

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN FOR SALARIED EMPLOYEES OF ALCON
1b Three-digit plan number (PN): 014
1c Effective date of plan: 01/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): ALCON VISION, LLC
2b Employer Identification Number (EIN): 75-2252369
2c Plan Sponsor's telephone number: 817-551-8215
2d Business code (see instructions): 325410

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1348
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	325
	6a(2)	288
	6b	277
	6c	621
	6d	1186
	6e	30
	6f	1216
	6g(1)	
	6g(2)	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

A Name of plan <u>PENSION PLAN FOR SALARIED EMPLOYEES OF ALCON</u>	B Three-digit plan number (PN) ▶	<u>014</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALCON VISION, LLC</u>	D Employer Identification Number (EIN) <u>75-2252369</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>73536913</u>
	b Actuarial value	2b	<u>78955975</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>283</u>	<u>31702874</u>
	b For terminated vested participants	<u>742</u>	<u>30980188</u>
	c For active participants	<u>325</u>	<u>12738289</u>
	d Total	<u>1350</u>	<u>75421351</u>
4	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	4a	
	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	4b	
5	Effective interest rate	5	<u>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>640000</u>
	c Target normal cost	6c	<u>640000</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.

SIGN HERE	
Signature of actuary	<u>09/17/2025</u>
<u>BRIAN KABAT</u>	Date
Type or print name of actuary	<u>23-08371</u>
<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
Firm name	<u>214-530-4200</u>
Address of the firm	Telephone number (including area code)
<u>500 NORTH AKARD STREET SUITE 4300 DALLAS, TX 75201</u>	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.57</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7614835
	b(1) 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>5.08</u> %		386834
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		8001669
	d Portion of (c) to be added to prefunding balance		8001669
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8001669

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.03 %
15	Adjusted funding target attainment percentage	15	104.64 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 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		
11/15/2024	3000000	0					
09/08/2025	2000000	0					
			Totals ▶	18(b)	5000000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4710126
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------------	-------------------	-------------------	-------------------	--

b Applicable month (enter code) **21b** 60

22 Weighted average retirement age **22** 60

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	640000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4500533	445790
b Waiver amortization installment.....	0	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	1085790
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	990982
36 Additional cash requirement (line 34 minus line 35)	36	94808
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4710126

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

a Total (excess, if any, of line 37 over line 36)	38a	4615318
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	990982

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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PENSION PLAN FOR SALARIED EMPLOYEES OF ALCON	B Three-digit plan number (PN) ▶	014
C Plan sponsor's name as shown on line 2a of Form 5500 ALCON VISION, LLC	D Employer Identification Number (EIN) 75-2252369	

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

FIDELITY INV INST OPER CO

04-2647786

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

FIDELITY INST ASSET MGMT TRUST CO

20-4659714

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INV INST OPER CO.

04-2647786

(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 17 50	ADMIN FEES	435153	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)

FIDELITY INST ASSET MGMT TRUST CO

20-4659714

(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 28 51	INV MGMT	262833	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)

WILLIS TOWERS WATSON

15-4214957

(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 16	ACTUARY	101500	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)

BAKER TILLY US, LLP

39-1413443

(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?
10 29	AUDITOR	19950	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)

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: LONDON HORTON	b EIN: 53-0181291
c Position: ENROLLED ACTUARY	
d Address: WILLIS TOWERS WATSON US LLC SUITE 4300 DALLAS, TX 75201	e Telephone: 214-530-4200

Explanation: REASSIGNMENT OF WORK WITHIN WTW.

