

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>EYECARE PARTNERS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1998</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CLARKSON EYECARE, INC.</u> <u>15933 CLAYTON ROAD</u> <u>BALLWIN, MO 63011</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>43-1213749</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>636-227-2600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>446130</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>43-1213749</u>	2c Plan Sponsor's telephone number <u>636-227-2600</u>	2d Business code (see instructions) <u>446130</u>	
2b Employer Identification Number (EIN) <u>43-1213749</u>					
2c Plan Sponsor's telephone number <u>636-227-2600</u>					
2d Business code (see instructions) <u>446130</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	JOE SCHUSTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3882
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)	3503
a(2) Total number of active participants at the end of the plan year		6a(2)	3920
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	387
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4312
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	3
f Total. Add lines 6d and 6e		6f	4315
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2591
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	209
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2S 2E 3D 2G 2J 2K 2F 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan EYECARE PARTNERS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLARKSON EYECARE, INC.	D Employer Identification Number (EIN) 43-1213749	

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).. ☒ 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
THE VANGUARD GROUP, INC.
23-1945930

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

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

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

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

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

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

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

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

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

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

(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)

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 25 37 38 52 99	NONE	230021	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HM CAPITAL MANAGEMENT

20-3287389

(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?
16	NONE	58309	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
THE VANGUARD GROUP, INC.	99	0
(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.	
FRANKLIN TEMPLETON DISTRIBUTORS INC 94-2990534	15 BPS	
(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:	BROWN SMITH WALLACE, LLP	b EIN:	43-1001367
c Position:	INDEPENDENT QUALIFIED PA		
d Address:	6 CITY PLACE DR. SUITE 900 ST. LOUIS, MO 63141	e Telephone:	314-983-1200

Explanation: BROWN SMITH WALLACE, LLP MERGED WITH ARMANINO LLP IN AUGUST 2021.

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 <u>EYECARE PARTNERS 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CLARKSON EYECARE, INC.</u>	D Employer Identification Number (EIN) <u>43-1213749</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: GARTMORE MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): GARTMORE TRUST COMPANY

c EIN-PN <u>93-0573993-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5844506</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 EYECARE PARTNERS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLARKSON EYECARE, INC.	D Employer Identification Number (EIN) 43-1213749	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	799095	917889
(9) Value of interest in common/collective trusts	1c(9)	4615522	5844506
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	89606943	152854603
(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	95021560 159616998
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	95021560 159616998

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1458049
	(B) Participants	2a(1)(B)	11489248
	(C) Others (including rollovers).....	2a(1)(C)	5283999
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	18231296
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)	49034
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	49034
(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)	3714660
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3714660
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		15006088
c Other income	2c		26376
d Total income. Add all income amounts in column (b) and enter total.....	2d		37027454

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13376290	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	2785	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13379075
f Corrective distributions (see instructions)	2f		150872
g Certain deemed distributions of participant loans (see instructions).....	2g		
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)	284380	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		284380
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13814327

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23213127
l Transfers of assets:			
(1) To this plan.....	2l(1)		41382311
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ARMANINO LLP**

(2) EIN: **94-6214841**

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		4382636

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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 _____.

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

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

<div>A Name of plan EYECARE PARTNERS 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 CLARKSON EYECARE, INC.</div>	<div>D Employer Identification Number (EIN) 43-1213749</div>

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

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>
<div>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): 23-2186884</div>	
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>	
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>

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.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

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

<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

14a	
14b	
14c	

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

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

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

15a	
15b	

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

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

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

16a	
16b	

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

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

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

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

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

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

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

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

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

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

EYECARE PARTNERS 401(k) PLAN

Financial Statements

DECEMBER 31, 2020



TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
 Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
 Supplemental Schedules	
Schedule of Assets (Held at End of Year)	12
Schedule of Delinquent Participant Contributions.....	13

Independent Auditor's Report

To the Administrative Committee of the
EyeCare Partners 401(k) Plan
Ballwin, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the EyeCare Partners 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

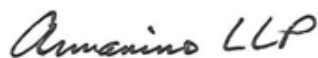
The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter – 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by Brown Smith Wallace, LLP, whose practice became part of Armanino^{LLP} as of August 1, 2021. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed Brown Smith Wallace, LLP not to perform, and they did not perform, any auditing procedures with respect to the information certified by Vanguard Fiduciary Trust Company, the trustee of the Plan. Their report, dated October 15, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations – 2020

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Armanino^{LLP}
St. Louis, Missouri

October 15, 2021

EYECARE PARTNERS 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value:		
Mutual funds	\$ 152,854,604	\$ 89,606,943
Collective trust funds	5,844,506	4,615,522
Total investments, at fair value	158,699,110	94,222,465
Receivables:		
Plan transfers receivable (See Note J)	-	16,473,575
Employer contribution	91,894	-
Notes receivable from participants	917,889	799,095
Total receivables	1,009,783	17,272,670
Total assets	159,708,893	111,495,135
Liabilities		
Excess contributions liability (See Note E)	490,368	122,528
Total liabilities	490,368	122,528
Net assets available for benefits	\$ 159,218,525	\$ 111,372,607

The accompanying notes are an integral part of these financial statements.

EYECARE PARTNERS 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2020

	<u>2020</u>
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 15,006,073
Interest and dividend income	3,714,676
Other income	<u>26,376</u>
Total investment income	<u>18,747,125</u>
Interest income on notes receivable from participants	49,034
Contributions:	
Participants	10,998,879
Employer	1,549,943
Rollovers	<u>5,283,999</u>
Total contributions	<u>17,832,821</u>
Total additions	<u>36,628,980</u>
Deductions:	
Benefits paid to participants	13,404,634
Administrative expenses	<u>287,164</u>
Total deductions	<u>13,691,798</u>
Net increase	22,937,182
Transfer in (See Note J)	24,908,736
Net assets available for benefits, at beginning of year	<u>111,372,607</u>
Net assets available for benefits, at end of year	<u><u>\$ 159,218,525</u></u>

The accompanying notes are an integral part of these financial statements.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements

December 31, 2020

Note A - Description of Plan

The following description of the EyeCare Partners 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the provisions of the Plan.

