

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<b>A</b>	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<b>B</b>	This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b>	If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>
<b>D</b>	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
<b>E</b>	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<p><b>1a</b> Name of plan <u>LUXOTTICA GROUP PENSION PLAN</u></p> <p><b>2a</b> 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>OAKLEY INC</u></p> <p><u>4000 LUXOTTICA PL</u> <u>MASON, OH 45040-8114</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p> <p><b>1c</b> Effective date of plan <u>11/11/1952</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-3194947</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>513-765-6000</u></p> <p><b>2d</b> Business code (see instructions) <u>446130</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/17/2023	ALISON DALESSANDRO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>ESSILORLUXOTTICA ERISA COMMITTEE</p> <p>13555 NORTH STEMMONS FWY DALLAS, TX 75234</p>	<p><b>3b</b> Administrator's EIN 36-4300417</p> <p><b>3c</b> Administrator's telephone number 513-765-6000</p>
<p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 17284</p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p>	
<p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p>	<p><b>6a(1)</b> 4950</p>
<p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p>	<p><b>6a(2)</b> 4637</p>
<p><b>b</b> Retired or separated participants receiving benefits .....</p>	<p><b>6b</b> 3361</p>
<p><b>c</b> Other retired or separated participants entitled to future benefits.....</p>	<p><b>6c</b> 7587</p>
<p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p>	<p><b>6d</b> 15585</p>
<p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p>	<p><b>6e</b> 1258</p>
<p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p>	<p><b>6f</b> 16843</p>
<p><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</p>	<p><b>6g</b></p>
<p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p><b>6h</b> 18</p>
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>
<p><b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3H</p> <p><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p>	
<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
<p><b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)</p>	
<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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<b>SCHEDULE SB (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>LUXOTTICA GROUP PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OAKLEY INC</u>	<b>D</b> Employer Identification Number (EIN) <u>95-3194947</u>	

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
a Market value.....	<b>2a</b>	<u>908212460</u>	
b Actuarial value.....	<b>2b</b>	<u>872324025</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>3870</u>	<u>114317236</u>	<u>114317236</u>
b For terminated vested participants.....	<u>8464</u>	<u>227186597</u>	<u>227186597</u>
c For active participants.....	<u>4950</u>	<u>300430296</u>	<u>302294882</u>
d Total.....	<u>17284</u>	<u>641934129</u>	<u>643798715</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			<b>4a</b>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			<b>4b</b>
<b>5</b> Effective interest rate.....			<b>5</b> <u>5.39 %</u>
<b>6</b> Target normal cost.....			
a Present value of current plan year accruals.....			<b>6a</b> <u>17589658</u>
b Expected plan-related expenses.....			<b>6b</b> <u>2800000</u>
c Total (line 6a + line 6b).....			<b>6c</b> <u>20389658</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/22/2023</u> Date
	<u>LORI A. DEVORE</u> Type or print name of actuary	<u>23-05257</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>614-436-8100</u> Telephone number (including area code)
	<u>8940 LYRA DRIVE SUITE 250 COLUMBUS, OH 43240</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	217544788
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	15612209
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	201932579
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.04</u> % .....		14216054
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		115059
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		8100
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		123159
	<b>d</b> Portion of (c) to be added to prefunding balance.....		123159
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	216271792

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	101.90 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	135.49 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	100.12 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b> 0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	20389658
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	12253518

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....		0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	8136140
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....		8136140	8136140

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>LUXOTTICA GROUP PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>OKLEY INC</u>	<b>D</b> Employer Identification Number (EIN) <u>95-3194947</u>	

**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

AON COLLECTIVE INVESTMENT TRUST

37-6543784

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

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

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

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

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

KEATING MUETHING & KLEKAMP PLL

31-0570030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	56031	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING

44 HUTCHISON AVE  
SUITE 900  
COLUMBUS, OH 43225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 70	ACTUARY	563557	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON INVESTING CONSULTING

100 HALF DAY ROAD  
LINCOLNSHIRE, IL 60089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT CONSULTING	462476	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
51 18 19	INVESTMENT MANAGER	35422	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALIGHT SOLUTIONS LLC

(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	ADMINISTRATIVE FEES	176198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK

