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
VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

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)
VISIONWORKS OF AMERICA, INC.

175 E. HOUSTON STREET
SAN ANTONIO, TX 78205

2b Employer Identification Number (EIN)
25-1801124

2c Plan Sponsor's telephone number
210-524-6714

2d Business code (see instructions)
446130

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	BAMAE CAVAZOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	BAMAE CAVAZOS
	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**	8210
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)**	7352
a(2) Total number of active participants at the end of the plan year	**6a(2)**	5264
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	739
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	6003
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	6003
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2906
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
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 2T 3H 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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

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

A Name of plan
VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONWORKS OF AMERICA, INC.

D Employer Identification Number (EIN)
25-1801124

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1050034	93629	075609	6003	01/01/2020	12/31/2020

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	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	5826640

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. Specify nature of costs ▶	**6d**	

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

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

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

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

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

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)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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
VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONWORKS OF AMERICA, INC.

D Employer Identification Number (EIN)
25-1801124

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

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

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

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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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 37 50 64	NONE	5543	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VISIONWORKS OF AMERICA, INC.

D Employer Identification Number (EIN)
25-1801124

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SCG/TIMESSQUARE

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-132	P	3033760

a Name of MTIA, CCT, PSA, or 103-12 IE: SCV/KENNEDY CAPITAL

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-257	P	2440377

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE IFX TRGT BAL

b Name of sponsor of entity listed in (a): BARCLAYS GLOBAL INVESTORS, N.A

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-697	P	154296

a Name of MTIA, CCT, PSA, or 103-12 IE: SA/INVESCO GLOBAL STRAT

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-308	P	198207

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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
VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONWORKS OF AMERICA, INC.

D Employer Identification Number (EIN)
25-1801124

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)	0	296837
(2) Participant contributions	1b(2)	0	370177
(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)		
(8) Participant loans	1c(8)	2488857	2302309
(9) Value of interest in common/collective trusts	1c(9)	56174177	0
(10) Value of interest in pooled separate accounts	1c(10)	0	5826640
(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)	80742924	130233456
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	139405958	139029419
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	770019
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	770019
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	139405958	138259400

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)	2087553	
	(B) Participants	2a(1)(B)	9736030	
	(C) Others (including rollovers)	2a(1)(C)	544078	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12367661
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)	117129	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		117129
	(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)	1157774	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1157774
	(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)		1443024
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		847008
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5250337
c Other income	2c		283911
d Total income. Add all **income** amounts in column (b) and enter total	2d		21466844
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21332251	
(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)		21332251
f Corrective distributions (see instructions)	2f		1013006
g Certain deemed distributions of participant loans (see instructions)	2g		7391
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	260754	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		260754
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22613402
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1146558
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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) [X] 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: ADKF, P.C. **(2)** EIN: 74-2606559

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		1500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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
VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISIONWORKS OF AMERICA, INC.

D Employer Identification Number (EIN)
25-1801124

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): 41-6257133 22-1211670

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_____

VISIONWORKS OF AMERICA, INC.
401(k) SAVINGS PLAN

Audited Financial Statements

December 31, 2020

ADKF, P.C.
Certified Public Accountants

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
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INDEPENDENT AUDITOR'S REPORT

To The Plan Administrator
Visionworks of America, Inc. 401(k) Savings Plan
San Antonio, TX

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Visionworks of America, Inc. 401(k) Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with U. S. generally accepted auditing standards. 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 on Note C, which was certified by Wells Fargo Bank N.A., the Trustee of the Plan from January 1, 2019 through November 2, 2020, and Prudential Bank & Trust, the Trustee of the Plan from November 3, 2020 through December 31, 2020 except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees held the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained certifications from the Trustees as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

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Disclaimer of Opinion

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

Other Matter

The supplemental schedules as listed in the Table of Contents as of and for the year ended December 31, 2020 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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 Trustees, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

ADKF, PC

ADKF, P.C.
San Antonio, Texas
October 13, 2021

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

ASSETS	2020	2019
Total Investments, at fair value	$ 136,060,096	$ 136,917,101
Receivables:		
Employer contributions	296,837	341,443
Employee contributions	370,177	-
Participants' notes receivable	2,323,691	2,502,848
Total receivables	2,990,705	2,844,291
Total Assets	$ 139,050,801	$ 139,761,392
LIABILITIES AND NET ASSETS		
Excess contributions payable	$ 770,019	$ 242,987
Net assets available for benefits	138,280,782	139,518,405
Total Liabilities and Net Assets	$ 139,050,801	$ 139,761,392

See notes to audited financial statements.