General

The Plan is a defined contribution plan established for the benefit of the eligible employees of Clarkson Eyecare, Inc. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In October 2019, the Company acquired Grene Vision Group, LLC. In January 2020, assets from the Grene Vision Group, LLC 401(k) Retirement Plan were transferred into the EyeCare Partners 401(k) Plan. See Note J for details.

Eligibility

Employees who have completed sixty days of service and have attained the age of 21 are eligible to participate in the Plan.

Contributions

Participant contributions are subject to an annual limit of the lesser of 1000% of eligible compensation, as defined in the Plan, or limits established by the Internal Revenue Code. Participants who obtained at least age 50 by the end of the Plan year were eligible to make “catch-up” contributions of up to \$6,500 for the year ended December 31, 2020.

The Company may match a portion of employee deferrals. The percentage of the matching contribution is determined annually by the Company’s Board of Directors. In 2020, the Company made matching contributions of \$1,549,943 to participants. Employer profit sharing contributions are discretionary and are determined annually by the Company’s board of directors. A participant in the Plan is entitled to share in the employer profit sharing contributions for any Plan year if the eligibility requirements are met and the participant is an employee of the Company on the last day of the Plan year. The Company made no discretionary profit sharing contributions to the Plan for the year ended December 31, 2020. Effective April 2, 2020, the Plan suspended employer matching contributions indefinitely as a result of the Coronavirus pandemic.

Participant Accounts

A separate account is established for each participant. Each participant’s account is credited with the participant’s contribution, the Company’s contribution (if applicable), and the Plan’s earnings. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant’s account.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note A - Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting for employer contributions and earnings thereon is based on years of service as follows: less than one year – 0%, one year – 20%; two years – 40%, three years – 60%, four years – 80%, five years – 100%.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Note terms range from 12 to 60 months, unless it is for the purchase of a principal residence in which case the loan period may be up to 120 months. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death or retirement, a participant may elect to receive either a lump-sum distribution of the vested account or monthly installment payments. For termination of service due to other reasons, a participant may receive the value of the vested account as a lump-sum distribution.

The Plan also allows participants to withdraw their contributions in the case of financial hardship as defined by the Plan.

In addition, due to the enactment of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") on March 27, 2020, certain Plan participants qualified for a new COVID-related distribution option. Individuals who were diagnosed with (or those whose spouse or dependent was diagnosed with) COVID-19, or who experienced adverse financial consequences as a result of being quarantined, furloughed or laid off, having work hours reduced or being unable to work due to lack of childcare due to COVID-19 ("Qualified Individuals"), could choose to take COVID-related distributions of up to \$100,000 in 2020 without being subject to either the usual early distribution penalty applicable to those who have not yet reached age 59-1/2 or the mandatory withholding requirement. The distribution may be returned to the Plan during a three-year period following the distribution.

Forfeited Accounts

If any portion of a participant's matching contribution account is forfeited during a plan year, it will be used to reduce the employer matching fund contribution and allocated among the accounts of the participants who receive a matching contribution for the plan year based on their compensation. The Plan held a balance of \$154,837 and \$21,517 in its forfeited nonvested account for the years ended December 31, 2020 and 2019, respectively. Forfeitures of \$42,971 were used to reduce employer matching contributions in 2020.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note B - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note D for further discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Loan balances are secured by the participant's account. No allowance for credit losses has been recorded at December 31, 2020 and 2019.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain Plan expenses are deducted from the participants' accounts or from investment income. Any remaining Plan expenses are paid by the Company.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note C - Certified Investment Information

All investment information disclosed in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year), including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the year ended December 31, 2020, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee. Vanguard Fiduciary Trust Company certified the above information as of December 31, 2020 and 2019 and for the year ended December 31, 2020.

Note D - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note D - Fair Value Measurements (Continued)

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

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust funds – Valued using the NAV as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2020 and 2019:

	2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 152,854,604	\$ -	\$ -	\$152,854,604
Collective trust fund (a)	-	-	-	5,844,506
Total investments, at fair value	\$ 152,854,604	\$ -	\$ -	\$158,699,110

	2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 89,606,943	\$ -	\$ -	\$ 89,606,943
Collective trust funds (a)	-	-	-	4,615,522
Total investments, at fair value	\$ 89,606,943	\$ -	\$ -	\$ 94,222,465

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value of investments in the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There were no significant transfers between Level 1, Level 2, or Level 3 investments during the year ended December 31, 2020.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note D - Fair Value Measurements (Continued)

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2020 and 2019:

Investment Name	2020			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Morley Stable Value Collective Trust Fund	<u>\$ 5,844,506</u>	N/A	Daily	12 months
	<u>\$ 5,844,506</u>			
Investment Name	2019			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Morley Stable Value Collective Trust Fund	\$ 1,567,734	N/A	Daily	12 months
Wells Fargo Stable Value Fund	<u>3,047,788</u>	N/A	Daily	12 months
	<u>\$ 4,615,522</u>			

Note E - Excess Contributions Liability

Contributions received from participants for the year ended December 31, 2020 are reported net of payments of \$490,368 to certain active participants to return excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. Those amounts are reported as an excess contributions liability at December 31, 2020 and 2019.

Note F - Plan Termination

Although it has not expressed any intent to do so, the Company 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.

Note G - Tax Status

The Company has obtained an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the prototype plan document was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC.

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition with a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note G - Tax Status (Continued)

ASC 740-10 requires that uncertain tax positions be reviewed with respect to all open tax years for all taxing jurisdictions. Pursuant to IRC § 6501(a), the statute of limitations for the assessment of a federal income tax return is three years from the date the return is filed. Accordingly, tax year 2018 is technically open under the federal statute of limitations.