87-6512663

(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?
21	TRUSTEE	118202	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<b>A</b> Name of plan <b>LUXOTTICA GROUP PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>002</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>OAKLEY INC</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3194947</b>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>SSGA GLOBAL EQUITY INDEX NON-LENDIN</b>		
<b>b</b> Name of sponsor of entity listed in (a):	<b>STATE STREET BANK AND TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-0337987-205</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>55292820</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>SSGA GLOBAL EQUITY EX US INDEX NON-</b>		
<b>b</b> Name of sponsor of entity listed in (a):	<b>STATE STREET BANK AND TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>32-6528132-016</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>17218195</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>STATE STREET RUSSELL ALL CAP INDEX</b>		
<b>b</b> Name of sponsor of entity listed in (a):	<b>STATE STREET GLOBAL ADVISORS</b>		
<b>c</b> EIN-PN <b>90-0337987-232</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>27473014</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>GLOBAL REAL ESTATE FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a):	<b>AON COLLECTIVE INVESTMENT TRUST</b>		
<b>c</b> EIN-PN <b>37-6543784-006</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>12615589</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>LONG CREDIT BOND FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a):	<b>AON COLLECTIVE INVESTMENT TRUST</b>		
<b>c</b> EIN-PN <b>37-6543784-040</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>342389640</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>U.S. INTERMEDIATE CREDIT FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a):	<b>AON COLLECTIVE INVESTMENT TRUST</b>		
<b>c</b> EIN-PN <b>37-6543784-038</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>131141089</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<b>U.S. INTERMEDIATE GOVT BOND INDEX F</b>		
<b>b</b> Name of sponsor of entity listed in (a):	<b>AON COLLECTIVE INVESTMENT TRUST</b>		
<b>c</b> EIN-PN <b>37-6543784-043</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>56586669</b>

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **US LONG GOVT BOND INDEX FUND**

**b** Name of sponsor of entity listed in (a): **AON COLLECTIVE INVESTMENT TRUST**

<b>c</b> EIN-PN <b>37-6543784-042</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>35923243</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>	
<b>A</b> Name of plan <b>LUXOTTICA GROUP PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OAKLEY INC</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3194947</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	22813	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	1250000	
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	180	4857844
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	11267542	8189638
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>		
<b>(B)</b> Common.....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	3420	3420
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	895676094	678640259
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		30440

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	908220049	691721601
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	908220049	691721601

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
<b>b Earnings on investments:</b>			
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(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)	137402	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-180211077
(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)		
<b>c</b> Other income .....	2c		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-180073675
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	38357553	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		38357553
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> 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)	2925064	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2925064
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		41282617
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-221356292
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		4857844
(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: PLANTE MORAN, PLLC

(2) EIN: 38-1357951

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
<b>b</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.).....	<b>4b</b>		X	
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>	X		50000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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?.....	<b>4g</b>		X	
<b>h</b> 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?.....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>	X		
<b>j</b> 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.).....	<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	<b>4m</b>		X	
<b>n</b> 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.....	<b>4n</b>			

**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 470567.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>LUXOTTICA GROUP PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>OAKLEY INC</u>	<b>D</b> Employer Identification Number (EIN) <u>95-3194947</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	0
---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 87-6512663

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

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

3	342
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 16.4 % Investment-Grade Debt: 82.4 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 1.2 %

**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 \_\_\_\_\_

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# Luxottica Group Pension Plan

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**Financial Report**  
**December 31, 2022**

# **Luxottica Group Pension Plan**

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## Independent Auditor's Report

To the EssilorLuxottica ERISA Committee  
Luxottica Group Pension Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audits**

We have performed audits of the financial statements of Luxottica Group Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021 and the related statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the years then ended stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Emphasis of Matter**

Effective January 1, 2023, the Plan was amended to change its name to EssilorLuxottica Pension Plan. Our opinion has not been modified with respect to this matter.

To the EssilorLuxottica ERISA Committee  
Luxottica Group Pension Plan

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or that may become due to such participants.

### ***Auditor's Responsibilities for the Audits of the Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of the ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

To the EssilorLuxottica ERISA Committee  
Luxottica Group Pension Plan

**Supplemental Schedules Required by ERISA**

The supplemental schedules of assets held at end of year as of December 31, 2022 and reportable transactions for the year ended December 31, 2022 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Plante & Moran, PLLC*

Columbus, Ohio  
October 13, 2023

## Luxottica Group Pension Plan

### Statement of Net Assets Available for Benefits

	December 31, 2022 and 2021	
	2022	2021
<b>Assets</b>		
Investments at fair value:		
Money market fund	\$ 8,189,638	\$ 11,267,542
Common/Collective trust funds	678,640,259	895,676,094
Limited partnership	3,420	3,420
Total investments	686,833,317	906,947,056
Employer contributions receivable	-	1,250,000
Accrued investment income	30,440	180
Cash	-	22,813
Plan merger receivable (Note 10)	4,857,844	-
<b>Net Assets Available for Benefits</b>	<b>\$ 691,721,601</b>	<b>\$ 908,220,049</b>