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

Additions	2020	2019
Investment earnings:		
Net appreciation in fair value	$ 7,540,369	$ 24,922,677
Interest, dividends and other income	1,558,814	201,560
Contributions:		
Participants	9,736,030	10,663,151
Employer	1,746,110	3,960,070
Rollovers	544,078	958,737
Total additions	21,125,401	40,706,195
Deductions		
Benefit payments	21,332,251	11,678,077
Corrective distributions	770,019	696,691
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Change in net assets for the year	(1,237,623)	28,076,427
Transfer of net assets	-	159,816
Net assets available for benefits at beginning of year	139,518,405	111,282,162
Net Assets Availabe for Benefits at End of Year	$ 138,280,782	$ 139,518,405

See notes to audited financial statements.

NOTE A – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of Visionworks of America, Inc. 401(k) Savings Plan (the "Plan") are prepared on the accrual method of accounting in accordance with U.S. generally accepted accounting principles.

Recognition of Income: The basis of investments held by the Plan is adjusted annually to closing market value and unrealized gains and losses are recorded as part of this adjustment. Realized gains and losses on investments are computed using adjusted basis (beginning of year market value) on the first-in, first-out method. Security transaction expenses are considered in computing realized gains and losses on investments.

Investments: Investments in mutual funds, including common collective trusts and pooled separate accounts, are carried at fair market value (net asset value), as determined by quoted market prices in an active market. The fair value of common collective trusts is determined based on the value of the underlying assets. Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value in the statement of changes in net assets available for benefits.

Participants' Notes Receivable: Participants' notes receivable are stated at their unpaid principal balance plus any accrued interest. Interest is recognized as accrued. An allowance was not considered necessary at December 31, 2020 or 2019. If a participant ceases to make a note repayment and the Plan Administrator deems the participant note is in default, the note balance is reduced and a benefit payment to the participant is recorded.

Benefit Payments: Benefits are recorded when paid.

Subsequent Events: Subsequent events have been evaluated by management through the date of the independent auditor's report. Material subsequent events, if any, are disclosed in a separate footnote to these financial statements.

Recently Adopted Accounting Pronouncement: The Financial Accounting Standards Board issued Accounting Standards Update 2018-13, effective for periods beginning after December 15, 2019, which modified certain of the required fair value measurement disclosures. The Plan adopted this new pronouncement effective January 1, 2020. Adoption of this standard did not have a material impact on the financial statements and no adjustments were made to prior periods.

Concentration of Credit Risks: The Plan invests in various types of 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 change could materially affect the amounts reported in the statement of net assets available for Plan benefits. The Plan Sponsor minimizes the credit risk through the diversity of the underlying investments.

Use of Estimates: The preparation of financial statements in conformity with U. S. generally accepted accounting principles requires estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Reclassifications: Certain prior year balances have been reclassified to conform to current year presentation.

NOTE B – DESCRIPTION OF PLAN

The following description of the Visionworks of America, Inc. 401(k) Savings 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 plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and covers substantially all employees of the Plan Sponsor who have completed ninety (90) days of continuous employment.

Although it has not expressed intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Companies or affiliates of the Plan Sponsor which participated in the Plan during 2020 include the following:

Eye Drx Retail Management, Inc.
Empire Vision Center, Inc.
ECCA Managed Vision Care, Inc.
ECCA Distribution Services, Inc.
Visionary Retail Management, Inc.
Visionworks, Inc.
Visionworks of America, Inc.
Visionary Lab Services, Inc.
Visionary Properties, Inc.

The Plan Sponsor also has affiliates who have separate 401(k) Plans. From time to time net assets are transferred to or from the Plan as a result of a participating employee transferring their employment from the Plan Sponsor to a Plan Sponsor's affiliate with a separate 401(k) Plan.

Partial Plan Termination: During 2020, a partial plan termination of the Plan was declared due to reductions in force experienced by the Plan sponsor beginning in March 2020 because of government mandated restrictions on business operations and changes in consumer behavior in response to the COVID-19 pandemic. In accordance with Plan provisions, account balances of affected participants became 100% vested and those participants were provided options to rollover or withdraw their balances.

Assets Transferred to the Plan: From time to time net assets are transferred to or from the Plan as a result of an employee transferring their employment to or from an affiliated Plan.

Plan Amendment: The Plan operationally adopted certain provisions allowed by the Bipartisan Budget Act of 2018; however, an amendment has not been formally implemented as of the date of this report. As a result, effective January 1, 2019, participants receiving hardship withdrawals were no longer required to cease their elective deferrals.