Note H - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to a variety of 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 values on investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

The DOL opened an investigation into the Plan, and the Company is responding to all requests for documents and information from the DOL. The DOL has not issued any findings as of the date these financial statements were issued for the year ended December 31, 2020, and no accruals have been recorded as of December 31, 2020.

Note I - Related Party and Party-in-Interest Transactions

The Company provides certain accounting and administrative services to the Plan for which no fees are charged.

Certain Plan investments are managed by the trustee of the Plan's assets. Therefore, these transactions qualify as party-in-interest.

Note J - Transfer In

Effective January 1, 2020, the Grene Vision Group, L.L.C. 401(k) Retirement Plan was merged with the EyeCare Partners 401(k) Plan. As a result, participant account balances totaling \$24,707,056 and loan balances totaling \$201,680 were transferred from the Grene Vision Group, L.L.C. 401(k) Retirement Plan to the EyeCare Partners 401(k) Plan.

Note K - Late Contributions

During 2020, the Company failed to remit to the Plan's custodian within the period described by the Department of Labor regulations, certain employee contributions totaling approximately \$4,182,626. Management is in the process of reviewing loan payments to determine any late remittances and has estimated the amount at approximately \$200,000. These late contributions and loan remittances are included in Schedule of Delinquent Participant Contributions. Corrections are in the process of being made during plan year 2021.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note L - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2020 and 2019 to the Form 5500:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 159,218,525	\$111,372,607
Add: Excess contributions liability	490,368	122,528
Less: Plan transfer receivable	-	(16,473,575)
Rounding	(1)	-
Net assets available for benefits per the Form 5500	<u>\$ 159,616,999</u>	<u>\$ 95,021,560</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements and transfers of assets at December 31, 2020 to the Form 5500:

Change in net assets available for benefits per the financial statements	\$ 22,845,288
Plus: Change in excess contributions liability	367,840
Rounding	(1)
Change in net assets available for benefits per Form 5500	<u>\$ 23,213,127</u>
Transfers to the Plan per the financial statements	\$ 24,908,736
Plus: Plan transfers receivable	<u>16,473,575</u>
Transfers of assets to this plan per Form 5500	<u>\$ 41,382,311</u>

Note M - Subsequent Events

Effective January 4, 2021, the Arizona Eye Institute 401(k) Plan was merged with the EyeCare Partners 401(k) Plan. As a result, participant account balances totaling \$1,267,197 were transferred from the Arizona Eye Institute 401(k) Plan to the EyeCare Partners 401(k) Plan.

During May 2021, the Plan reinstated employer matching contributions.

No other subsequent events were identified through October 15, 2021, the date these financial statements were available to be issued.

Supplemental Schedules

EYECARE PARTNERS 401(k) PLAN
EIN #43-1213749 PLAN NUMBER 001

Schedule of Assets (Held at End of Year)

Form 5500 – Schedule H – Item 4i

December 31, 2020

a) b)	Identity of issue, borrower, lessor, or similar party	c) Description of investment	d)	Cost	e) Current value
Mutual funds:					
*	Vanguard Target Retirement 2030	Mutual fund	**		\$ 19,506,731
*	Vanguard Target Retirement 2035	Mutual fund	**		19,467,386
*	Vanguard Target Retirement 2025	Mutual fund	**		18,880,633
*	Vanguard Target Retirement 2040	Mutual fund	**		12,003,509
*	Vanguard Target Retirement 2020	Mutual fund	**		11,874,382
*	Vanguard Target Retirement 2045	Mutual fund	**		10,159,750
*	Vanguard Target Retirement 2015	Mutual fund	**		9,583,659
*	Vanguard Institutional Index Fund Institutional	Mutual fund	**		9,490,539
*	Vanguard Target Retirement 2050	Mutual fund	**		7,616,403
*	Vanguard Target Retirement Income	Mutual fund	**		5,100,536
*	Vanguard Target Retirement 2055	Mutual fund	**		3,830,472
*	Vanguard Total Bond Market Index Admiral	Mutual fund	**		3,693,719
*	Vanguard Mid-Cap Index Admiral	Mutual fund	**		2,711,009
*	Vanguard Small-Cap Index Admiral	Mutual fund	**		2,304,589
	Metropolitan West Total Return Bond I	Mutual fund	**		2,184,283
*	Vanguard Total International Stock Index Admiral	Mutual fund	**		1,953,413
	T. Rowe Price Capital Appreciation	Mutual fund	**		1,873,524
	Harbor Capital Appreciation	Mutual fund	**		1,673,667
*	Vanguard REIT Index Admiral	Mutual fund	**		1,438,066
	Janus Triton I	Mutual fund	**		1,246,854
	American Beacon Large Cap Value Institutional	Mutual fund	**		1,152,793
*	Vanguard Target Retirement 2060	Mutual fund	**		1,133,720
	American Funds EuroPacific Growth	Mutual fund	**		908,099
	Eaton Vance Atlanta Capital SMID-Cap A	Mutual fund	**		781,359
*	Vanguard Target Retirement 2065	Mutual fund	**		661,536
	Oppenheimer Developing Markets Fund I	Mutual fund	**		640,903
	American Century Mid Cap Value	Mutual fund	**		477,777
	American Beacon Small Cap Value Other	Mutual fund	**		294,701
*	Vanguard Federal Money/Market Fund	Mutual fund	**		210,592
					<u>152,854,604</u>
Collective Trust Funds					
	Morley Stable Value Fund Fee Class 125	Collective trust fund	**		5,844,506
					<u>5,844,506</u>
*	Notes receivable from participants	Interest rates of 3.5% - 6.5%, maturing through March 2030	-		917,889
					<u>\$ 159,616,999</u>
*	Represents a party-in-interest				
**	Represents participant-directed investments				