## Luxottica Group Pension Plan

### Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2022 and 2021

	2022	2021
<b>Additions</b>		
Employer contributions	\$ -	\$ 3,750,000
Investment income (loss):		
Interest and dividends	137,402	15,820
Net realized and unrealized (losses) gains on investments	<u>(180,211,077)</u>	<u>68,508,764</u>
Net investment (loss) income	<u>(180,073,675)</u>	<u>68,524,584</u>
Total additions - Net	(180,073,675)	72,274,584
<b>Deductions</b>		
Benefits paid directly to participants or beneficiaries	38,357,553	272,995,453
Administrative expenses	<u>2,925,064</u>	<u>5,229,110</u>
Total deductions	<u>41,282,617</u>	<u>278,224,563</u>
<b>Net Decrease before Other Changes</b>	(221,356,292)	(205,949,979)
<b>Transfers In</b> (Note 10)	<u>4,857,844</u>	<u>-</u>
<b>Net Decrease in Net Assets</b>	(216,498,448)	(205,949,979)
<b>Net Assets Available for Benefits</b>		
Beginning of year	<u>908,220,049</u>	<u>1,114,170,028</u>
End of year	<u>\$ 691,721,601</u>	<u>\$ 908,220,049</u>

December 31, 2022 and 2021

### Note 1 - Plan Description

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

#### **General**

The Plan is a noncontributory defined benefit retirement income plan that provides for pension benefits to all nonunion employees of Oakley, Inc. and associates in Puerto Rico (the "Company"). Effective January 1, 2023, the Plan was amended to be sponsored by EssilorLuxottica USA Inc., and the Plan was also renamed EssilorLuxottica Pension Plan. The EssilorLuxottica ERISA committee (the "Plan Administrator," formerly known as the Luxottica Group ERISA Plans Compliance and Investment Committee) controls and manages the operation and administration of the Plan. U.S. Bank National Association and PNC Bank, N.A. serve as the trustees of the Plan and, together with several investment managers, manage the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

In 2013, the Plan Administrator amended the Plan to disallow new entrants to the Plan effective December 31, 2013. All new associates and rehires whose first day of employment with the Company was on or after January 1, 2014 are not eligible to receive pension credits within the Plan.

#### **Pension Benefits**

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

During 2021, the Plan was amended to allow certain eligible participants, as defined within the amendment, to withdraw their funds beginning on August 1, 2021 in a lump-sum distribution window. A total of \$178,217,349 in benefit payments was paid during this lump-sum distribution window. There was no lump-sum distribution window during 2022.

### Note 2 - Summary of Significant Accounting Policies

#### **Basis of Accounting**

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

#### **Use of Estimates**

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

#### **Risks and Uncertainties**

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

**December 31, 2022 and 2021**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

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

***Investment Valuation and Income Recognition***

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for further discussion of fair value measurements.

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

***Expenses***

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

***Benefit Payments***

Benefit payments to participants are recorded upon distribution.

***Subsequent Events***

The Plan Administrator has evaluated subsequent events up through and including October 13, 2023, which is the date the financial statements were available to be issued.

**Note 3 - Funding Policy**

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in accordance with amounts determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2022 and 2021. The latest actuarial valuation was prepared as of January 1, 2023.

**Note 4 - Accumulated Plan Benefits**

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

## Luxottica Group Pension Plan

## Notes to Financial Statements

December 31, 2022 and 2021

### Note 4 - Accumulated Plan Benefits (Continued)

	2023	2022
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired participants, including beneficiaries currently receiving payments	\$ 102,377,729	\$ 119,119,896
Other participants	536,206,461	596,393,565
Total vested benefits	638,584,190	715,513,461
Nonvested benefits	850,267	770,420
Total actuarial present value of accumulated plan benefits at January 1	<u>\$ 639,434,457</u>	<u>\$ 716,283,881</u>

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

	2023	2022
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 716,283,881	\$ 808,383,345
Increase (decrease) due to:		
Benefits accumulated - Net	20,747,035	61,922,298
Interest due to the decrease in the discount period	29,635,448	37,054,191
Benefits paid	(38,357,553)	(272,995,453)
Plan amendments	5,914,337	-
Changes in actuarial assumptions	(94,788,691)	81,919,500
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 639,434,457</u>	<u>\$ 716,283,881</u>