Contributions: Participants may contribute up to $19,500 of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan Sponsor contributes 60% of the first 3% and 50% of the remaining up to 6% of compensation that a participant contributes to the Plan. The Plan Sponsor temporarily suspended employer matching contributions from April 9, 2020 through November 1, 2020. Participants also direct the investment of any matching contribution received.

NOTE B – DESCRIPTION OF PLAN – continued

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Plan Sponsor's contributions and (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contribution portion of their accounts, plus actual earnings thereon is based on years of service following the Department of Labor guidelines. A participant is 100% vested after two years of credited service.

Participants' Notes Receivable: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from 1 to 5 years. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the Plan Administrator. Principal and interest is repaid no less frequently than quarterly by payroll deductions. Upon termination of services participant outstanding note balances are deemed to be distributions. During 2020, as allowed under the CARES Act, new loans were temporarily permitted to equal the lesser of $100,000 or 100% of the participant's vested balance and participants were allowed an additional year to repay outstanding loan balances.

Payment of Benefits: Upon termination of service, the participant receives a lump-sum amount equal to the vested value of his or her account, or if the vested balance in the participant's account is greater than $5,000, the vested balance may be left in his or her account until the participant reaches normal retirement age. Upon early or normal retirement, the participant receives a lump-sum amount equal to the vested value of his or her account within 60 days of the end of the Plan year in which he or she retires.

If the participant's vested balance is greater than $1,000 but less than $5,000, the vested balance will be paid in the form of a direct rollover to an individual retirement plan designated by the Plan Administrator (if not otherwise directed by the participant). A participant may request a distribution from his or her Plan account in the case of a financial hardship. All requests must be approved by the Plan Administrator and are subject to certain restrictions.

Forfeited Accounts: Forfeited non-vested accounts totaled $11,136 at December 31, 2020 and $254 at December 31, 2019. The Plan Sponsor uses the forfeitures to reduce the Sponsor's expenses or contributions as such obligations accrue. Forfeitures totaling $40,216 were used in 2020 and $370,928 in 2019 to reduce employer matching contributions.

NOTE C – INVESTMENTS CERTIFIED BY THIRD PARTY (unaudited)

As permitted by Department of Labor CFR 2520.103-8, plan investments and participants' notes receivable at December 31, 2020 and 2019, and the related investment earnings and interest on participants' notes for the years then ended, were certified and held by the Trustees, and were not audited by the independent auditor.

NOTE D – INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(k) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax law. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is appropriately designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Management is not aware of any tax positions that would have a significant impact on its financial position. Its federal income tax returns for the last four years remain subject to examination.

NOTE E – TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan includes certain investments managed by Wells Fargo Bank N.A., the Trustee from January 1, 2019 through November 2, 2020 and Prudential Bank & Trust, the Trustee from November 3 though December 31, 2020. Therefore, these transactions qualify as party-in-interest transactions. Fees paid for legal, accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services. The Plan's administrative expenses are paid either by the Plan or the Plan Sponsor as allowed for in the Plan document.

NOTE F – FAIR VALUE MEASUREMENTS

In accordance with U.S. generally accepted accounting principles, the Plan utilizes a fair value hierarchy that prioritizes the inputs for the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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
- quoted 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 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.

NOTE F – FAIR VALUE MEASUREMENTS – continued

The following table sets forth by level, within the fair value hierarchy, investments measured at fair value:

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
December 31, 2020:				
Pooled separate accounts	$ -	$ 5,826,640	$ -	$ 5,826,640
Mutual funds	130,233,456	-	-	130,233,456
Investments measured at fair value	$ 130,233,456	$ 5,826,640	$ -	$ 136,060,096
December 31, 2019:				
Common collective trusts	$ -	$ 56,174,177	$ -	$ 56,174,177
Mutual funds	80,742,924	-	-	80,742,924
Investments measured at fair value	$ 80,742,924	$ 56,174,177	$ -	$ 136,917,101

There have been no changes in methodologies used to estimate fair value, nor transfers between levels. The following is a description of the valuation methodologies used for various types of assets measured at fair value:

Mutual funds: Valued at the net asset value (NAV).