EYECARE PARTNERS 401(k) PLAN
EIN #43-1213749 PLAN NUMBER 001

Schedule of Delinquent Participant Contributions

Form 5500 – Schedule H – Item 4a

For the Year Ended December 31, 2020

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Replacements are Included ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

December 31, 2020

\$	4,382,636	\$	4,382,636	\$	-	\$	-	\$	-
----	-----------	----	-----------	----	---	----	---	----	---

EYECARE PARTNERS 401(k) PLAN

Financial Statements

DECEMBER 31, 2020



TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
 Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
 Supplemental Schedules	
Schedule of Assets (Held at End of Year)	12
Schedule of Delinquent Participant Contributions.....	13

Independent Auditor's Report

To the Administrative Committee of the
EyeCare Partners 401(k) Plan
Ballwin, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the EyeCare Partners 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

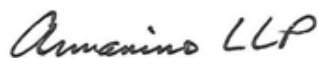
The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter – 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by Brown Smith Wallace, LLP, whose practice became part of Armanino^{LLP} as of August 1, 2021. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed Brown Smith Wallace, LLP not to perform, and they did not perform, any auditing procedures with respect to the information certified by Vanguard Fiduciary Trust Company, the trustee of the Plan. Their report, dated October 15, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations – 2020

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Armanino^{LLP}
St. Louis, Missouri

October 15, 2021

EYECARE PARTNERS 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value:		
Mutual funds	\$ 152,854,604	\$ 89,606,943
Collective trust funds	5,844,506	4,615,522
Total investments, at fair value	158,699,110	94,222,465
Receivables:		
Plan transfers receivable (See Note J)	-	16,473,575
Employer contribution	91,894	-
Notes receivable from participants	917,889	799,095
Total receivables	1,009,783	17,272,670
Total assets	159,708,893	111,495,135
Liabilities		
Excess contributions liability (See Note E)	490,368	122,528
Total liabilities	490,368	122,528
Net assets available for benefits	\$ 159,218,525	\$ 111,372,607

The accompanying notes are an integral part of these financial statements.

EYECARE PARTNERS 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2020

	<u>2020</u>
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 15,006,073
Interest and dividend income	3,714,676
Other income	<u>26,376</u>
Total investment income	<u>18,747,125</u>
Interest income on notes receivable from participants	49,034
Contributions:	
Participants	10,998,879
Employer	1,549,943
Rollovers	<u>5,283,999</u>
Total contributions	<u>17,832,821</u>
Total additions	<u>36,628,980</u>
Deductions:	
Benefits paid to participants	13,404,634
Administrative expenses	<u>287,164</u>
Total deductions	<u>13,691,798</u>
Net increase	22,937,182
Transfer in (See Note J)	24,908,736
Net assets available for benefits, at beginning of year	<u>111,372,607</u>
Net assets available for benefits, at end of year	<u><u>\$ 159,218,525</u></u>

The accompanying notes are an integral part of these financial statements.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements

December 31, 2020

Note A - Description of Plan

The following description of the EyeCare Partners 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the provisions of the Plan.

General

The Plan is a defined contribution plan established for the benefit of the eligible employees of Clarkson Eyecare, Inc. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In October 2019, the Company acquired Grene Vision Group, LLC. In January 2020, assets from the Grene Vision Group, LLC 401(k) Retirement Plan were transferred into the EyeCare Partners 401(k) Plan. See Note J for details.

Eligibility

Employees who have completed sixty days of service and have attained the age of 21 are eligible to participate in the Plan.

Contributions

Participant contributions are subject to an annual limit of the lesser of 1000% of eligible compensation, as defined in the Plan, or limits established by the Internal Revenue Code. Participants who obtained at least age 50 by the end of the Plan year were eligible to make “catch-up” contributions of up to \$6,500 for the year ended December 31, 2020.

The Company may match a portion of employee deferrals. The percentage of the matching contribution is determined annually by the Company’s Board of Directors. In 2020, the Company made matching contributions of \$1,549,943 to participants. Employer profit sharing contributions are discretionary and are determined annually by the Company’s board of directors. A participant in the Plan is entitled to share in the employer profit sharing contributions for any Plan year if the eligibility requirements are met and the participant is an employee of the Company on the last day of the Plan year. The Company made no discretionary profit sharing contributions to the Plan for the year ended December 31, 2020. Effective April 2, 2020, the Plan suspended employer matching contributions indefinitely as a result of the Coronavirus pandemic.

Participant Accounts

A separate account is established for each participant. Each participant’s account is credited with the participant’s contribution, the Company’s contribution (if applicable), and the Plan’s earnings. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant’s account.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note A - Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting for employer contributions and earnings thereon is based on years of service as follows: less than one year – 0%, one year – 20%; two years – 40%, three years – 60%, four years – 80%, five years – 100%.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Note terms range from 12 to 60 months, unless it is for the purchase of a principal residence in which case the loan period may be up to 120 months. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death or retirement, a participant may elect to receive either a lump-sum distribution of the vested account or monthly installment payments. For termination of service due to other reasons, a participant may receive the value of the vested account as a lump-sum distribution.

The Plan also allows participants to withdraw their contributions in the case of financial hardship as defined by the Plan.

In addition, due to the enactment of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") on March 27, 2020, certain Plan participants qualified for a new COVID-related distribution option. Individuals who were diagnosed with (or those whose spouse or dependent was diagnosed with) COVID-19, or who experienced adverse financial consequences as a result of being quarantined, furloughed or laid off, having work hours reduced or being unable to work due to lack of childcare due to COVID-19 ("Qualified Individuals"), could choose to take COVID-related distributions of up to \$100,000 in 2020 without being subject to either the usual early distribution penalty applicable to those who have not yet reached age 59-1/2 or the mandatory withholding requirement. The distribution may be returned to the Plan during a three-year period following the distribution.