The significant actuarial assumptions used in the January 1, 2023 and 2022 valuations were as follows:

- Actuarial cost method: Standard unit credit
- Mortality: For 2022 and 2021, the Pri-2012 Blue Collar Employee Healthy Annuitant Mortality Table (base year 2012) was used, projected generationally from 2012 with mortality improvement scale MP-2022.
- Weighted-average retirement age: 62
- Investment return: 5.75 percent for 2022 and 4.25 percent for 2021
- Interest crediting rate: 4.01 percent
- Retirement: Various retirement ages are assumed, ranging between 55 and 75 for 2022 and 2021.

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

The changes in actuarial assumptions in the January 1, 2023 valuation were primarily the result of changes in interest rate assumptions, changes in the expected return on plan assets, changes in salary scales, and changes in retirement rates.

The changes in actuarial assumptions in the January 1, 2022 valuation were primarily the result of changes in interest rate assumptions, changes in mortality assumptions, and changes in the expected return on plan assets.

**Note 4 - Accumulated Plan Benefits (Continued)**

The change in the actuarial present value of accumulated plan benefits due to plan amendments in 2022 relates to the amendment to merge the OPT, LLC Pension Plan into the Plan effective December 31, 2022, as more fully discussed in Note 10.

**Note 5 - Certified Information**

In 2021, the Plan changed its trustee from PNC Bank, N.A. to U.S. Bank National Association (collectively, the "Trustees"). The Trustees of the Plan held the Plan's investments and executed all investment transactions during the periods under audit. The investment balances and related investment results included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions are based solely on information certified by the Trustees.

**Note 6 - Fair Value Measurements**

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

***Level 1***

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

***Level 2***

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

***Level 3***

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

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

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

***Money Market Fund***

Money market fund held by the Plan is valued at quoted prices reported in active markets.

***Common/Collective Trust Funds***

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

***Limited Partnership***

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

December 31, 2022 and 2021

**Note 6 - Fair Value Measurements (Continued)**

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2022 and 2021:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2022				
Investments (at Fair Value)	Level 1	Level 2	Level 3	
Money market fund	\$ 8,189,638	\$ -	\$ -	
Limited partnership	3,420	-	-	3,420
Investments measured at NAV - Common/collective trust funds	678,640,259			
Total investments at fair value	<u>\$ 686,833,317</u>			
Assets Measured at Fair Value on a Recurring Basis at December 31, 2021				
Investments (at Fair Value)	Level 1	Level 2	Level 3	
Money market fund	\$ 11,267,542	\$ -	\$ -	
Limited partnerships	3,420	-	-	3,420
Investments measured at NAV - Common/collective trust funds	895,676,094			
Total investments at fair value	<u>\$ 906,947,056</u>			

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2022 and 2021.

**Note 7 - Exempt Party-in-interest Transactions**

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

**Note 8 - Federal Income Tax Status**

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

**December 31, 2022 and 2021**

**Note 8 - Federal Income Tax Status (Continued)**

The Plan received written notification from the DOL on July 26, 2023 that the DOL would be conducting an inspection of the Plan's filings from 2021 through 2022. Although the outcome of the DOL's inspection cannot be determined as of the date of this report, the plan sponsor is working diligently to ensure that the Plan is operating in compliance of Title I of ERISA and that it satisfies all DOL inquiries in an efficient and administratively timely manner.

**Note 9 - Plan Termination**

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their accumulated benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

**Note 10 - Plan Merger**

Effective December 31, 2022, the OPT, LLC Pension Plan was merged with the Plan. Accordingly, assets of \$4,857,844 and accumulated plan benefits of approximately \$6,000,000 were transferred into the Plan. Although the effective date of the merger was December 31, 2022, the assets were not physically received by the Plan until January 2023. As a result, the assets transferred into the Plan are presented as a receivable on the statement of net assets available for benefits at December 31, 2022.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