Common collective trusts and pooled separate accounts: Valued at fair value based upon the underlying fair value of investments (mutual funds) held in the trust.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE G – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The audited financial statements are prepared on the accrual basis of accounting, whereas, the Form 5500 is prepared on the modified cash basis. The following is a reconciliation of net assets available for benefits and the change in net assets available for benefits for the years ended December 31:

	2020	2019
Net assets available for benefits per financial statements	$ 138,280,782	$ 139,518,405
Less: 2019 employer contributions receivable	-	(341,443)
Add: 2019 excess contributions payable	-	242,987
Less: loans deemed distributed	(21,382)	(13,991)
Net assets available for benefits per Form 5500	$ 138,259,400	$ 139,405,958

	2020	2019
Change in net assets per financial statements	$ (1,237,623)	$ 28,076,427
2019 employer contributions receivable	341,443	(341,443)
2018 employer contributions receivable	-	451,010
2018 employee contributions receivable	-	364,087
2019 excess contributions payable	(242,987)	242,987
2018 excess contributions payable	-	(702,985)
Change in loans deemed distributed	(7,391)	4,950
Change in net assets per Form 5500	$ (1,146,558)	$ 28,095,033

NOTE H – COVID-19

Due to the spread of the COVID-19 coronavirus, economic uncertainties have arisen which have triggered volatility in the financial markets and the global economy. The values of the Plan's individual investments have and will fluctuate in response to changing market conditions. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

The Plan is in the process of being amended to implement certain changes permitted by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which changes the Plan to allow certain eligible individuals to receive coronavirus-related distributions, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

VISIONWORKS OF AMERICA, INC.
401(k) SAVINGS PLAN

Supplemental Schedules

December 31, 2020

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
EIN 25-1801124, Plan No. 001
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	SA/Invesco Global Strat	Pooled Separate Account	**	$ 198,207
*	SCG/Timessquare	Pooled Separate Account	**	3,033,760
*	SCV/Kennedy Capital	Pooled Separate Account	**	2,440,377
*	Pru Day One Ifx Trgt Bal	Pooled Separate Account	**	154,296
*	Wells Fargo Stable Val C	Mutual Fund	**	22,876,396
	Principal Diversified Rel	Mutual Fund	**	10,211,048
	Vanguard Equ Inco Admiral	Mutual Fund	**	8,139,040
	Blackrock Total Return Bd	Mutual Fund	**	11,363,899
	Victory Syca Estb Val R	Mutual Fund	**	2,421,149
	BLRK Russell 2000 Index T	Mutual Fund	**	4,196,095
	Blackrock MC Eq Idx Fd	Mutual Fund	**	4,084,200
	Blrk US Debt Index Fund	Mutual Fund	**	11,043,076
	Am Fnd American Bal R6	Mutual Fund	**	349,803
	Am Fnd EuroPacific Grth R6	Mutual Fund	**	12,165,194
	T Rowe Blue Chip Gro T4	Mutual Fund	**	9,212,798
	Blackrock Equity Index Fd	Mutual Fund	**	19,962,235
	Mass Mutual Sel Mid Gro I	Mutual Fund	**	3,034,749
	Fidelity Intl Idx	Mutual Fund	**	11,173,774
	Total investments per Statement of Net Assets Available for Benefits			136,060,096
	Participants' notes receivable	(3.25% - 7.61%)	-0-	2,323,691
	Total investments per Form 5500			$ 138,383,787

* *Person known to be a party-in-interest to the Plan*
** *Cost basis data is not required since all transactions are participant directed.*

See independent auditor's report.

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, 4j
EIN 25-1801124, Plan No. 001
Year Ended December 31, 2020

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling or Maturity Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value on Transaction Date	Net Gain

There were no reportable transactions during the year.

See independent auditor's report.

VISIONWORKS OF AMERICA, INC.
401(k) SAVINGS PLAN

Audited Financial Statements

December 31, 2020

ADKF, P.C.
Certified Public Accountants

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
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INDEPENDENT AUDITOR'S REPORT

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San Antonio, TX

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ADKF, PC

ADKF, P.C.
San Antonio, Texas
October 13, 2021

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Benefit Payments: Benefits are recorded when paid.

Subsequent Events: Subsequent events have been evaluated by management through the date of the independent auditor's report. Material subsequent events, if any, are disclosed in a separate footnote to these financial statements.

Recently Adopted Accounting Pronouncement: The Financial Accounting Standards Board issued Accounting Standards Update 2018-13, effective for periods beginning after December 15, 2019, which modified certain of the required fair value measurement disclosures. The Plan adopted this new pronouncement effective January 1, 2020. Adoption of this standard did not have a material impact on the financial statements and no adjustments were made to prior periods.

Concentration of Credit Risks: The Plan invests in various types of 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 change could materially affect the amounts reported in the statement of net assets available for Plan benefits. The Plan Sponsor minimizes the credit risk through the diversity of the underlying investments.

Use of Estimates: The preparation of financial statements in conformity with U. S. generally accepted accounting principles requires estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Reclassifications: Certain prior year balances have been reclassified to conform to current year presentation.

NOTE B – DESCRIPTION OF PLAN

The following description of the Visionworks of America, Inc. 401(k) Savings 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 plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and covers substantially all employees of the Plan Sponsor who have completed ninety (90) days of continuous employment.