Forfeited Accounts

If any portion of a participant's matching contribution account is forfeited during a plan year, it will be used to reduce the employer matching fund contribution and allocated among the accounts of the participants who receive a matching contribution for the plan year based on their compensation. The Plan held a balance of \$154,837 and \$21,517 in its forfeited nonvested account for the years ended December 31, 2020 and 2019, respectively. Forfeitures of \$42,971 were used to reduce employer matching contributions in 2020.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note B - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note D for further discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Loan balances are secured by the participant's account. No allowance for credit losses has been recorded at December 31, 2020 and 2019.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain Plan expenses are deducted from the participants' accounts or from investment income. Any remaining Plan expenses are paid by the Company.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note C - Certified Investment Information

All investment information disclosed in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year), including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the year ended December 31, 2020, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee. Vanguard Fiduciary Trust Company certified the above information as of December 31, 2020 and 2019 and for the year ended December 31, 2020.

Note D - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note D - Fair Value Measurements (Continued)

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

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust funds – Valued using the NAV as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2020 and 2019:

	2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 152,854,604	\$ -	\$ -	\$152,854,604
Collective trust fund (a)	-	-	-	5,844,506
Total investments, at fair value	\$ 152,854,604	\$ -	\$ -	\$158,699,110

	2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 89,606,943	\$ -	\$ -	\$ 89,606,943
Collective trust funds (a)	-	-	-	4,615,522
Total investments, at fair value	\$ 89,606,943	\$ -	\$ -	\$ 94,222,465

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value of investments in the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There were no significant transfers between Level 1, Level 2, or Level 3 investments during the year ended December 31, 2020.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note D - Fair Value Measurements (Continued)

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2020 and 2019:

Investment Name	2020			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Morley Stable Value Collective Trust Fund	<u>\$ 5,844,506</u>	N/A	Daily	12 months
	<u>\$ 5,844,506</u>			
Investment Name	2019			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Morley Stable Value Collective Trust Fund	\$ 1,567,734	N/A	Daily	12 months
Wells Fargo Stable Value Fund	<u>3,047,788</u>	N/A	Daily	12 months
	<u>\$ 4,615,522</u>			

Note E - Excess Contributions Liability

Contributions received from participants for the year ended December 31, 2020 are reported net of payments of \$490,368 to certain active participants to return excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. Those amounts are reported as an excess contributions liability at December 31, 2020 and 2019.

Note F - Plan Termination

Although it has not expressed any intent to do so, the Company 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.

Note G - Tax Status

The Company has obtained an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the prototype plan document was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC.

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition with a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note G - Tax Status (Continued)

ASC 740-10 requires that uncertain tax positions be reviewed with respect to all open tax years for all taxing jurisdictions. Pursuant to IRC § 6501(a), the statute of limitations for the assessment of a federal income tax return is three years from the date the return is filed. Accordingly, tax year 2018 is technically open under the federal statute of limitations.

Note H - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to a variety of 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 values on investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

The DOL opened an investigation into the Plan, and the Company is responding to all requests for documents and information from the DOL. The DOL has not issued any findings as of the date these financial statements were issued for the year ended December 31, 2020, and no accruals have been recorded as of December 31, 2020.

Note I - Related Party and Party-in-Interest Transactions

The Company provides certain accounting and administrative services to the Plan for which no fees are charged.

Certain Plan investments are managed by the trustee of the Plan's assets. Therefore, these transactions qualify as party-in-interest.

Note J - Transfer In

Effective January 1, 2020, the Grene Vision Group, L.L.C. 401(k) Retirement Plan was merged with the EyeCare Partners 401(k) Plan. As a result, participant account balances totaling \$24,707,056 and loan balances totaling \$201,680 were transferred from the Grene Vision Group, L.L.C. 401(k) Retirement Plan to the EyeCare Partners 401(k) Plan.

Note K - Late Contributions

During 2020, the Company failed to remit to the Plan's custodian within the period described by the Department of Labor regulations, certain employee contributions totaling approximately \$4,182,626. Management is in the process of reviewing loan payments to determine any late remittances and has estimated the amount at approximately \$200,000. These late contributions and loan remittances are included in Schedule of Delinquent Participant Contributions. Corrections are in the process of being made during plan year 2021.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note L - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2020 and 2019 to the Form 5500:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 159,218,525	\$111,372,607
Add: Excess contributions liability	490,368	122,528
Less: Plan transfer receivable	-	(16,473,575)
Rounding	(1)	-
Net assets available for benefits per the Form 5500	<u>\$ 159,616,999</u>	<u>\$ 95,021,560</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements and transfers of assets at December 31, 2020 to the Form 5500:

Change in net assets available for benefits per the financial statements	\$ 22,845,288
Plus: Change in excess contributions liability	367,840
Rounding	(1)
Change in net assets available for benefits per Form 5500	<u>\$ 23,213,127</u>
Transfers to the Plan per the financial statements	\$ 24,908,736
Plus: Plan transfers receivable	<u>16,473,575</u>
Transfers of assets to this plan per Form 5500	<u>\$ 41,382,311</u>

Note M - Subsequent Events

Effective January 4, 2021, the Arizona Eye Institute 401(k) Plan was merged with the EyeCare Partners 401(k) Plan. As a result, participant account balances totaling \$1,267,197 were transferred from the Arizona Eye Institute 401(k) Plan to the EyeCare Partners 401(k) Plan.

During May 2021, the Plan reinstated employer matching contributions.

No other subsequent events were identified through October 15, 2021, the date these financial statements were available to be issued.

