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

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HIDDEN EYES LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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)
HIDDEN EYES LLC

4171 W HILLSBORO BLVD SUITE 2
COCONUT CREEK, FL 33073-8308

2b Employer Identification Number (EIN)
20-8844835

2c Plan Sponsor's telephone number
561-910-3980

2d Business code (see instructions)
541990

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.	10/11/2021	EDWARD ROJAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	475
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)**	250
a(2) Total number of active participants at the end of the plan year	**6a(2)**	226
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	295
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	521
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	521
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	497
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	48
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶	
HIDDEN EYES LLC 401(K) PROFIT SHARING PLAN & TRUST		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
HIDDEN EYES LLC	20-8844835	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

(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)

401K GENERATION

195 INTERNATIONAL PARKWAY
SUITE 311
LAKE MARY, FL 32746

26-4477125

(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?
13 15 26	CONTRACT ADMINISTRATOR	9198	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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?
13 15 26	RECORDKEEPER	10918	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

RAYMOND JAMES & ASSOCIATES, IN

ATTN AMS 0326-055
PO BOX 23641
ST PETERSBURG, FL 33742

(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?
13 15 26	ADVISOR	13349	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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 12/31/2020

A Name of plan
HIDDEN EYES LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HIDDEN EYES LLC

D Employer Identification Number (EIN)
20-8844835

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	41143	50918
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	112111	91714
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2473974	3046891
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2627228	3189523
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2627228	3189523

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)	82208	
	(B) Participants	2a(1)(B)	396234	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	8014	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		486456
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	578	
	(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)	5762	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6340
	(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)	183458	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		183458
	(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)		290514
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		966768
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	369914	
(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)		369914
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	20640	
(3) Investment advisory and management fees	2i(3)	13919	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		34559
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		404473
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		562295
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) [X] 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: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		262722
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		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 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.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
HIDDEN EYES LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HIDDEN EYES LLC

D Employer Identification Number (EIN)
20-8844835

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): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Hidden Eyes, LLC 401(k)
Profit Sharing Plan & Trust

Financial Statements,
Supplemental Information and
Independent Auditor's Report
December 31, 2020

KERKERING BARBERIO
ACCOUNTING ▪ TAX ▪ CONSULTING

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KERKERING BARBERIO
Kerkering, Barberio & Co.
Certified Public Accountants

Independent Auditor's Report

To the Plan Administrator and Trustees
Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust
Sarasota, Florida

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the custodian is complete and accurate.

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

Other Matter
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 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 purposes of additional analysis but is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, 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.

Kukuing Barbosio & Co.

Sarasota, Florida
October 6, 2021

Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets		
Interest-bearing cash	$ 50,918	$ 41,143
Investments, at fair value:		
Mutual funds	3,046,891	2,473,974
Total investments, at fair value	3,046,891	2,473,974
Contributions receivable:		
Participant contributions receivable	17,927	15,918
Employer contributions receivable	-	8,432
Total contributions receivable	17,927	24,350
Notes receivable from participants	91,714	112,111
Total Assets	$ 3,207,450	$ 2,651,578
Net Assets Available for Benefits	$ 3,207,450	$ 2,651,578

See accompanying notes to financial statements.

Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2020

Additions to Net Assets:		
Net appreciation in fair value of investments	$	290,514
Interest and Dividends:		
Interest on notes receivable from participants		5,762
Interest on interest-bearing cash		578
Dividend income from mutual funds		183,458
Total interest and dividends		189,798
Contributions:		
Participant		398,243
Employer		73,776
Rollovers		8,014
Total contributions		480,033
Total additions		960,345
Deductions from Net Assets:		
Benefits paid to participants		369,914
Administrative expenses		34,559
Total deductions		404,473
Change in Net Assets		555,872
Net Assets Available for Benefits:		
Beginning of year		2,651,578
End of year	$	3,207,450

See accompanying notes to financial statements.