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PENSION PLAN FOR SALARIED EMPLOYEES OF ALCON</u>	B Three-digit plan number (PN) ▶	<u>014</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALCON VISION, LLC</u>	D Employer Identification Number (EIN) <u>75-2252369</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS DEBT COMMINGL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>667947</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM FLOATING RATE HI</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-058</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>206806</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG CORPORATE A OR BETTER - P</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6200008</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT EMERGING MARKETS EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-100</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>544937</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL CAP CORE POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>180672</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL/MID CAP OPPORT POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-210</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>608861</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. REAL ESTATE INVEST TR CIT</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>599747</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN DEVELOPED INTERNATIONAL IND		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1093009
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL A		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3648898
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-101	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 346358
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS COMMINGLED PO		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-032	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 545172
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 EAR CORP		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-155	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29481429
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN WORLD MINIMUM VOLATILITY IN		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-016	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5203028
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN FOR SALARIED EMPLOYEES OF ALCON	B Three-digit plan number (PN) ▶ 014
C Plan sponsor's name as shown on line 2a of Form 5500 ALCON VISION, LLC	D Employer Identification Number (EIN) 75-2252369

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	200000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15977	10851
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1145443	832070
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	50777125	49326872
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21598367	19452348
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	73536912	71622141
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	361146	185685
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	361146	185685
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	73175766	71436456

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5000000	
(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)		5000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	51990	
(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)		51990
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		1097314
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6149304

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7010471	
(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)		7010471
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	259692	
(4) IQPA audit fees	2i(4)	19950	
(5) Investment advisory and investment management fees	2i(5)	262833	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	101500	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	234168	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		878143
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7888614

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1739310
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) 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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 554077.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PENSION PLAN FOR SALARIED EMPLOYEES OF ALCON</u>	B Three-digit plan number (PN) ▶	<u>014</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALCON VISION, LLC</u>	D Employer Identification Number (EIN) <u>75-2252369</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 06-1702360 75-2252369

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		130
---	--	-----

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 18.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 79.0 %
 High-Yield Debt: 1.0 % Real Assets: _____ % Cash or Cash Equivalents: 1.0 % Other: 1.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Pension Plan for Salaried Employees of Alcon

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4(j) - Schedule of Reportable Transactions	18

Independent Auditors' Report

To the Plan Administrator of
Pension Plan for Salaried Employees of Alcon

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Pension Plan for Salaried Employees of Alcon (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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year 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 Pension Plan for Salaried Employees of Alcon'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 a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 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 Auditors' Responsibilities for the Audit 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.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pension Plan for Salaried Employees of Alcon 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Pension Plan for Salaried Employees of Alcon's ability to continue as a going concern for at least one year following the date that the financial statements are 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 which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditors' 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 an audit 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 a 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 an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- 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 audit 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 Pension Plan for Salaried Employees of Alcon'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 Pension Plan for Salaried Employees of Alcon'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 certification, 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an 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 accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary 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 audits 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Frisco, Texas
September 16, 2025

Pension Plan for Salaried Employees of Alcon

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments at fair value	\$ 69,611,290	\$ 73,520,935
Receivables		
Employer contributions	2,000,000	-
Interest and dividend income	10,851	15,977
Total receivables	2,010,851	15,977
Total assets	71,622,141	73,536,912
Liabilities		
Payables		
Accrued expenses	185,685	361,146
Total liabilities	185,685	361,146
Net assets available for benefits	\$ 71,436,456	\$ 73,175,766

See notes to financial statements

Pension Plan for Salaried Employees of Alcon

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 51,990	\$ 88,827
Net appreciation in fair value of investments	1,097,314	7,330,365
Total investment income	1,149,304	7,419,192
Contributions		
Employer contributions	5,000,000	10,000,000
Total additions	6,149,304	17,419,192
Deductions		
Benefits paid to participants	7,010,471	6,765,298
Administrative expenses	878,143	1,586,643
Total deductions	7,888,614	8,351,941
Net (decrease) increase	(1,739,310)	9,067,251
Net assets available for benefits		
Beginning of year	73,175,766	64,108,515
End of year	\$ 71,436,456	\$ 73,175,766

See notes to financial statements

Pension Plan for Salaried Employees of Alcon

Statement of Accumulated Plan Benefits

December 31, 2023

Actuarial present value of accumulated plan benefits	
Vested benefits	
Active participants	\$ 13,100,583
Participants entitled to deferred benefits	31,767,585
Participants currently receiving payments	32,348,883
Total vested benefits	77,217,051
Nonvested benefits	24,666
Total actuarial present value of accumulated plan benefits	\$ 77,241,717