Supplemental Schedules

EYECARE PARTNERS 401(k) PLAN
EIN #43-1213749 PLAN NUMBER 001

Schedule of Assets (Held at End of Year)

Form 5500 – Schedule H – Item 4i

December 31, 2020

Identity of issue, borrower, lessor, or similar a) b) party		c) Description of investment	d)	Cost	e) Current value
Mutual funds:					
*	Vanguard Target Retirement 2030	Mutual fund		**	\$ 19,506,731
*	Vanguard Target Retirement 2035	Mutual fund		**	19,467,386
*	Vanguard Target Retirement 2025	Mutual fund		**	18,880,633
*	Vanguard Target Retirement 2040	Mutual fund		**	12,003,509
*	Vanguard Target Retirement 2020	Mutual fund		**	11,874,382
*	Vanguard Target Retirement 2045	Mutual fund		**	10,159,750
*	Vanguard Target Retirement 2015	Mutual fund		**	9,583,659
*	Vanguard Institutional Index Fund Institutional	Mutual fund		**	9,490,539
*	Vanguard Target Retirement 2050	Mutual fund		**	7,616,403
*	Vanguard Target Retirement Income	Mutual fund		**	5,100,536
*	Vanguard Target Retirement 2055	Mutual fund		**	3,830,472
*	Vanguard Total Bond Market Index Admiral	Mutual fund		**	3,693,719
*	Vanguard Mid-Cap Index Admiral	Mutual fund		**	2,711,009
*	Vanguard Small-Cap Index Admiral	Mutual fund		**	2,304,589
	Metropolitan West Total Return Bond I	Mutual fund		**	2,184,283
*	Vanguard Total International Stock Index Admiral	Mutual fund		**	1,953,413
	T. Rowe Price Capital Appreciation	Mutual fund		**	1,873,524
	Harbor Capital Appreciation	Mutual fund		**	1,673,667
*	Vanguard REIT Index Admiral	Mutual fund		**	1,438,066
	Janus Triton I	Mutual fund		**	1,246,854
	American Beacon Large Cap Value Institutional	Mutual fund		**	1,152,793
*	Vanguard Target Retirement 2060	Mutual fund		**	1,133,720
	American Funds EuroPacific Growth	Mutual fund		**	908,099
	Eaton Vance Atlanta Capital SMID-Cap A	Mutual fund		**	781,359
*	Vanguard Target Retirement 2065	Mutual fund		**	661,536
	Oppenheimer Developing Markets Fund I	Mutual fund		**	640,903
	American Century Mid Cap Value	Mutual fund		**	477,777
	American Beacon Small Cap Value Other	Mutual fund		**	294,701
*	Vanguard Federal Money/Market Fund	Mutual fund		**	210,592
					<u>152,854,604</u>
Collective Trust Funds					
	Morley Stable Value Fund Fee Class 125	Collective trust fund		**	5,844,506
					<u>5,844,506</u>
*	Notes receivable from participants	Interest rates of 3.5% - 6.5%, maturing through March 2030		-	917,889
					<u>\$ 159,616,999</u>
*	Represents a party-in-interest				
**	Represents participant-directed investments				

EYECARE PARTNERS 401(k) PLAN
EIN #43-1213749 PLAN NUMBER 001

Schedule of Delinquent Participant Contributions

Form 5500 – Schedule H – Item 4a

For the Year Ended December 31, 2020

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Replacements are Included ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

December 31, 2020

\$	4,382,636	\$	4,382,636	\$	-	\$	-	\$	-
----	-----------	----	-----------	----	---	----	---	----	---

EYECARE PARTNERS 401(k) PLAN

Financial Statements

DECEMBER 31, 2020



TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
 Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
 Supplemental Schedules	
Schedule of Assets (Held at End of Year)	12
Schedule of Delinquent Participant Contributions.....	13

Independent Auditor's Report

To the Administrative Committee of the
EyeCare Partners 401(k) Plan
Ballwin, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the EyeCare Partners 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

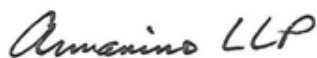
The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter – 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by Brown Smith Wallace, LLP, whose practice became part of Armanino^{LLP} as of August 1, 2021. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed Brown Smith Wallace, LLP not to perform, and they did not perform, any auditing procedures with respect to the information certified by Vanguard Fiduciary Trust Company, the trustee of the Plan. Their report, dated October 15, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations – 2020

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Armanino^{LLP}
St. Louis, Missouri

October 15, 2021

EYECARE PARTNERS 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value:		
Mutual funds	\$ 152,854,604	\$ 89,606,943
Collective trust funds	5,844,506	4,615,522
Total investments, at fair value	158,699,110	94,222,465
Receivables:		
Plan transfers receivable (See Note J)	-	16,473,575
Employer contribution	91,894	-
Notes receivable from participants	917,889	799,095
Total receivables	1,009,783	17,272,670
Total assets	159,708,893	111,495,135
Liabilities		
Excess contributions liability (See Note E)	490,368	122,528
Total liabilities	490,368	122,528
Net assets available for benefits	\$ 159,218,525	\$ 111,372,607

The accompanying notes are an integral part of these financial statements.

EYECARE PARTNERS 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2020

	<u>2020</u>
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 15,006,073
Interest and dividend income	3,714,676
Other income	<u>26,376</u>
Total investment income	<u>18,747,125</u>
Interest income on notes receivable from participants	49,034
Contributions:	
Participants	10,998,879
Employer	1,549,943
Rollovers	<u>5,283,999</u>
Total contributions	<u>17,832,821</u>
Total additions	<u>36,628,980</u>
Deductions:	
Benefits paid to participants	13,404,634
Administrative expenses	<u>287,164</u>
Total deductions	<u>13,691,798</u>
Net increase	22,937,182
Transfer in (See Note J)	24,908,736
Net assets available for benefits, at beginning of year	<u>111,372,607</u>
Net assets available for benefits, at end of year	<u><u>\$ 159,218,525</u></u>

The accompanying notes are an integral part of these financial statements.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements

December 31, 2020

Note A - Description of Plan

The following description of the EyeCare Partners 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the provisions of the Plan.