**Schedule SB, Line 26—Schedule of Active Participant Data  
As of January 1, 2022**

**Oakley, Inc.  
Luxottica Group Pension Plan  
Active Employees**

**EIN: 95-3194947 PN: 002**

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	2	22 \$17,260 \$1,559	86 \$53,334 \$12,165	8						
30-34	1	51 \$17,847 \$2,273	239 \$56,898 \$14,286	159 \$73,368 \$26,297	14					
35-39	1	45 \$16,427 \$3,160	172 \$66,410 \$19,960	323 \$83,983 \$35,092	133 \$78,276 \$59,301	14				
40-44	2	32 \$14,179 \$4,071	142 \$74,797 \$24,157	253 \$86,439 \$40,026	200 \$76,191 \$64,157	122 \$72,880 \$105,807	7			
45-49	5	23 \$34,029 \$6,159	96 \$66,382 \$20,475	180 \$87,640 \$43,136	151 \$88,280 \$77,524	144 \$86,744 \$123,231	83 \$84,329 \$162,891	5		
50-54	1	18 \$66,869 \$23,259	105 \$66,869 \$23,259	182 \$97,565 \$49,526	167 \$86,004 \$80,452	118 \$78,914 \$132,931	78 \$79,846 \$165,382	51 \$85,674 \$216,388	5	
55-59	5	17 \$66,321 \$21,813	74 \$66,321 \$21,813	156 \$91,104 \$47,306	189 \$76,486 \$68,785	87 \$82,560 \$143,853	80 \$91,060 \$190,654	54 \$84,610 \$229,733	43 \$99,322 \$259,829	
60-64		15 \$62,173 \$19,158	67 \$62,173 \$19,158	132 \$74,909 \$36,428	129 \$73,673 \$63,857	66 \$75,901 \$125,250	50 \$75,439 \$174,865	48 \$96,514 \$261,028	27 \$96,351 \$294,596	2
65-69		10 \$54,862 \$36,170	19 \$54,862 \$36,170	37 \$54,862 \$36,170	60 \$78,241 \$84,119	32 \$49,615 \$95,270	17	10	8	1
70+	1	2	12	17	18	12	10	2		1

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Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

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

Interest Rates	Based on segment rates with a four-month look-back (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA. Interest rates reflect the American Rescue Plan Act of 2021
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Salary Increases	See Table 1
Cash Balance Interest Crediting Rate	4.01%
Cash Balance Annuity Conversion Rate	Plan PBGC Rate as of January 1, 2022 used for this valuation due to providing greater annuity benefits than the new actuarial equivalence definition which was effective April 1, 2021
Optional Payment Form Election Percentage for Cash Balance Participants	20% life annuity 80% lump sum
Optional Payment Form Election Percentage for Non-Cash Balance Participants	35% life annuity 65% lump sum
Retirement Age	
Active Participants	See Table 2
Inactive Cash Balance Participants	See Table 3
Inactive Annuity Participants	See Table 4
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 5
Disability Rates	None

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	For Luxottica associates, 100% are assumed to be married. For Cole associates, it is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2021 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the IRC section 401(a)(17) compensation limit of \$305,000
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2020 Plan Year	5.75%
2021 Plan Year	5.50%
2022 Plan Year	4.25%
Trust Expenses Included in Target Normal Cost	The plan expenses anticipated to be paid from the trust are reflected in the Target Normal Cost, rounded to the nearest \$100,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Table 1  
Salary Scale

<b>Age</b>	<b>Rate</b>
30 and younger	8.00%
30–34	6.00%
35–39	5.00%
40–49	4.00%
50 and older	3.00%

Table 2  
Retirement Rates—Active Participants

<b>Age</b>	<b>Rate</b>
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	10.00%
62	17.50%
63	17.50%
64	12.50%
65	20.00%
66	22.50%
67	22.50%
68	22.50%
69	20.00%
70	20.00%
71	25.00%
72	25.00%
73	25.00%
74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Actuarial Assumptions and Methods

Table 3

Retirement Rates—Cash Balance Vested Terminated Participants

<b>Age</b>	<b>Rate</b>
55	25.00%
56	20.00%
57	12.50%
58	12.50%
59	12.50%
60	12.50%
61	12.50%
62	12.50%
63	15.00%
64	20.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70	35.00%
71+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Table 4  
Retirement Rates—Non-Cash Balance Vested Terminated Participants

<b>Age</b>	<b>Rate</b>
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	3.00%
62	5.00%
63	5.00%
64	5.00%
65	33.00%
66	20.00%
67	10.00%
68	10.00%
69	10.00%
70	10.00%
71+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Actuarial Assumptions and Methods

Table 5—Page 1 of 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Actuarial Assumptions and Methods