See notes to financial statements

Pension Plan for Salaried Employees of Alcon

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 76,833,280
Increase during the year attributable to:	
Actuarial losses	1,125,460
Decrease in discount period	3,892,883
Benefits paid to participants or their beneficiaries	(6,765,298)
Assumption changes and other	2,155,392
Net increase	408,437
<hr/>	
Actuarial present value of accumulated plan benefits at end of year	\$ 77,241,717

See notes to financial statements

Pension Plan for Salaried Employees of Alcon

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Pension Plan for Salaried Employees of Alcon (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective January 1, 2020. The Plan is sponsored by Alcon Vision, LLC (the Company or Employer). Alcon Laboratories, Inc., a predecessor to the Company, originally was a participating employer in the Pension Plan for Salaried Employees of Novartis Corporation (the Novartis Plan) for certain of its employees. Effective April 9, 2019, the Company was spun off from Novartis AH, and the Company's participants continued to participate in the Novartis Plan. Effective January 1, 2020, the Company established the Plan for the benefit of the Company's participants and beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Retirement Plan Committee, as approved by the Company, serves as the Plan Administrator of the Plan. The Board of Directors of the Company is responsible for operation and administration of the Plan. The Plan Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors of the Company.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. The exact pension formula varies depending on the business unit. Reference should be made to the plan documents as it relates to each business unit for more complete information. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

Pension Plan for Salaried Employees of Alcon

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect 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 at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Recent Accounting Standards

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements.

Subsequent Events

Subsequent events were evaluated through September 16, 2025, the date the financial statements were available to be issued.

Pension Plan for Salaried Employees of Alcon

Notes to Financial Statements

December 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the 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.

The computations of the actuarial present plan benefits were made as of January 1, 2024. The significant actuarial assumptions used in the valuation were:

Assumption	January 1, 2024
Discount rate	5.00% for 2023 and 5.30% for 2022
Mortality	Pri-2012 (sex-distinct) for non-annuitants and annuitants projected forward using Scale MP-2021 with generational projection applied from 2012 for healthy and disabled lives
Retirement age	Age 55 - 70

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

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Pension Plan for Salaried Employees of Alcon

Notes to Financial Statements

December 31, 2024 and 2023

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observables and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trusts: Valued at NAV of units of a bank collective trust. The NAV, as provided by the Trustee, is based on the fair value of the underlying investments held by the fund less its liabilities. This NAV is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participants transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the Trustee reserves the right to temporarily deny withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Pension Plan for Salaried Employees of Alcon

Notes to Financial Statements

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market fund	\$ 832,070	\$ -	\$ -	\$ 832,070
Mutual funds	19,452,348	-	-	19,452,348
Common collective trusts	-	49,326,872	-	49,326,872
Total investments at fair value	\$ 20,284,418	\$ 49,326,872	\$ -	\$ 69,611,290

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,145,443	\$ -	\$ -	\$ 1,145,443
Mutual funds	21,598,367	-	-	21,598,367
Common collective trusts	-	50,777,125	-	50,777,125
Total investments at fair value	\$ 22,743,810	\$ 50,777,125	\$ -	\$ 73,520,935

5. Concentrations

As of December 31, 2024 and 2023, the Plan had investments of \$48,574,342 and \$51,418,496, respectively, that were concentrated in two different investments.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Fidelity Management Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

Pension Plan for Salaried Employees of Alcon

Notes to Financial Statements

December 31, 2024 and 2023

7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Fidelity Management Trust Company, the Trustee of the Plan. Contributions are held and managed by Fidelity Management Trust Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all 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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 19, 2021, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Pension Plan for Salaried Employees of Alcon

Notes to Financial Statements

December 31, 2024 and 2023

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, concentration and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 71,436,456	\$ 73,175,766
Add accrued expenses	185,685	361,146
Less Company contribution receivable	(2,000,000)	-
Net assets available for benefits per Form 5500	\$ 69,622,141	\$ 73,536,912

