive or to rollover the distribution, the distribution can be rolled over to an Individual Retirement Account.

Forfeitures

Amounts held in former participants' accounts that have not vested under the vesting schedule are forfeited. Forfeitures may be used to pay Plan administrative expenses or be available to reduce employer contributions. As of April 30, 2020, forfeited non-vested accounts totaled \$-0-.

NOTE 3 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the liquidation basis of accounting, in conformity with generally accepted accounting principles.

Estimates

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

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 3 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Benefit Distributions

Benefit distributions are recorded when paid to participants.

Valuation of Investments

The Plan's investments are administered by Nationwide Financial Services, Inc. and are stated at fair value. Units held in pooled separate accounts are reported at fair value based on the unit prices quoted by the funds, representing the fair value of the underlying investments. Units held in the fixed fund are reported at contract value. Participant loans are valued at cost, which approximates fair value.

Administrative Services

The expenses necessary to administer the Plan are paid by the Plan or Plan sponsor including, but not limited to, those involved in retaining necessary professional assistance from an attorney, an accountant, an actuary, or an investment adviser. Investment related expenses are included in net appreciation of fair value of investments.

Risk and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value in the near term would materially affect participant account balances and the amounts reported in the statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Notes Receivable from Participants

Loans are made available to all participants in accordance with the specific provisions set forth in the Plan. The amount of a loan cannot exceed the lesser of \$50,000 or one-half of a participant's total vested account balance. Loan terms range from one to five years. Loan terms range from one to thirty years when used to construct or acquire a principal residence. The loans are secured by the balance in the participant's account. Participants with loan balances had interest rates ranging from 4.25% to 6.50% during the plan year ending April 30, 2020. All loans are subject to specific repayment plans and are secured by the participant's non-forfeitable interest in his/her account equivalent to the principal amount of the loan.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of April 30, 2020 or December 31, 2019.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 4 - TAX STATUS

The Plan uses a volume submitter plan document sponsored by CCH Incorporated, DBA FTWILLIAM.COM which received an opinion from the IRS, dated March 31, 2014, which states that the volume submitter document satisfies the provisions of Section 401 of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 5 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain plan investments are investments managed by Nationwide Financial Services, Inc. Nationwide Financial Services, Inc. is the custodian of the Plan and therefore, these transactions qualify as party-in-interest. Certain fees for investment management, recordkeeping and administrative expenses are with the custodian and are not considered prohibited transactions under ERISA.

NOTE 6 - PARTICIPANTS SEPARATED FROM SERVICE WITH A DEFERRED VESTED INTEREST

As of April 30, 2020, no participants have separated from service and not been paid.

NOTE 7 - INVESTMENTS

The Plan's investments are held by Nationwide Financial Services, Inc. as custodian. Nationwide Financial Services, Inc. maintains the investments in separate accounts, which comprise a significant portion (00.00% - 2020, 99.05%-2019) of the Plan's assets. The accounts are credited with earnings on the underlying investment and charged for plan withdrawals. The contract is included in the financial statement at contract value which approximates fair value as reported by Nationwide Financial Services, Inc. Nationwide Financial Services, Inc. certified as of April 30, 2020 and December 31, 2019 as to the completeness and accuracy of the information reported. Realized and unrealized gains/(losses) on investments totaled \$(560,374) and \$914,061 for the period ended April 30, 2020 and the year ended December 31, 2019, respectively.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 8 - INFORMATION CERTIFIED BY THE TRUSTEE

At April 30, 2020 and December 31, 2019, the Plan's investments were held by Nationwide Financial Services, Inc. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by Nationwide Financial Services, Inc. as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting with Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments at April 30, 2020 and December 31, 2019 as reported by the custodian are:

	<u>2020</u>	<u>2019</u>
Nationwide Financial Services Fixed Account	\$ -	45,886
T Rowe Price Retirement 2015 Fund	-	15,327
T Rowe Price Retirement 2020 Fund	-	87,538
T Rowe Price Retirement 2025 Fund	-	337,814
T Rowe Price Retirement 2035 Fund	-	510,628
T Rowe Price Retirement 2040 Fund	-	123,586
T Rowe Price Retirement 2050 Fund	-	182,210
T Rowe Price Retirement 2055 Fund	-	207,684
T Rowe Price Retirement 2005 Fund	-	586
T Rowe Price Retirement 2030 Fund	-	973,480
T Rowe Price Retirement 2045 Fund	-	135,756
Eaton Vance Global Macr Absolute Return Fund	-	196
Oppenheimer Steelpath MLP Select 40 Fund	-	178
Vanguard Growth Index Fund	-	558,267
Vanguard Value Index Fund	-	356,318
T Rowe Price Personal Strategy Balanced Fund	-	153,390
T Rowe Price Personal Strategy Growth Fund	-	1,014,487
T Rowe Price Retirement 2060 Fund	-	9,296
Vanguard Developed Markets Index Fund	-	97,155
Vanguard Mid-Cap Growth Index Fund	-	136,993
Vanguard Mid-Cap Value Index Fund	-	72,843
AQR Managed Futures Strategy Fund	-	357
Federated Government Obligations Fund	-	2
Lord Abbott Total Return Fund	-	24,490
PIMCO Income Institutional	-	43,484
Vanguard 500 Index Fund Admiral Share	-	60,057