1. Description of the Plan

The following description of Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan of Hidden Eyes, LLC (the Company), whose purpose is to enable eligible employees to save for retirement, as well as providing certain benefits in the event of death, disability or other termination of employment. The Plan was established effective January 1, 2010 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

The Plan covers all employees of Hidden Eyes, LLC (the Company) who have completed three months of service and have attained twenty-one years of age.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's discretionary profit sharing or discretionary matching contribution, the employer's matching contributions and an allocation of the Plan earnings. Allocations of the Plan earnings are based on participants' account balances.

Contributions

Salary deferral contributions are made to the Plan by participating employees through payroll deductions in amounts authorized by the employees. Participants may contribute up to the limits of the Internal Revenue Service (IRS) of $19,500 of pretax annual compensation for 2020. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. For 2020, the annual catch-up contribution limit was $6,500.

On May 15, 2020, the plan was amended to remove the safe harbor election and updated the match to reflect a discretionary match at year end.

Vesting

Participants are immediately vested in their salary deferral contributions, rollover contributions, and earnings thereon. Participants are vested 100% in employer discretionary profit-sharing contributions. Vesting for discretionary matching contributions and earnings thereon are based on years of service, as defined in the Plan, as follows:

Completed Years of Service	Vested Percentage
Less than 2	0%
More than 2	100%

If, while an employee, the participant dies, becomes disabled, or reaches normal retirement age of 65 before the two-year vesting period, the participant's account will be 100% vested.

1. Description of the Plan (Continued)

Investment Options

Upon enrollment in the Plan, participants direct the investment of their contributions and allocate contributions to the investment options available under the Plan. Employer contributions are allocated according to the participant's allocations. The percentage of contributions allocated to each of the investment options is at the discretion of the participant.

Participants may change their investment options at any time online or via telephone, which allows a participant to access their account using a personal identification number.

Administrative Expenses

Fees paid by the Plan for the year ended December 31, 2020 totaled $34,559.

Forfeited Accounts

The forfeitures for the non-vested portion of the Company matching contributions can be used to pay Plan administrative expenses or reduce the Company's matching contributions. For the 2020 Plan year, the Company used the entire ending balance of forfeitures to pay Plan administrative expenses. At December 31, 2020 and 2019, forfeited non-vested accounts totaled $0 and $36, respectively.

Benefits Paid to Participants

If a participant ceases to be employed by the Company for any reason, other than death or total and permanent disability, prior to satisfying the age and service requirements for normal retirement, the terminated participant may elect, with the consent of his or her spouse, to receive in a lump-sum payment any vested amounts plus the earnings thereon. Employees must work at least 1,000 hours in order to be credited with one year of service for vesting purposes. If the participant's vested account balance is $5,000 or less, the Plan Administrator will direct the Trustee to distribute as a lump-sum payment upon termination.

In March 2020, the Coronavirus, Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Under the optional provisions outlined in the CARES Act, participants impacted by COVID-19 were allowed to take up to $100,000 or 100% of their vested account balance as a coronavirus-related distribution between March 27, 2020 and December 31, 2020. The Plan Sponsor has elected to adopt the optional COVID-19 withdrawal rules during the Plan year.

Hardship Distributions

Hardship distributions are permitted by the Plan at the discretion of the Company for allowable expenditures from participants' pre-tax deferrals.

Notes Receivable from Participants

The Plan does allow for loans to be taken out by participants if certain criteria are met. A participant may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 95% of one-half of their vested account balance. Creditworthiness is considered and all loans must be adequately secured, generally by the vested interest in the Plan. A promissory note must be signed along with a loan pledge. Interest rates on outstanding loans from participants as of December 31, 2020 and 2019 range from 4.25% to 6.5% and 4.5% to 6.5%, respectively.

1. Description of the Plan (Continued)

Notes Receivable from Participants

Principal and interest are paid through payroll deductions. Loans that are outstanding at the occurrence of a distributable event will become due in their entirety. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. No allowance has been established for uncollectable loans from participants as of December 31, 2020 and 2019. The Plan uses the direct write-off method and declares a deemed distribution in the year in which the participant is in default.