The following reconciles the decrease in net assets per the financial statements for the year ended December 31, 2024, to Form 5500:

Decrease in net assets per the financial statements	\$ (1,739,310)
Add accrued expenses for current year end	185,685
Less accrued expenses for prior year end	(361,146)
Less Company contributions receivable for current year end	(2,000,000)
Decrease in net assets per Form 5500	\$ (3,914,771)

Pension Plan for Salaried Employees of Alcon

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 75-2252369 Plan Number: 014

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common Collective Trusts				
*	Fidelity Institutional Asset Management Trust Company	FIAM Group Trust For EBPs 8- 10 year Corporate Bond Commingled Pool	\$ 26,377,484	\$ 29,481,429
*	Fidelity Institutional Asset Management Trust Company	FIAM Long Corporate A or Better - Pool	5,545,064	6,200,008
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool	4,904,985	5,203,028
	Geode Capital Management Trust Company, LLC	Spartan 500 Index Pool Class A	2,253,076	3,648,898
	Geode Capital Management Trust Company, LLC	Spartan Developed International Index Pool	912,551	1,093,009
*	Fidelity Institutional Asset Management Trust Company	FIAM Emerging Markets Debt Commingled Fund	610,555	667,947
*	Fidelity Institutional Asset Management Trust Company	FIAM Small/Mid Cap Opportunities Commingled Class A	596,165	608,861
*	Fidelity Institutional Asset Management Trust Company	FIAM U.S. Real Estate Investment Trust	511,536	599,747
*	Fidelity Institutional Asset Management Trust Company	FIAM Select Emerging Markets Equity - Pool	518,411	544,937
*	Fidelity Institutional Asset Management Trust Company	FIAM Emerging Markets Commingled Pool	508,978	545,172
*	Fidelity Institutional Asset Management Trust Company	FIAM Select Canada Pool	341,815	346,358
*	Fidelity Institutional Asset Management Trust Company	FIAM Floating Rate High Income Fund	205,981	206,806
*	Fidelity Institutional Asset Management Trust Company	FIAM Small Cap Core Pool	167,281	180,672
Total common collective trusts			43,453,882	49,326,872

Pension Plan for Salaried Employees of Alcon

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 75-2252369 Plan Number: 014

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
*	Fidelity Investments	Fidelity Long-Term Treasury Bond Index Fund	\$ 18,784,470	\$ 19,092,913
*	Fidelity Investments	Fidelity Inflation-Protected Bond Index	231,683	228,148
*	Fidelity Investments	Fidelity Capital & Income Fund	131,545	131,287
Total mutual funds			19,147,698	19,452,348
Money Market Fund				
*	Fidelity Investments	Fidelity Government Portfolio	832,070	832,070
Total investments			\$ 63,433,650	\$ 69,611,290

*A party in interest as defined by ERISA

Pension Plan for Salaried Employees of Alcon

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 75-2252369 Plan Number: 014

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
*	Fidelity Institutional Asset Management Trust Company	FIAM Global Low Volatility Equity Commingled Pool - Class A	\$ -	\$ 4,976,035	\$ -	\$ -	\$ 4,365,455	\$ 4,976,035	\$ 610,580
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	4,976,035	-	-	-	-	4,976,035	-
Total Single Transactions			\$ 4,976,035	\$ 4,976,035	\$ -	\$ -	\$ 4,365,455	\$ 9,952,070	\$ 610,580
Series Transactions									
*	Fidelity Institutional Asset Management Trust Company	FIAM Global Low Volatility Equity Commingled Pool - Class A	\$ -	\$ 5,439,251	\$ -	\$ -	\$ 4,783,424	\$ 5,439,251	\$ 655,827
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	5,874,743	-	-	-	-	5,874,743	-
	Fidelity Institutional Asset Management Trust Company	Fidelity Government Portfolio	-	5,442,403	-	-	5,442,403	5,442,403	-
	Fidelity Institutional Asset Management Trust Company	Fidelity Government Portfolio	5,129,032	-	-	-	-	5,129,032	-
Total Series Transactions			\$ 11,003,775	\$ 10,881,654	\$ -	\$ -	\$ 10,225,827	\$ 21,885,429	\$ 655,827