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 8 - INFORMATION CERTIFIED BY THE TRUSTEE (CONTINUED)

	<u>2020</u>	<u>2019</u>
Vanguard Emerging Market Stock Index Admiral	-	882
Vanguard Mid-Cap Index Fund Admiral Share	-	87,517
Vanguard Real Estate Index Admiral Fund	-	75,145
Vanguard Small Cap Index Fund Admiral Share	-	26,763
Vanguard Small Cap Growth Index Admiral Fund	-	725

The income and expenses reported in the statement of changes in net assets available for plan benefits for the period ended April 30, 2020 and year ended December 31, 2019 was certified by Nationwide Financial Services, Inc.

The information included in the Schedule of Assets was certified by Nationwide Financial Services, Inc.

NOTE 9 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2020 and December 31, 2019.

Pooled Separate Accounts (PSA): Valued at fair value estimated by the issuer, which has been determined based on the unit values of the fund which are determined by dividing the funds net assets at fair value by its units outstanding at the valuation date.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2020:

Assets at Fair Value as of April 30, 2020

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments Measured at NAV- PSA's	\$ _____	\$ _____	\$ _____	\$ _____
Total Assets at Fair Value	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

Assets at Fair Value as of December 31, 2019

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments Measured at NAV- PSA's	\$ _____	\$ _____	\$ _____	\$ 5,293,154
Total Assets at Fair Value	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ 5,293,154</u>

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments measured at fair value based on NAV per share as of April 30, 2020:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts	\$ 0	n/a	Daily	None

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2019:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts	\$ 5,293,154	n/a	Daily	None

Events that would limit the pooled separate accounts and mutual funds to transact at the NAV may include, but are not limited to, the following: mergers, mass layoffs, plan terminations, and implementation of early retirement incentive programs.

NOTE 10 – NATIONWIDE FINANCIAL SERVICES FIXED ACCOUNT

The Plan has a benefit-responsive fixed account with Nationwide Financial Services, Inc. Nationwide Financial Services, Inc. maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The fixed account contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed interest contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed interest contract. Contract value, as reported to the Plan by Nationwide Financial Services, Inc. represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
NOTES TO FINANCIAL STATEMENTS
APRIL 30, 2020 AND DECEMBER 31, 2019

NOTE 10 – NATIONWIDE FINANCIAL SERVICES FIXED ACCOUNT (CONTINUED)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a monthly basis for resetting. The current credited interest rate is 1.72% - 2020 and 1.90% - 2019 and the guaranteed minimum rate is 1.72% - 2020 and 1.90% - 2019.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include but may not be limited to the following: (1) the complete or partial termination of the plan; (2) the establishment or activation of, or material change in, any Plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

NOTE 11 - SUBSEQUENT EV ENTS

Subsequent events were reviewed through January 26, 2021, the date the financial statements were available for issuance. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result, the Plan's various investment securities incurred significant declines prior to the distribution of plan assets. The Company does not expect any further impact on the Plan's financial statements due to the full liquidation of the plan as of April 30, 2020.