Under the optional provisions outlined in the CARES Act, impacted participants may borrow up to the lesser of $100,000 or 100% of their vested balance for the period between March 27, 2020 and September 22, 2020. In addition, loan repayments due between March 27, 2020 and December 31, 2020 may be delayed for a period of one year. This deferment period is disregarded for purposes of determining the term of the loan. The Plan Sponsor has elected to adopt the optional loan provisions outlined by the CARES Act during the Plan year.

Plan Termination

The Company anticipates that the Plan will continue without interruption but reserves the right to terminate the Plan. In the event of Plan termination, the participants will become 100% vested in their accounts and the net assets of the Plan will be distributed to the participants and beneficiaries of the Plan.

2. Summary of Significant Accounting Policies

Financial Statements

The Plan's financial statements and notes are representations of the Company's management, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting.

Use of Estimates and Assumptions

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

Fair Value Measurement

The Company adopted the Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. The Fair Value Measurements and Disclosures Topic established a single authoritative definition of fair value, sets a framework for measuring fair value and requires additional disclosures about fair value measurement. The financial statements reflect the adoption of the Fair Value Measurements and Disclosures Topic.

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value based on quoted market prices as reported on the last business day of the year. Purchases and sales of investments are recorded on the trade date. Income from investments in units of participation is recorded as earned and reinvested in the accounts. Income earned from investments and gains or losses on disposal of investments are recorded using the accrual method. Dividend income is recognized when earned.

Net Appreciation in the Fair Value of Investments

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation in the fair value of its investments. This amount consists of realized gains and losses and unrealized appreciation and depreciation of those investments.

Financial Instruments Not Measured at Fair Value

The Plan's financial instruments that are not measured at fair value on the recurring basis but are recorded at amounts that approximate fair value due to their liquid or short-term nature include interest bearing cash, participant contributions receivable, and employer contributions receivable.

Benefits Paid to Participants

Benefits are recorded when paid.

3. Financial Information Certified by Mid Atlantic Trust Company

The Plan Administrator has obtained certification from the custodian that information provided to the Plan Administrator by the custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following investments.

The following is a summary of the asset information as of December 31, 2020, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. 4

		2020
Interest-bearing cash	$	50,918
Mutual funds	$	3,046,891

The custodian also certified to the completeness and accuracy of net appreciation in fair value of mutual funds of $290,514, dividend income from mutual funds of $183,458, interest income related to interest bearing cash of $578, and interest income related to the notes receivable from participants of $5,762 for the year ended December 31, 2020.

4. Fair Value Measurements

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification provides enhanced guidance for using fair value to measure assets and liabilities and clarifies the principle that fair value should be based on the assumptions market participants would use when pricing the assets or liabilities and establishes a hierarchy that prioritizes the information used to develop those assumptions. The hierarchy gives the highest priority to unadjusted quoted prices in active markets (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements).

4. Fair Value Measurements (Continued)

The three levels for measuring the fair value are based on the reliability of inputs and are as follows:

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

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

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

The asset'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 for the years ended December 31, 2020, and 2019.

Mutual funds: Shares are generally valued at Net Asset Value Per Share (NAVPS) based upon net asset value of underlying portfolio securities and are published on a national exchange valued at the end of each day.

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 Plan's assets are set forth within the fair value hierarchy at December 31, 2020 as follows:

Description	12/31/2020	Level 1	Level 2	Level 3
Mutual funds	$ 3,046,891	$ 3,046,891	$ -	$ -
Total investments, at fair value	$ 3,046,891	$ 3,046,891	$ -	$ -

4. Fair Value Measurements (Continued)

The Plan's assets are set forth within the fair value hierarchy at December 31, 2019 as follows:

Description	12/31/2019	Level 1	Level 2	Level 3
Mutual funds	$ 2,473,974	$ 2,473,974	$ -	$ -
Total investments, at fair value	$ 2,473,974	$ 2,473,974	$ -	$ -

5. Tax Status

Effective January 1, 2010, the Plan has adopted a standardized form of a prototype plan. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The Plan Administrator believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. The Plan Administrator and Trustee will make any changes deemed necessary to ensure that the Plan is granted tax-exempt status. 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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax position taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is subject to income tax examinations for the 2017 through 2020 plan years.