Table 5—Page 2 of 2

Withdrawal Rates

Age	Years of Service						
	0	1	2	3	4	5	6+
50	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	11.59%
51	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	11.19%
52	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.80%
53	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.41%
54	25.00%	25.00%	25.00%	20.00%	20.00%	20.00%	10.05%
55	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.69%
56	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.36%
57	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	9.03%
58	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	8.70%
59	25.00%	25.00%	25.00%	20.00%	20.00%	17.50%	8.40%
60	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	8.10%
61	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.81%
62	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.53%
63	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.26%
64	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	7.01%
65+	25.00%	20.00%	20.00%	20.00%	20.00%	17.50%	6.76%

**Luxottica Group Pension Plan**

**Schedule of Reportable Transactions**

**Form 5500, Schedule H, Line 4j  
 EIN 95-3194947, Plan No. 002  
 Year Ended December 31, 2022**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Loss
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
AON Hewitt U.S. Intermediate Credit Fund	Common/collective trust fund	\$ 51,000,000	\$ -	\$ 51,000,000	\$ 51,000,000	\$ -
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
AON Hewitt U.S. Long Government Bond Index Fund	Common/collective trust fund: Purchases - 2 Sales - 1	52,000,000	-	52,000,000	52,000,000	-
AON Hewitt U.S. Intermediate Government Bond Index Fund	Common/collective trust fund: Purchases - 4 Sales - 3	23,800,000	22,500,000	23,800,000	22,500,000	(973,814)
AON Hewitt Long Fixed Active Credit Fund	Common/collective trust fund: Purchases - 4 Sales - 4	140,000,000	270,000,000	140,000,000	140,000,000	-
AON Hewitt U.S. Intermediate Credit Fund	Common/collective trust fund: Purchases - 2 Sales - 5	71,000,000	133,000,000	71,000,000	133,000,000	(6,649,799)
First American Government Obligation Fund Class Z	Money market fund: Purchases - 122 Sales - 109	50,604,821	53,682,725	50,604,821	50,604,821	-

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

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Luxottica Group Pension Plan		<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Oakley, Inc.		<b>D</b> Employer Identification Number (EIN) 95-3194947	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	908,212,460	
<b>b</b> Actuarial value .....	<b>2b</b>	872,324,025	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	3,870	114,317,236	114,317,236
<b>b</b> For terminated vested participants .....	8,464	227,186,597	227,186,597
<b>c</b> For active participants .....	4,950	300,430,296	302,294,882
<b>d</b> Total .....	17,284	641,934,129	643,798,715
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.39%	
<b>6</b> Target normal cost .....			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	17,589,658	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	2,800,000	
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>	20,389,658	

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<u>LAO</u> Signature of actuary	<u>9/22/2023</u> Date
LORI A. DEVORE	Type or print name of actuary	2305257 Most recent enrollment number
AON CONSULTING, INC.	Firm name	614-436-8100 Telephone number (including area code)
8940 Lyra Drive SUITE 250 COLUMBUS OH 43240	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule SB (Form 5500) 2022  
v. 220413**

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	217,544,788
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	15,612,209
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	201,932,579
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.04%</u> .....		14,216,054
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		115,059
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		8,100
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		123,159
	<b>d</b> Portion of (c) to be added to prefunding balance.....		123,159
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	216,271,792

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	101.90%
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	135.49%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	100.12%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
				0	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

**a** Segment rates: 

1st segment: 4.75%	2nd segment: 5.18%	3rd segment: 5.92%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c) ..... **31a** 20,389,658

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 12,253,518

	Outstanding Balance	Installment
<b>32</b> Amortization installments:		
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....		0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 8,136,140

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....		8,136,140	8,136,140

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b**

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	10.00%	0.9000	5.04
57	10.00%	0.8100	4.62
58	10.00%	0.7290	4.23
59	10.00%	0.6561	3.87
60	10.00%	0.5905	3.54
61	10.00%	0.5314	3.24
62	17.50%	0.4783	5.19
63	17.50%	0.3946	4.35
64	12.50%	0.3255	2.60
65	20.00%	0.2848	3.70
66	22.50%	0.2279	3.38
67	22.50%	0.1766	2.66
68	22.50%	0.1369	2.09
69	20.00%	0.1061	1.46
70	20.00%	0.0849	1.19
71	25.00%	0.0679	1.20
72	25.00%	0.0509	0.92
73	25.00%	0.0382	0.70
74	25.00%	0.0286	0.53
75	100.00%	0.0215	1.61
	Weighted Average		61.62