SUPPLEMENTAL SCHEDULES

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS - HELD AT PERIOD END

PLAN NUMBER - 001

EIN:84-1622399

APRIL 30, 2020

Participant Directed Program

(a) Party In Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par of maturity value	(e) Fair Value
<u>Fixed Funds</u>			
*	Nationwide Financial Services	Fixed Account	\$ -
<u>Pooled Separate Accounts</u>			
	Vanguard	Mid-Cap Index Fund Admiral Share	-
	Vanguard	Real Estate Index Admiral	-
	T Rowe Price	Retirement 2015 Fund	-
	T Rowe Price	Retirement 2020 Fund	-
	T Rowe Price	Retirement 2025 Fund	-
	T Rowe Price	Retirement 2035 Fund	-
	T Rowe Price	Retirement 2040 Fund	-
	T Rowe Price	Retirement 2050 Fund	-
	T Rowe Price	Retirement 2055 Fund	-
	T Rowe Price	Retirement 2005 Fund	-
	T Rowe Price	Retirement 2030 Fund	-
	T Rowe Price	Retirement 2045 Fund	-
	Vanguard	Emerging Markets Stock Index Admiral	-
	Vanguard	500 Index Fund Admiral Share	-
	Eaton Vance	Global Macr Absolute Return Fund	-
	PIMCO	Income Institutional	-
	Oppenheimer	SteelPath MLP Select 40 Fund	-
	Vanguard	Growth Index Fund	-
	Vanguard	Value Index Fund	-
	T Rowe Price	Personal Strategy Balanced Fund	-
	T Rowe Price	Personal Strategy Growth Fund	-
	T Rowe Price	Retirement 2060 Fund	-
	Vanguard	Developed Markets Index Fund	-
	Vanguard	Mid-Cap Growth Index Fund	-
			<u>\$ -</u>

See accompanying notes to financial statements.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS - HELD AT PERIOD END (CONTINUED)

PLAN NUMBER - 001

EIN:84-1622399

APRIL 30, 2020

Participant Directed Program

(a) Party In Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par of maturity value	(e) Fair Value
<u>Pooled Separate Accounts (Continued)</u>			
		Total From Prior Page	\$ -
	Vanguard	Mid-Cap Value Index Fund	-
	AQR	Managed Futures Strategy Fund	-
	Vanguard	Small Cap Index Fund Admiral Share	-
	Vanguard	Small Cap Growth Index Admiral	-
	Lord Abbott	Total Return R5	-
	Federated	Government Obligations Fund	-
			-
		Total Investments	-
*	Notes Receivable From Participants	Notes Receivable from Participants (interest rate of 4.25%-6.25%)	-
			\$ -

See accompanying notes to financial statements.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS - HELD AT YEAR END

PLAN NUMBER - 001

EIN:84-1622399

DECEMBER 31, 2019

Participant Directed Program

(a) Party In Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par of maturity value	(e) Fair Value
<u>Fixed Funds</u>			
*	Nationwide Financial Services	Fixed Account	\$ 45,886
<u>Pooled Separate Accounts</u>			
	Vanguard	Mid-Cap Index Fund Admiral Share	87,517
	Vanguard	Real Estate Index Admiral	75,145
	T Rowe Price	Retirement 2015 Fund	15,327
	T Rowe Price	Retirement 2020 Fund	87,538
	T Rowe Price	Retirement 2025 Fund	337,814
	T Rowe Price	Retirement 2035 Fund	510,628
	T Rowe Price	Retirement 2040 Fund	123,586
	T Rowe Price	Retirement 2050 Fund	182,210
	T Rowe Price	Retirement 2055 Fund	207,684
	T Rowe Price	Retirement 2005 Fund	586
	T Rowe Price	Retirement 2030 Fund	973,480
	T Rowe Price	Retirement 2045 Fund	135,756
	Vanguard	Emerging Markets Stock Index Admiral	882
	Vanguard	500 Index Fund Admiral Share	60,057
	Eaton Vance	Global Macr Absolute Return Fund	196
	PIMCO	Income Institutional	43,484
	Oppenheimer	SteelPath MLP Select 40 Fund	178
	Vanguard	Growth Index Fund	558,267
	Vanguard	Value Index Fund	356,318
	T Rowe Price	Personal Strategy Balanced Fund	153,390
	T Rowe Price	Personal Strategy Growth Fund	1,014,487
	T Rowe Price	Retirement 2060 Fund	9,296
	Vanguard	Developed Markets Index Fund	97,155
	Vanguard	Mid-Cap Growth Index Fund	136,993
			<u>\$ 5,167,974</u>

See accompanying notes to financial statements.

CLEVELAND EYE CLINIC & COMPANIES 401K PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS - HELD AT YEAR END (CONTINUED)

PLAN NUMBER - 001

EIN:84-1622399

DECEMBER 31, 2019

Participant Directed Program

(a) Party In Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par of maturity value	(e) Fair Value
		<u>Pooled Separate Accounts (Continued)</u>	
		Total From Prior Page	\$ 5,167,974
	Vanguard	Mid-Cap Value Index Fund	72,843
	AQR	Managed Futures Strategy Fund	357
	Vanguard	Small Cap Index Fund Admiral Share	26,763
	Vanguard	Small Cap Growth Index Admiral	725
	Lord Abbott	Total Return R5	24,490
	Federated	Government Obligations Fund	2
			<u>5,293,154</u>
		Total Investments	5,339,040
*	Notes Receivable From Participants	Notes Receivable from Participants (interest rate of 4.25%-6.25%)	<u>51,266</u>
			<u><u>\$ 5,390,306</u></u>

See accompanying notes to financial statements.