6. Risks and Uncertainties

The Plan invests in investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the 2020 Form 5500:

	December 31, 2020
Net assets available for benefits per the financial statements	$ 3,207,450
Participant contributions receivable	(17,927)
Net assets available for benefits per the Form 5500	$ 3,189,523

7. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of net assets available for benefits per the financial statements to the 2019 Form 5500:

		December 31,2019
Net assets available for benefits per the financial statements	$	2,651,578
Participant contributions receivable		(15,918)
Employer contributions receivable		(8,432)
Net assets available for benefits per the Form 5500	$	2,627,228

The following is a reconciliation of participant contributions per the financial statements to the 2020 Form 5500:

		December 31, 2020
Participant contributions per the financial statements	$	398,243
Add: 2019 Participant contributions receivable		15,918
Less: 2020 Participant contributions receivable		(17,927)
Participant contributions per the Form 5500	$	396,234

The following is a reconciliation of employer contributions per the financial statements to the 2020 Form 5500:

		December 31, 2020
Employer contributions per the financial statements	$	73,776
Add: 2019 Employer contributions receivable		8,432
Less: 2020 Employer contributions receivable		-
Employer contributions per the Form 5500	$	82,208

8. Subsequent Events

The Plan has evaluated all events subsequent to the statements of net assets available for benefits as of December 31, 2020 through the date that these financial statements were available for issuance, October 6, 2021 and have determined that there are no subsequent events that require disclosure.

Supplemental Information

Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust

Schedule of Assets (Held at End of Year)

December 31, 2020

Information furnished pursuant to item 4i, Schedule H of Form 5500

Employer identification number: 20-8844835 Plan number: 001

(a)	(b) Identity of Issuer/ Description of Investment	(c) Units Held/ Face Amount	(d) Cost	(e) Current Fair Value
Interest bearing cash:				
*	Vanguard Prime Money Market Fund Investor Shares	50,918.0000	$ **	$ 50,918
Mutual funds:				
	Alger Capital Appreciation Instl Fund Class R	6,956.7872	**	290,585
	AB High Income Fund Advisor Class	2,324.3781	**	18,688
	AB Discovery Value Fund Advisor Class	727.4332	**	15,247
	BlackRock Equity Dividend Fund Institutional Shares	1,514.3491	**	30,711
	BlackRock Global Allocation Fund, Inc. Inst Shares	3,402.4896	**	73,800
	Delaware Diversified Income Fund Instl Class	1,369.7994	**	12,972
	Fidelity Advisor Mid Cap II Fund Class 1	1,058.4366	**	24,778
	Fidelity Contrafund Fund	11,281.5632	**	189,079
	Franklin Gold and Precious Metals Fund Advisor Class	1,682.6087	**	45,279
	Franklin Moderate Allocation Fund Advisor Class	33.2304	**	538
	Icon Natural Resources and Infrastructure Fund Institutional Class	74.6366	**	1,027
	Janus Overseas Fund Class T	255.1777	**	10,054
	John Hancock Funds Lifestyle Balanced Portfolio Class R5	116,383.6034	**	1,795,799
	John Hancock Funds Lifestyle Conservative Portfolio Class R5	1,676.2849	**	22,831
	John Hancock Funds Lifestyle Growth Portfolio Class R5	1,116.0078	**	17,220
	Legg Mason Clearbridge Appreciation Fund	817.8073	**	23,422
	Lord Abbett Developing Growth I	2,344.0852	**	91,349
	MFS International Diversification Fund Class R4	488.1142	**	11,622
	Oppenheimer Developing Markets Fund Class Y	547.5683	**	29,273
	Paradigm Value Fund	1,068.9110	**	60,169
	Prudential Short-Term Corporate Bond Fund Class Z	735.5459	**	8,422
	Royce Small-Cap Value Fund Investment Class	272.7062	**	2,348
	Templeton Global Bond Fund Advisor Class	1,028.2051	**	10,025
	Thornburg International Value Fund Class R5	215.6534	**	6,172
	Vanguard Total Stock Market Index Fund Investor Shares	2,331.9084	**	220,925
	American Century Investments One Choice 2025 Portfolio Investor Class	36.4058	**	549
	American Century Investments One Choice 2035 Portfolio Investor Class	35.1720	**	593
	American Century Investments One Choice In Retirement Portfolio	208.4444	**	2,814
	Deutsche CROCI US S Fund	2,911.5128	**	30,600
	Total mutual funds			$ 3,046,891
	Notes Receivable from Participants	4.25 - 5.75%		91,714
				$ 3,189,523