Although it has not expressed intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Companies or affiliates of the Plan Sponsor which participated in the Plan during 2020 include the following:

Eye Drx Retail Management, Inc.
Empire Vision Center, Inc.
ECCA Managed Vision Care, Inc.
ECCA Distribution Services, Inc.
Visionary Retail Management, Inc.
Visionworks, Inc.
Visionworks of America, Inc.
Visionary Lab Services, Inc.
Visionary Properties, Inc.

The Plan Sponsor also has affiliates who have separate 401(k) Plans. From time to time net assets are transferred to or from the Plan as a result of a participating employee transferring their employment from the Plan Sponsor to a Plan Sponsor's affiliate with a separate 401(k) Plan.

Partial Plan Termination: During 2020, a partial plan termination of the Plan was declared due to reductions in force experienced by the Plan sponsor beginning in March 2020 because of government mandated restrictions on business operations and changes in consumer behavior in response to the COVID-19 pandemic. In accordance with Plan provisions, account balances of affected participants became 100% vested and those participants were provided options to rollover or withdraw their balances.

Assets Transferred to the Plan: From time to time net assets are transferred to or from the Plan as a result of an employee transferring their employment to or from an affiliated Plan.

Plan Amendment: The Plan operationally adopted certain provisions allowed by the Bipartisan Budget Act of 2018; however, an amendment has not been formally implemented as of the date of this report. As a result, effective January 1, 2019, participants receiving hardship withdrawals were no longer required to cease their elective deferrals.

Contributions: Participants may contribute up to $19,500 of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan Sponsor contributes 60% of the first 3% and 50% of the remaining up to 6% of compensation that a participant contributes to the Plan. The Plan Sponsor temporarily suspended employer matching contributions from April 9, 2020 through November 1, 2020. Participants also direct the investment of any matching contribution received.

NOTE B – DESCRIPTION OF PLAN – continued

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Plan Sponsor's contributions and (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contribution portion of their accounts, plus actual earnings thereon is based on years of service following the Department of Labor guidelines. A participant is 100% vested after two years of credited service.

Participants' Notes Receivable: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range from 1 to 5 years. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the Plan Administrator. Principal and interest is repaid no less frequently than quarterly by payroll deductions. Upon termination of services participant outstanding note balances are deemed to be distributions. During 2020, as allowed under the CARES Act, new loans were temporarily permitted to equal the lesser of $100,000 or 100% of the participant's vested balance and participants were allowed an additional year to repay outstanding loan balances.

Payment of Benefits: Upon termination of service, the participant receives a lump-sum amount equal to the vested value of his or her account, or if the vested balance in the participant's account is greater than $5,000, the vested balance may be left in his or her account until the participant reaches normal retirement age. Upon early or normal retirement, the participant receives a lump-sum amount equal to the vested value of his or her account within 60 days of the end of the Plan year in which he or she retires.

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Forfeited Accounts: Forfeited non-vested accounts totaled $11,136 at December 31, 2020 and $254 at December 31, 2019. The Plan Sponsor uses the forfeitures to reduce the Sponsor's expenses or contributions as such obligations accrue. Forfeitures totaling $40,216 were used in 2020 and $370,928 in 2019 to reduce employer matching contributions.

NOTE C – INVESTMENTS CERTIFIED BY THIRD PARTY (unaudited)

As permitted by Department of Labor CFR 2520.103-8, plan investments and participants' notes receivable at December 31, 2020 and 2019, and the related investment earnings and interest on participants' notes for the years then ended, were certified and held by the Trustees, and were not audited by the independent auditor.

NOTE D – INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(k) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax law. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is appropriately designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Management is not aware of any tax positions that would have a significant impact on its financial position. Its federal income tax returns for the last four years remain subject to examination.

NOTE E – TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan includes certain investments managed by Wells Fargo Bank N.A., the Trustee from January 1, 2019 through November 2, 2020 and Prudential Bank & Trust, the Trustee from November 3 though December 31, 2020. Therefore, these transactions qualify as party-in-interest transactions. Fees paid for legal, accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services. The Plan's administrative expenses are paid either by the Plan or the Plan Sponsor as allowed for in the Plan document.

NOTE F – FAIR VALUE MEASUREMENTS

In accordance with U.S. generally accepted accounting principles, the Plan utilizes a fair value hierarchy that prioritizes the inputs for the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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
- quoted 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 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.