General

The Plan is a defined contribution plan established for the benefit of the eligible employees of Clarkson Eyecare, Inc. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In October 2019, the Company acquired Grene Vision Group, LLC. In January 2020, assets from the Grene Vision Group, LLC 401(k) Retirement Plan were transferred into the EyeCare Partners 401(k) Plan. See Note J for details.

Eligibility

Employees who have completed sixty days of service and have attained the age of 21 are eligible to participate in the Plan.

Contributions

Participant contributions are subject to an annual limit of the lesser of 1000% of eligible compensation, as defined in the Plan, or limits established by the Internal Revenue Code. Participants who obtained at least age 50 by the end of the Plan year were eligible to make “catch-up” contributions of up to \$6,500 for the year ended December 31, 2020.

The Company may match a portion of employee deferrals. The percentage of the matching contribution is determined annually by the Company’s Board of Directors. In 2020, the Company made matching contributions of \$1,549,943 to participants. Employer profit sharing contributions are discretionary and are determined annually by the Company’s board of directors. A participant in the Plan is entitled to share in the employer profit sharing contributions for any Plan year if the eligibility requirements are met and the participant is an employee of the Company on the last day of the Plan year. The Company made no discretionary profit sharing contributions to the Plan for the year ended December 31, 2020. Effective April 2, 2020, the Plan suspended employer matching contributions indefinitely as a result of the Coronavirus pandemic.

Participant Accounts

A separate account is established for each participant. Each participant’s account is credited with the participant’s contribution, the Company’s contribution (if applicable), and the Plan’s earnings. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant’s account.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note A - Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting for employer contributions and earnings thereon is based on years of service as follows: less than one year – 0%, one year – 20%; two years – 40%, three years – 60%, four years – 80%, five years – 100%.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Note terms range from 12 to 60 months, unless it is for the purchase of a principal residence in which case the loan period may be up to 120 months. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death or retirement, a participant may elect to receive either a lump-sum distribution of the vested account or monthly installment payments. For termination of service due to other reasons, a participant may receive the value of the vested account as a lump-sum distribution.

The Plan also allows participants to withdraw their contributions in the case of financial hardship as defined by the Plan.

In addition, due to the enactment of the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") on March 27, 2020, certain Plan participants qualified for a new COVID-related distribution option. Individuals who were diagnosed with (or those whose spouse or dependent was diagnosed with) COVID-19, or who experienced adverse financial consequences as a result of being quarantined, furloughed or laid off, having work hours reduced or being unable to work due to lack of childcare due to COVID-19 ("Qualified Individuals"), could choose to take COVID-related distributions of up to \$100,000 in 2020 without being subject to either the usual early distribution penalty applicable to those who have not yet reached age 59-1/2 or the mandatory withholding requirement. The distribution may be returned to the Plan during a three-year period following the distribution.

Forfeited Accounts

If any portion of a participant's matching contribution account is forfeited during a plan year, it will be used to reduce the employer matching fund contribution and allocated among the accounts of the participants who receive a matching contribution for the plan year based on their compensation. The Plan held a balance of \$154,837 and \$21,517 in its forfeited nonvested account for the years ended December 31, 2020 and 2019, respectively. Forfeitures of \$42,971 were used to reduce employer matching contributions in 2020.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note B - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note D for further discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Loan balances are secured by the participant's account. No allowance for credit losses has been recorded at December 31, 2020 and 2019.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain Plan expenses are deducted from the participants' accounts or from investment income. Any remaining Plan expenses are paid by the Company.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note C - Certified Investment Information

All investment information disclosed in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year), including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the year ended December 31, 2020, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee. Vanguard Fiduciary Trust Company certified the above information as of December 31, 2020 and 2019 and for the year ended December 31, 2020.

Note D - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note D - Fair Value Measurements (Continued)

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

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust funds – Valued using the NAV as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2020 and 2019:

	2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 152,854,604	\$ -	\$ -	\$152,854,604
Collective trust fund (a)	-	-	-	5,844,506
Total investments, at fair value	\$ 152,854,604	\$ -	\$ -	\$158,699,110

	2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 89,606,943	\$ -	\$ -	\$ 89,606,943
Collective trust funds (a)	-	-	-	4,615,522
Total investments, at fair value	\$ 89,606,943	\$ -	\$ -	\$ 94,222,465

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value of investments in the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There were no significant transfers between Level 1, Level 2, or Level 3 investments during the year ended December 31, 2020.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note D - Fair Value Measurements (Continued)

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2020 and 2019:

Investment Name	2020			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Morley Stable Value Collective Trust Fund	<u>\$ 5,844,506</u>	N/A	Daily	12 months
	<u>\$ 5,844,506</u>			
Investment Name	2019			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Morley Stable Value Collective Trust Fund	\$ 1,567,734	N/A	Daily	12 months
Wells Fargo Stable Value Fund	<u>3,047,788</u>	N/A	Daily	12 months
	<u>\$ 4,615,522</u>			

Note E - Excess Contributions Liability

Contributions received from participants for the year ended December 31, 2020 are reported net of payments of \$490,368 to certain active participants to return excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. Those amounts are reported as an excess contributions liability at December 31, 2020 and 2019.

Note F - Plan Termination

Although it has not expressed any intent to do so, the Company 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.

Note G - Tax Status

The Company has obtained an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the prototype plan document was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC.

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition with a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note G - Tax Status (Continued)

ASC 740-10 requires that uncertain tax positions be reviewed with respect to all open tax years for all taxing jurisdictions. Pursuant to IRC § 6501(a), the statute of limitations for the assessment of a federal income tax return is three years from the date the return is filed. Accordingly, tax year 2018 is technically open under the federal statute of limitations.

Note H - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to a variety of 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 values on investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

The DOL opened an investigation into the Plan, and the Company is responding to all requests for documents and information from the DOL. The DOL has not issued any findings as of the date these financial statements were issued for the year ended December 31, 2020, and no accruals have been recorded as of December 31, 2020.