** Cost has been omitted as all investments are participant directed.

Hidden Eyes, LLC 401(k)
Profit Sharing Plan & Trust

Financial Statements,
Supplemental Information and
Independent Auditor's Report
December 31, 2020

KERKERING BARBERIO
ACCOUNTING ▪ TAX ▪ CONSULTING

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KERKERING BARBERIO
Kerkering, Barberio & Co.
Certified Public Accountants

Independent Auditor's Report

To the Plan Administrator and Trustees
Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust
Sarasota, Florida

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the custodian is complete and accurate.

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

Other Matter
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 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 purposes of additional analysis but is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, 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.

Kukuing Barbosio & Co.

Sarasota, Florida
October 6, 2021

Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets		
Interest-bearing cash	$ 50,918	$ 41,143
Investments, at fair value:		
Mutual funds	3,046,891	2,473,974
Total investments, at fair value	3,046,891	2,473,974
Contributions receivable:		
Participant contributions receivable	17,927	15,918
Employer contributions receivable	-	8,432
Total contributions receivable	17,927	24,350
Notes receivable from participants	91,714	112,111
Total Assets	$ 3,207,450	$ 2,651,578
Net Assets Available for Benefits	$ 3,207,450	$ 2,651,578

See accompanying notes to financial statements.

Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2020

Additions to Net Assets:		
Net appreciation in fair value of investments	$	290,514
Interest and Dividends:		
Interest on notes receivable from participants		5,762
Interest on interest-bearing cash		578
Dividend income from mutual funds		183,458
Total interest and dividends		189,798
Contributions:		
Participant		398,243
Employer		73,776
Rollovers		8,014
Total contributions		480,033
Total additions		960,345
Deductions from Net Assets:		
Benefits paid to participants		369,914
Administrative expenses		34,559
Total deductions		404,473
Change in Net Assets		555,872
Net Assets Available for Benefits:		
Beginning of year		2,651,578
End of year	$	3,207,450

See accompanying notes to financial statements.

1. Description of the Plan

The following description of Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan of Hidden Eyes, LLC (the Company), whose purpose is to enable eligible employees to save for retirement, as well as providing certain benefits in the event of death, disability or other termination of employment. The Plan was established effective January 1, 2010 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

The Plan covers all employees of Hidden Eyes, LLC (the Company) who have completed three months of service and have attained twenty-one years of age.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's discretionary profit sharing or discretionary matching contribution, the employer's matching contributions and an allocation of the Plan earnings. Allocations of the Plan earnings are based on participants' account balances.

Contributions

Salary deferral contributions are made to the Plan by participating employees through payroll deductions in amounts authorized by the employees. Participants may contribute up to the limits of the Internal Revenue Service (IRS) of $19,500 of pretax annual compensation for 2020. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. For 2020, the annual catch-up contribution limit was $6,500.

On May 15, 2020, the plan was amended to remove the safe harbor election and updated the match to reflect a discretionary match at year end.