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2022	18,210,461	18,028,541	11,911,788	48,150,790
2023	18,577,843	15,786,442	11,522,506	45,886,790
2024	19,629,620	16,142,469	11,116,194	46,888,282
2025	21,858,529	15,416,875	10,696,902	47,972,306
2026	22,178,581	15,517,677	10,275,176	47,971,434
2027	23,899,285	15,370,573	9,846,024	49,115,882
2028	23,293,175	14,688,345	9,403,230	47,384,750
2029	24,542,525	14,301,426	8,957,066	47,801,016
2030	22,374,689	14,264,523	8,512,767	45,151,980
2031	24,286,318	13,693,453	8,067,429	46,047,200
2032	21,671,925	13,696,998	7,619,184	42,988,107
2033	24,894,113	13,457,892	7,175,069	45,527,073
2034	21,944,299	13,973,359	6,731,206	42,648,864
2035	22,463,307	14,272,164	6,288,910	43,024,380
2036	19,853,660	14,800,408	5,849,698	40,503,765
2037	20,421,249	14,083,465	5,415,271	39,919,985
2038	19,693,634	13,565,945	4,987,547	38,247,126
2039	18,304,673	13,227,700	4,568,641	36,101,014
2040	15,979,934	13,261,969	4,160,785	33,402,688
2041	14,484,790	12,755,891	3,766,256	31,006,938
2042	13,766,954	12,953,156	3,387,294	30,107,404
2043	12,032,663	12,398,545	3,025,961	27,457,169
2044	10,798,258	12,129,111	2,684,088	25,611,457
2045	9,676,571	11,945,647	2,363,264	23,985,483
2046	8,879,768	11,631,858	2,064,775	22,576,400
2047	8,144,700	11,066,031	1,789,549	21,000,280
2048	6,910,002	10,458,458	1,538,156	18,906,616
2049	6,547,244	9,942,999	1,310,773	17,801,016
2050	5,683,803	9,166,732	1,107,170	15,957,705
2051	5,465,156	8,370,017	926,729	14,761,902
2052	5,104,894	7,561,791	768,485	13,435,170
2053	4,981,609	6,997,356	631,171	12,610,136
2054	4,685,309	6,267,531	513,300	11,466,140
2055	4,357,723	5,797,793	413,238	10,568,754
2056	4,386,794	5,031,375	329,260	9,747,430
2057	3,906,767	4,374,361	259,614	8,540,743
2058	3,720,063	3,754,007	202,557	7,676,627
2059	3,202,564	3,355,958	156,393	6,714,916
2060	2,671,320	2,932,103	119,511	5,722,934
2061	2,484,867	2,547,817	90,411	5,123,095
2062	2,204,920	2,212,077	67,737	4,484,733
2063	2,022,764	1,982,424	50,290	4,055,478
2064	1,849,778	1,778,453	37,031	3,665,262
2065	1,685,527	1,614,046	27,077	3,326,650

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2066	1,530,103	1,450,574	19,689	3,000,367
2067	1,382,716	1,301,725	14,265	2,698,705
2068	1,243,794	1,170,433	10,318	2,424,545
2069	1,113,385	1,048,388	7,470	2,169,243
2070	991,339	933,199	5,424	1,929,962
2071	877,760	825,112	3,959	1,706,830

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

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

**General Information**

- (1) Original Effective Date: November 11, 1952
- (2) Effective Date of Last Amendment: August 1, 2021
- (3) Plan Year: January 1 to December 31
- (4) Employer Fiscal Year: January 1 to December 31
- (5) Employer ID Number: 95-3194947
- (6) Plan Administrator's ID Number: 36-4300417
- (7) Plan Number: 002
- (8) Plan Administrator: Luxottica Group ERISA Plans Compliance & Investment Committee

**Eligibility**

All employees of the Employer are eligible to participate in the Plan on the first day of the month following completion of one year of service, but after attainment of age 21. As of January 1, 1998, employees of Avant-Garde Optics, Inc. were eligible to participate in the Plan. As of June 25, 1999, employees of Ray-Ban Sun Optics, Inc. and REVCO, Inc., divisions of Bausch & Lomb, were eligible to participate in the Plan. As of January 1, 2002, employees of SunGlass Hut, Inc. were eligible to participate in the Plan. As of January 1, 2007, employees of Cole National Group, Inc. were eligible to participate in the Plan. Employees of Cole National Group, Inc. must have met the age condition and had worked 1,000 or more hours in 2006 in order to enter on January 1, 2007. Employees hired after December 31, 2013 will not enter the plan. Effective April 1, 2021, the plan is closed to new participants.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

### Service

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

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

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

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

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

### Normal Retirement Date

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

### Normal Retirement Benefit

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

The interest adjustment equals the greater of 1) one percent over the 90-day U.S. Treasury Bill established for the fifth calendar month preceding the Plan Year or 2) 4.01% per annum, and is applied at the end of each calendar-year quarter to the retirement account balance.