NOTE F – FAIR VALUE MEASUREMENTS – continued

The following table sets forth by level, within the fair value hierarchy, investments measured at fair value:

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
December 31, 2020:				
Pooled separate accounts	$ -	$ 5,826,640	$ -	$ 5,826,640
Mutual funds	130,233,456	-	-	130,233,456
Investments measured at fair value	$ 130,233,456	$ 5,826,640	$ -	$ 136,060,096
December 31, 2019:				
Common collective trusts	$ -	$ 56,174,177	$ -	$ 56,174,177
Mutual funds	80,742,924	-	-	80,742,924
Investments measured at fair value	$ 80,742,924	$ 56,174,177	$ -	$ 136,917,101

There have been no changes in methodologies used to estimate fair value, nor transfers between levels. The following is a description of the valuation methodologies used for various types of assets measured at fair value:

Mutual funds: Valued at the net asset value (NAV).

Common collective trusts and pooled separate accounts: Valued at fair value based upon the underlying fair value of investments (mutual funds) held in the trust.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE G – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The audited financial statements are prepared on the accrual basis of accounting, whereas, the Form 5500 is prepared on the modified cash basis. The following is a reconciliation of net assets available for benefits and the change in net assets available for benefits for the years ended December 31:

	2020	2019
Net assets available for benefits per financial statements	$ 138,280,782	$ 139,518,405
Less: 2019 employer contributions receivable	-	(341,443)
Add: 2019 excess contributions payable	-	242,987
Less: loans deemed distributed	(21,382)	(13,991)
Net assets available for benefits per Form 5500	$ 138,259,400	$ 139,405,958

	2020	2019
Change in net assets per financial statements	$ (1,237,623)	$ 28,076,427
2019 employer contributions receivable	341,443	(341,443)
2018 employer contributions receivable	-	451,010
2018 employee contributions receivable	-	364,087
2019 excess contributions payable	(242,987)	242,987
2018 excess contributions payable	-	(702,985)
Change in loans deemed distributed	(7,391)	4,950
Change in net assets per Form 5500	$ (1,146,558)	$ 28,095,033

NOTE H – COVID-19

Due to the spread of the COVID-19 coronavirus, economic uncertainties have arisen which have triggered volatility in the financial markets and the global economy. The values of the Plan's individual investments have and will fluctuate in response to changing market conditions. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

The Plan is in the process of being amended to implement certain changes permitted by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which changes the Plan to allow certain eligible individuals to receive coronavirus-related distributions, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

VISIONWORKS OF AMERICA, INC.
401(k) SAVINGS PLAN

Supplemental Schedules

December 31, 2020

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
EIN 25-1801124, Plan No. 001
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	SA/Invesco Global Strat	Pooled Separate Account	**	$ 198,207
*	SCG/Timessquare	Pooled Separate Account	**	3,033,760
*	SCV/Kennedy Capital	Pooled Separate Account	**	2,440,377
*	Pru Day One Ifx Trgt Bal	Pooled Separate Account	**	154,296
*	Wells Fargo Stable Val C	Mutual Fund	**	22,876,396
	Principal Diversified Rel	Mutual Fund	**	10,211,048
	Vanguard Equ Inco Admiral	Mutual Fund	**	8,139,040
	Blackrock Total Return Bd	Mutual Fund	**	11,363,899
	Victory Syca Estb Val R	Mutual Fund	**	2,421,149
	BLRK Russell 2000 Index T	Mutual Fund	**	4,196,095
	Blackrock MC Eq Idx Fd	Mutual Fund	**	4,084,200
	Blrk US Debt Index Fund	Mutual Fund	**	11,043,076
	Am Fnd American Bal R6	Mutual Fund	**	349,803
	Am Fnd EuroPacific Grth R6	Mutual Fund	**	12,165,194
	T Rowe Blue Chip Gro T4	Mutual Fund	**	9,212,798
	Blackrock Equity Index Fd	Mutual Fund	**	19,962,235
	Mass Mutual Sel Mid Gro I	Mutual Fund	**	3,034,749
	Fidelity Intl Idx	Mutual Fund	**	11,173,774
	Total investments per Statement of Net Assets Available for Benefits			136,060,096
	Participants' notes receivable	(3.25% - 7.61%)	-0-	2,323,691
	Total investments per Form 5500			$ 138,383,787

* *Person known to be a party-in-interest to the Plan*
** *Cost basis data is not required since all transactions are participant directed.*

See independent auditor's report.

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, 4j
EIN 25-1801124, Plan No. 001
Year Ended December 31, 2020

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling or Maturity Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value on Transaction Date	Net Gain

There were no reportable transactions during the year.

See independent auditor's report.