Vesting

Participants are immediately vested in their salary deferral contributions, rollover contributions, and earnings thereon. Participants are vested 100% in employer discretionary profit-sharing contributions. Vesting for discretionary matching contributions and earnings thereon are based on years of service, as defined in the Plan, as follows:

Completed Years of Service	Vested Percentage
Less than 2	0%
More than 2	100%

If, while an employee, the participant dies, becomes disabled, or reaches normal retirement age of 65 before the two-year vesting period, the participant's account will be 100% vested.

1. Description of the Plan (Continued)

Investment Options

Upon enrollment in the Plan, participants direct the investment of their contributions and allocate contributions to the investment options available under the Plan. Employer contributions are allocated according to the participant's allocations. The percentage of contributions allocated to each of the investment options is at the discretion of the participant.

Participants may change their investment options at any time online or via telephone, which allows a participant to access their account using a personal identification number.

Administrative Expenses

Fees paid by the Plan for the year ended December 31, 2020 totaled $34,559.

Forfeited Accounts

The forfeitures for the non-vested portion of the Company matching contributions can be used to pay Plan administrative expenses or reduce the Company's matching contributions. For the 2020 Plan year, the Company used the entire ending balance of forfeitures to pay Plan administrative expenses. At December 31, 2020 and 2019, forfeited non-vested accounts totaled $0 and $36, respectively.

Benefits Paid to Participants

If a participant ceases to be employed by the Company for any reason, other than death or total and permanent disability, prior to satisfying the age and service requirements for normal retirement, the terminated participant may elect, with the consent of his or her spouse, to receive in a lump-sum payment any vested amounts plus the earnings thereon. Employees must work at least 1,000 hours in order to be credited with one year of service for vesting purposes. If the participant's vested account balance is $5,000 or less, the Plan Administrator will direct the Trustee to distribute as a lump-sum payment upon termination.

In March 2020, the Coronavirus, Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Under the optional provisions outlined in the CARES Act, participants impacted by COVID-19 were allowed to take up to $100,000 or 100% of their vested account balance as a coronavirus-related distribution between March 27, 2020 and December 31, 2020. The Plan Sponsor has elected to adopt the optional COVID-19 withdrawal rules during the Plan year.

Hardship Distributions

Hardship distributions are permitted by the Plan at the discretion of the Company for allowable expenditures from participants' pre-tax deferrals.

Notes Receivable from Participants

The Plan does allow for loans to be taken out by participants if certain criteria are met. A participant may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 95% of one-half of their vested account balance. Creditworthiness is considered and all loans must be adequately secured, generally by the vested interest in the Plan. A promissory note must be signed along with a loan pledge. Interest rates on outstanding loans from participants as of December 31, 2020 and 2019 range from 4.25% to 6.5% and 4.5% to 6.5%, respectively.

1. Description of the Plan (Continued)

Notes Receivable from Participants

Principal and interest are paid through payroll deductions. Loans that are outstanding at the occurrence of a distributable event will become due in their entirety. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. No allowance has been established for uncollectable loans from participants as of December 31, 2020 and 2019. The Plan uses the direct write-off method and declares a deemed distribution in the year in which the participant is in default.

Under the optional provisions outlined in the CARES Act, impacted participants may borrow up to the lesser of $100,000 or 100% of their vested balance for the period between March 27, 2020 and September 22, 2020. In addition, loan repayments due between March 27, 2020 and December 31, 2020 may be delayed for a period of one year. This deferment period is disregarded for purposes of determining the term of the loan. The Plan Sponsor has elected to adopt the optional loan provisions outlined by the CARES Act during the Plan year.

Plan Termination

The Company anticipates that the Plan will continue without interruption but reserves the right to terminate the Plan. In the event of Plan termination, the participants will become 100% vested in their accounts and the net assets of the Plan will be distributed to the participants and beneficiaries of the Plan.

2. Summary of Significant Accounting Policies

Financial Statements

The Plan's financial statements and notes are representations of the Company's management, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting.

Use of Estimates and Assumptions

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

Fair Value Measurement

The Company adopted the Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. The Fair Value Measurements and Disclosures Topic established a single authoritative definition of fair value, sets a framework for measuring fair value and requires additional disclosures about fair value measurement. The financial statements reflect the adoption of the Fair Value Measurements and Disclosures Topic.