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

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

<b><u>Vesting Service</u></b>	<b><u>Percent of Pay</u></b>
Less than 5	5.50%
5 but less than 15	7.25%
15 or more	10.00%

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

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

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

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

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

### Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. Participants who choose to work beyond their Normal Retirement Date will have their benefits suspended until they actually retire. In such event he will receive at actual retirement or death the cash balance as of the Delayed Retirement date based on interest and contributions at that date. The value of the plan benefit as of the later of Normal Retirement Date and January 1, 2017 is held as a minimum benefit.

### Compensation

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

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

### Accrued Benefit

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

### Early Retirement Benefits

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

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

Any participant with an annuity benefit from the AT Cross plan is eligible to retire, in regard to their total plan benefit, upon the completion of 5 years of service and the attainment of age 62.

### Death Benefit

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

### Severance Benefits

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

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

### Optional Methods of Settlement

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

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

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

Participants with an AT Cross prior plan benefit may receive a benefit paid under options (1), (2), (3), or (5) above.

Lump sums for non-cash balance benefits are based on the applicable mortality table and interest rates for the fourth month preceding the Valuation Date. All other Optional Forms of Settlement are actuarially equivalent to the normal form of payment based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the fourth month preceding the beginning of the Plan Year containing the distribution. For non-Cole participants the conversion as of March 31, 2021 using the 1971 Group Annuity Mortality Tables blended for 85% males and 15% females and 7% interest will be held as a minimum. For Cole participants the conversion as of March 31, 2021 using the UP-1984 Mortality Tables set back three years for beneficiaries and 7% interest will be held as a minimum.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

### Amendment or Termination of Plan

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

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

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

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

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

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year. Oakley, Inc. elected to defer applying the stabilized interest rates to the 2022 plan year. This Schedule SB reflects stabilized 2022 minimum funding interest rates that are adjusted for ARPA.

**Luxottica Group Pension Plan**

**Schedule of Assets Held at End of Year**

Form 5500, Schedule H, Line 4i  
 EIN 95-3194947, Plan No. 002  
 December 31, 2022

(a)(b) Identity of Issuer/ Description of Investment	(c) Shares	(d) Cost	(e) Current Value
Limited partnership - CHL Medical Partners II LP	3,420	\$ 167,092	\$ 3,420
Money market fund - First American Government Obligation Fund Class Z	8,189,638	8,189,638	8,189,638
Common/collective trust funds:			
SSGA Global Equity Index Non-lending Series Fund Class A FD #CMER1	1,704,832	34,216,351	55,292,820
SSGA Global Equity EX U.S. Index Non-lending Series Fund Class A FD #ZV/QN4	1,480,116	14,908,341	17,218,195
SSGA Russell All Cap Index Non-lending Series Fund Class A FD #CMCW1	451,851	13,873,349	27,473,014
*AON Hewitt Global Real Estate Fund	971,925	12,102,802	12,615,589
*AON Hewitt Long Fixed Active Credit Fund	44,293,614	398,192,302	342,389,640
*AON Hewitt U.S. Intermediate Credit Fund	14,192,759	137,577,211	131,141,089
*AON Hewitt U.S. Intermediate Government Bond Index Fund	6,266,519	60,326,186	56,586,669
*AON Hewitt U.S. Long Government Bond Index Fund	5,501,292	40,649,564	35,923,243
Total common/collective trust funds	711,846,106	678,640,259	678,640,259
Total	<u>\$ 720,202,836</u>	<u>\$ 686,833,317</u>	<u>\$ 686,833,317</u>

\*Denotes a party in interest  
 Note - The information in this schedule was certified by U.S. Bank National Association as complete and accurate.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Luxottica Group Pension Plan  
EIN: 95-3194947 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The expected return on assets was changed from 5.50% to 4.25%.

The rationales for selecting the assumptions, including changes in assumptions not mandated or set by a reporting standard, are described in more detail in the document entitled “Actuarial Assumptions Review” dated November 2020.