VISIONWORKS OF AMERICA, INC.
401(k) SAVINGS PLAN

Audited Financial Statements

December 31, 2020

ADKF, P.C.
Certified Public Accountants

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
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December 31, 2020

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INDEPENDENT AUDITOR'S REPORT

To The Plan Administrator
Visionworks of America, Inc. 401(k) Savings Plan
San Antonio, TX

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Visionworks of America, Inc. 401(k) Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with U. S. generally accepted auditing standards. 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 on Note C, which was certified by Wells Fargo Bank N.A., the Trustee of the Plan from January 1, 2019 through November 2, 2020, and Prudential Bank & Trust, the Trustee of the Plan from November 3, 2020 through December 31, 2020 except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees held the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained certifications from the Trustees as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

MAIN OFFICE:
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Boerne, TX 78006
Phone: 830.815.1100

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Disclaimer of Opinion

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

Other Matter

The supplemental schedules as listed in the Table of Contents as of and for the year ended December 31, 2020 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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 Trustees, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

ADKF, PC

ADKF, P.C.
San Antonio, Texas
October 13, 2021

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

ASSETS	2020	2019
Total Investments, at fair value	$ 136,060,096	$ 136,917,101
Receivables:		
Employer contributions	296,837	341,443
Employee contributions	370,177	-
Participants' notes receivable	2,323,691	2,502,848
Total receivables	2,990,705	2,844,291
Total Assets	$ 139,050,801	$ 139,761,392
LIABILITIES AND NET ASSETS		
Excess contributions payable	$ 770,019	$ 242,987
Net assets available for benefits	138,280,782	139,518,405
Total Liabilities and Net Assets	$ 139,050,801	$ 139,761,392

See notes to audited financial statements.

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

Additions	2020	2019
Investment earnings:		
Net appreciation in fair value	$ 7,540,369	$ 24,922,677
Interest, dividends and other income	1,558,814	201,560
Contributions:		
Participants	9,736,030	10,663,151
Employer	1,746,110	3,960,070
Rollovers	544,078	958,737
Total additions	21,125,401	40,706,195
Deductions		
Benefit payments	21,332,251	11,678,077
Corrective distributions	770,019	696,691
Administrative expenses	260,754	255,000
Total deductions	22,363,024	12,629,768
Change in net assets for the year	(1,237,623)	28,076,427
Transfer of net assets	-	159,816
Net assets available for benefits at beginning of year	139,518,405	111,282,162
Net Assets Availabe for Benefits at End of Year	$ 138,280,782	$ 139,518,405

See notes to audited financial statements.

NOTE A – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of Visionworks of America, Inc. 401(k) Savings Plan (the "Plan") are prepared on the accrual method of accounting in accordance with U.S. generally accepted accounting principles.

Recognition of Income: The basis of investments held by the Plan is adjusted annually to closing market value and unrealized gains and losses are recorded as part of this adjustment. Realized gains and losses on investments are computed using adjusted basis (beginning of year market value) on the first-in, first-out method. Security transaction expenses are considered in computing realized gains and losses on investments.

Investments: Investments in mutual funds, including common collective trusts and pooled separate accounts, are carried at fair market value (net asset value), as determined by quoted market prices in an active market. The fair value of common collective trusts is determined based on the value of the underlying assets. Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value in the statement of changes in net assets available for benefits.

Participants' Notes Receivable: Participants' notes receivable are stated at their unpaid principal balance plus any accrued interest. Interest is recognized as accrued. An allowance was not considered necessary at December 31, 2020 or 2019. If a participant ceases to make a note repayment and the Plan Administrator deems the participant note is in default, the note balance is reduced and a benefit payment to the participant is recorded.

Benefit Payments: Benefits are recorded when paid.

Subsequent Events: Subsequent events have been evaluated by management through the date of the independent auditor's report. Material subsequent events, if any, are disclosed in a separate footnote to these financial statements.

Recently Adopted Accounting Pronouncement: The Financial Accounting Standards Board issued Accounting Standards Update 2018-13, effective for periods beginning after December 15, 2019, which modified certain of the required fair value measurement disclosures. The Plan adopted this new pronouncement effective January 1, 2020. Adoption of this standard did not have a material impact on the financial statements and no adjustments were made to prior periods.

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Use of Estimates: The preparation of financial statements in conformity with U. S. generally accepted accounting principles requires estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

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In accordance with U.S. generally accepted accounting principles, the Plan utilizes a fair value hierarchy that prioritizes the inputs for the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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
- quoted 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 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.