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value based on quoted market prices as reported on the last business day of the year. Purchases and sales of investments are recorded on the trade date. Income from investments in units of participation is recorded as earned and reinvested in the accounts. Income earned from investments and gains or losses on disposal of investments are recorded using the accrual method. Dividend income is recognized when earned.

Net Appreciation in the Fair Value of Investments

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation in the fair value of its investments. This amount consists of realized gains and losses and unrealized appreciation and depreciation of those investments.

Financial Instruments Not Measured at Fair Value

The Plan's financial instruments that are not measured at fair value on the recurring basis but are recorded at amounts that approximate fair value due to their liquid or short-term nature include interest bearing cash, participant contributions receivable, and employer contributions receivable.

Benefits Paid to Participants

Benefits are recorded when paid.

3. Financial Information Certified by Mid Atlantic Trust Company

The Plan Administrator has obtained certification from the custodian that information provided to the Plan Administrator by the custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following investments.

The following is a summary of the asset information as of December 31, 2020, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. 4

		2020
Interest-bearing cash	$	50,918
Mutual funds	$	3,046,891

The custodian also certified to the completeness and accuracy of net appreciation in fair value of mutual funds of $290,514, dividend income from mutual funds of $183,458, interest income related to interest bearing cash of $578, and interest income related to the notes receivable from participants of $5,762 for the year ended December 31, 2020.

4. Fair Value Measurements

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification provides enhanced guidance for using fair value to measure assets and liabilities and clarifies the principle that fair value should be based on the assumptions market participants would use when pricing the assets or liabilities and establishes a hierarchy that prioritizes the information used to develop those assumptions. The hierarchy gives the highest priority to unadjusted quoted prices in active markets (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements).

4. Fair Value Measurements (Continued)

The three levels for measuring the fair value are based on the reliability of inputs and are as follows:

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

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

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

The asset'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 for the years ended December 31, 2020, and 2019.

Mutual funds: Shares are generally valued at Net Asset Value Per Share (NAVPS) based upon net asset value of underlying portfolio securities and are published on a national exchange valued at the end of each day.

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 Plan's assets are set forth within the fair value hierarchy at December 31, 2020 as follows:

Description	12/31/2020	Level 1	Level 2	Level 3
Mutual funds	$ 3,046,891	$ 3,046,891	$ -	$ -
Total investments, at fair value	$ 3,046,891	$ 3,046,891	$ -	$ -

4. Fair Value Measurements (Continued)

The Plan's assets are set forth within the fair value hierarchy at December 31, 2019 as follows:

Description	12/31/2019	Level 1	Level 2	Level 3
Mutual funds	$ 2,473,974	$ 2,473,974	$ -	$ -
Total investments, at fair value	$ 2,473,974	$ 2,473,974	$ -	$ -

5. Tax Status

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7. Reconciliation of Financial Statements to Form 5500 (Continued)

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		December 31, 2020
Employer contributions per the financial statements	$	73,776
Add: 2019 Employer contributions receivable		8,432
Less: 2020 Employer contributions receivable		-
Employer contributions per the Form 5500	$	82,208

8. Subsequent Events

The Plan has evaluated all events subsequent to the statements of net assets available for benefits as of December 31, 2020 through the date that these financial statements were available for issuance, October 6, 2021 and have determined that there are no subsequent events that require disclosure.

Supplemental Information

Hidden Eyes, LLC 401(k) Profit Sharing Plan & Trust

Schedule of Assets (Held at End of Year)

December 31, 2020

Information furnished pursuant to item 4i, Schedule H of Form 5500

Employer identification number: 20-8844835 Plan number: 001

(a)	(b) Identity of Issuer/ Description of Investment	(c) Units Held/ Face Amount	(d) Cost	(e) Current Fair Value
Interest bearing cash:				
*	Vanguard Prime Money Market Fund Investor Shares	50,918.0000	$ **	$ 50,918
Mutual funds:				
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