Note I - Related Party and Party-in-Interest Transactions

The Company provides certain accounting and administrative services to the Plan for which no fees are charged.

Certain Plan investments are managed by the trustee of the Plan's assets. Therefore, these transactions qualify as party-in-interest.

Note J - Transfer In

Effective January 1, 2020, the Grene Vision Group, L.L.C. 401(k) Retirement Plan was merged with the EyeCare Partners 401(k) Plan. As a result, participant account balances totaling \$24,707,056 and loan balances totaling \$201,680 were transferred from the Grene Vision Group, L.L.C. 401(k) Retirement Plan to the EyeCare Partners 401(k) Plan.

Note K - Late Contributions

During 2020, the Company failed to remit to the Plan's custodian within the period described by the Department of Labor regulations, certain employee contributions totaling approximately \$4,182,626. Management is in the process of reviewing loan payments to determine any late remittances and has estimated the amount at approximately \$200,000. These late contributions and loan remittances are included in Schedule of Delinquent Participant Contributions. Corrections are in the process of being made during plan year 2021.

EYECARE PARTNERS 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2020

Note L - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2020 and 2019 to the Form 5500:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 159,218,525	\$111,372,607
Add: Excess contributions liability	490,368	122,528
Less: Plan transfer receivable	-	(16,473,575)
Rounding	(1)	-
Net assets available for benefits per the Form 5500	<u>\$ 159,616,999</u>	<u>\$ 95,021,560</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements and transfers of assets at December 31, 2020 to the Form 5500:

Change in net assets available for benefits per the financial statements	\$ 22,845,288
Plus: Change in excess contributions liability	367,840
Rounding	(1)
Change in net assets available for benefits per Form 5500	<u>\$ 23,213,127</u>
Transfers to the Plan per the financial statements	\$ 24,908,736
Plus: Plan transfers receivable	<u>16,473,575</u>
Transfers of assets to this plan per Form 5500	<u>\$ 41,382,311</u>

Note M - Subsequent Events

Effective January 4, 2021, the Arizona Eye Institute 401(k) Plan was merged with the EyeCare Partners 401(k) Plan. As a result, participant account balances totaling \$1,267,197 were transferred from the Arizona Eye Institute 401(k) Plan to the EyeCare Partners 401(k) Plan.

During May 2021, the Plan reinstated employer matching contributions.

No other subsequent events were identified through October 15, 2021, the date these financial statements were available to be issued.

Supplemental Schedules

EYECARE PARTNERS 401(k) PLAN
EIN #43-1213749 PLAN NUMBER 001

Schedule of Assets (Held at End of Year)

Form 5500 – Schedule H – Item 4i

December 31, 2020

a) b)	Identity of issue, borrower, lessor, or similar party	c) Description of investment	d)	Cost	e) Current value
Mutual funds:					
*	Vanguard Target Retirement 2030	Mutual fund	**		\$ 19,506,731
*	Vanguard Target Retirement 2035	Mutual fund	**		19,467,386
*	Vanguard Target Retirement 2025	Mutual fund	**		18,880,633
*	Vanguard Target Retirement 2040	Mutual fund	**		12,003,509
*	Vanguard Target Retirement 2020	Mutual fund	**		11,874,382
*	Vanguard Target Retirement 2045	Mutual fund	**		10,159,750
*	Vanguard Target Retirement 2015	Mutual fund	**		9,583,659
*	Vanguard Institutional Index Fund Institutional	Mutual fund	**		9,490,539
*	Vanguard Target Retirement 2050	Mutual fund	**		7,616,403
*	Vanguard Target Retirement Income	Mutual fund	**		5,100,536
*	Vanguard Target Retirement 2055	Mutual fund	**		3,830,472
*	Vanguard Total Bond Market Index Admiral	Mutual fund	**		3,693,719
*	Vanguard Mid-Cap Index Admiral	Mutual fund	**		2,711,009
*	Vanguard Small-Cap Index Admiral	Mutual fund	**		2,304,589
	Metropolitan West Total Return Bond I	Mutual fund	**		2,184,283
*	Vanguard Total International Stock Index Admiral	Mutual fund	**		1,953,413
	T. Rowe Price Capital Appreciation	Mutual fund	**		1,873,524
	Harbor Capital Appreciation	Mutual fund	**		1,673,667
*	Vanguard REIT Index Admiral	Mutual fund	**		1,438,066
	Janus Triton I	Mutual fund	**		1,246,854
	American Beacon Large Cap Value Institutional	Mutual fund	**		1,152,793
*	Vanguard Target Retirement 2060	Mutual fund	**		1,133,720
	American Funds EuroPacific Growth	Mutual fund	**		908,099
	Eaton Vance Atlanta Capital SMID-Cap A	Mutual fund	**		781,359
*	Vanguard Target Retirement 2065	Mutual fund	**		661,536
	Oppenheimer Developing Markets Fund I	Mutual fund	**		640,903
	American Century Mid Cap Value	Mutual fund	**		477,777
	American Beacon Small Cap Value Other	Mutual fund	**		294,701
*	Vanguard Federal Money/Market Fund	Mutual fund	**		210,592
					<u>152,854,604</u>
Collective Trust Funds					
	Morley Stable Value Fund Fee Class 125	Collective trust fund	**		5,844,506
					<u>5,844,506</u>
*	Notes receivable from participants	Interest rates of 3.5% - 6.5%, maturing through March 2030	-		917,889
					<u>\$ 159,616,999</u>
*	Represents a party-in-interest				
**	Represents participant-directed investments				

EYECARE PARTNERS 401(k) PLAN
EIN #43-1213749 PLAN NUMBER 001

Schedule of Delinquent Participant Contributions

Form 5500 – Schedule H – Item 4a

For the Year Ended December 31, 2020

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Replacements are Included ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

December 31, 2020

\$	4,382,636	\$	4,382,636	\$	-	\$	-	\$	-
----	-----------	----	-----------	----	---	----	---	----	---