NOTE F – FAIR VALUE MEASUREMENTS – continued

The following table sets forth by level, within the fair value hierarchy, investments measured at fair value:

	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Total
December 31, 2020:				
Pooled separate accounts	$ -	$ 5,826,640	$ -	$ 5,826,640
Mutual funds	130,233,456	-	-	130,233,456
Investments measured at fair value	$ 130,233,456	$ 5,826,640	$ -	$ 136,060,096
December 31, 2019:				
Common collective trusts	$ -	$ 56,174,177	$ -	$ 56,174,177
Mutual funds	80,742,924	-	-	80,742,924
Investments measured at fair value	$ 80,742,924	$ 56,174,177	$ -	$ 136,917,101

There have been no changes in methodologies used to estimate fair value, nor transfers between levels. The following is a description of the valuation methodologies used for various types of assets measured at fair value:

Mutual funds: Valued at the net asset value (NAV).

Common collective trusts and pooled separate accounts: Valued at fair value based upon the underlying fair value of investments (mutual funds) held in the trust.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE G – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The audited financial statements are prepared on the accrual basis of accounting, whereas, the Form 5500 is prepared on the modified cash basis. The following is a reconciliation of net assets available for benefits and the change in net assets available for benefits for the years ended December 31:

	2020	2019
Net assets available for benefits per financial statements	$ 138,280,782	$ 139,518,405
Less: 2019 employer contributions receivable	-	(341,443)
Add: 2019 excess contributions payable	-	242,987
Less: loans deemed distributed	(21,382)	(13,991)
Net assets available for benefits per Form 5500	$ 138,259,400	$ 139,405,958

	2020	2019
Change in net assets per financial statements	$ (1,237,623)	$ 28,076,427
2019 employer contributions receivable	341,443	(341,443)
2018 employer contributions receivable	-	451,010
2018 employee contributions receivable	-	364,087
2019 excess contributions payable	(242,987)	242,987
2018 excess contributions payable	-	(702,985)
Change in loans deemed distributed	(7,391)	4,950
Change in net assets per Form 5500	$ (1,146,558)	$ 28,095,033

NOTE H – COVID-19

Due to the spread of the COVID-19 coronavirus, economic uncertainties have arisen which have triggered volatility in the financial markets and the global economy. The values of the Plan's individual investments have and will fluctuate in response to changing market conditions. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

The Plan is in the process of being amended to implement certain changes permitted by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which changes the Plan to allow certain eligible individuals to receive coronavirus-related distributions, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

VISIONWORKS OF AMERICA, INC.
401(k) SAVINGS PLAN

Supplemental Schedules

December 31, 2020

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Schedule of Assets Held at End of Year
Form 5500, Schedule H, Part IV, 4i
EIN 25-1801124, Plan No. 001
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	SA/Invesco Global Strat	Pooled Separate Account	**	$ 198,207
*	SCG/Timessquare	Pooled Separate Account	**	3,033,760
*	SCV/Kennedy Capital	Pooled Separate Account	**	2,440,377
*	Pru Day One Ifx Trgt Bal	Pooled Separate Account	**	154,296
*	Wells Fargo Stable Val C	Mutual Fund	**	22,876,396
	Principal Diversified Rel	Mutual Fund	**	10,211,048
	Vanguard Equ Inco Admiral	Mutual Fund	**	8,139,040
	Blackrock Total Return Bd	Mutual Fund	**	11,363,899
	Victory Syca Estb Val R	Mutual Fund	**	2,421,149
	BLRK Russell 2000 Index T	Mutual Fund	**	4,196,095
	Blackrock MC Eq Idx Fd	Mutual Fund	**	4,084,200
	Blrk US Debt Index Fund	Mutual Fund	**	11,043,076
	Am Fnd American Bal R6	Mutual Fund	**	349,803
	Am Fnd EuroPacific Grth R6	Mutual Fund	**	12,165,194
	T Rowe Blue Chip Gro T4	Mutual Fund	**	9,212,798
	Blackrock Equity Index Fd	Mutual Fund	**	19,962,235
	Mass Mutual Sel Mid Gro I	Mutual Fund	**	3,034,749
	Fidelity Intl Idx	Mutual Fund	**	11,173,774
	Total investments per Statement of Net Assets Available for Benefits			136,060,096
	Participants' notes receivable	(3.25% - 7.61%)	-0-	2,323,691
	Total investments per Form 5500			$ 138,383,787

* *Person known to be a party-in-interest to the Plan*
** *Cost basis data is not required since all transactions are participant directed.*

See independent auditor's report.

VISIONWORKS OF AMERICA, INC. 401(k) SAVINGS PLAN
Schedule of Reportable Transactions
Form 5500, Schedule H, Part IV, 4j
EIN 25-1801124, Plan No. 001
Year Ended December 31, 2020

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling or Maturity Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value on Transaction Date	Net Gain

There were no reportable transactions during the year.

See independent auditor's report.