

**SUMMARY ANNUAL REPORT**  
**for**  
**Associated Eye Care 401(k) Plan**

This is a summary of the annual report for Associated Eye Care 401(k) Plan, 34-1100646/003 for 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

*Basic Financial Statement*

Plan expenses were \$805,231. These expenses included \$25,976 in administrative expenses, \$779,255 in benefits paid to participants and beneficiaries, and \$0 in other expenses. A total of 41 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan was \$5,035,639 as of 12/31/2020 compared to \$5,190,363 as of 01/01/2020. During the plan year the plan experienced a decrease in its net assets of (\$154,724). This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$650,507, including employer contributions of \$153,109, employee contributions of \$132,512 and earnings from investments of \$364,886.

*Your Rights to Additional Information*

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Eye Care, who is Plan Administrator at 1000 Regency Ct., Toledo OH 43623, (419) 882-0588. There will be no charge for copying the report in whole or in part.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 1000 Regency Ct., Toledo OH 43623 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.