*A party in interest as defined by ERISA

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2024
 Number distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	4	0	0	0	0	0	0	0	0	0	4
45-49	1	22	0	0	0	0	0	0	0	0	0	23
50-54	2	45	12	10	0	0	0	0	0	0	0	69
55-59	2	46	13	25	9	0	0	0	0	0	0	95
60-64	1	30	15	35	16	4	0	0	0	0	0	101
65-69	0	13	2	9	3	2	0	0	0	0	0	29
70 & over	0	2	1	0	0	0	0	0	1	0	0	4
Total	6	162	43	79	28	6	0	0	1	0	0	325

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Pension Plan for Salaried Employees of Alcon
 EIN / PN: 75-2252369/014
 Plan Sponsor: Alcon Vision LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Frozen Plans as of January 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
45-49	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
50-54	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
55-59	0	2	0	0	0	0	0	0	0	0	0	2
	-	-	-	-	-	-	-	-	-	-	-	-
60-64	0	7	0	0	0	0	0	0	0	0	0	7
	-	-	-	-	-	-	-	-	-	-	-	-
65-69	0	4	0	0	0	0	0	0	0	0	0	4
	-	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
Total	0	13	0	0	0	0	0	0	0	0	0	13
	-	-	-	-	-	-	-	-	-	-	-	29,347

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pension Plan for Salaried Employees of Alcon
 EIN / PN: 75-2252369/014
 Plan Sponsor: Alcon Vision LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month Bond yields for December (one month preceding the valuation date)
- Interest rate basis IRS-prescribed one-month average yield curve
- Effective interest rate 5.13%

Plan-related expenses

Plan-related expenses are assumed to be the actual prior year administrative expenses, adjusted for the expected change in the PBGC premium. The assumed administrative expense is \$640,000 for 2024. The plan sponsor pays administrative expenses directly from the trust.

Interest crediting rate on Wesley Jessen cash balance accounts 1.00%.

As permitted by law, a yield curve reflecting returns on high quality corporate bonds (A, AA and AAA) is used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Healthy Mortality

- **Funding** The prescribed mortality assumption under IRC §430(h)(3)(A) using generational tables with separate mortality rates for annuitants and non-annuitants.

- **ASC 960** Pri-2012 (sex-distinct) for non-annuitants and annuitants, projected forward using Scale MP-2021 with generational projection applied from 2012 for healthy and disabled lives.

Termination Sample rates are as follows for both males and females:

Representative Termination Rates

Percentage leaving during the year	
Age	Rate
25	0.154
30	0.144
35	0.128
40	0.114
45	0.104
50	0.094
55	0.090

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age:

Percentage leaving during the year	
Age	Rate
55-56	0.100
57-58	0.120
59	0.130
60-61	0.180
62-64	0.200
65-69	0.300
70	1.000

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65 for benefits paid as annuities. Upon the death of the active participant for benefits paid as lump sums.
- Deferred vested benefit The later of age 65 or termination of employment for benefits paid as annuities. Upon termination of employment for benefits paid as lump sums.
- Retirement benefit Upon termination of employment.

Form of payment

Upon termination or retirement, 25% of active participants are assumed to elect a lump sum and 75% of active participants are assumed to elect an annuity (deferred to age 65 for terminations).

Terminated vesteds:

- Less than age 55: 15% immediate lump sum, 85% deferred to normal retirement date.
- Age 55 or older: 100% deferred to normal retirement date.
- Form of payment for deferred to normal retirement date: 75% annuity / 25% lump sum.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

For certain deferred vested participants (generally, those with termination date prior to 12/31/1997) who have the option to elect a lump sum if the value is \$100,000 or less, the valuation assumes 25% are assumed to take a lump sum at retirement and 75% are assumed to take an annuity at retirement.

Lump sums were valued using the substitution of annuity form under IRS regulation 1.430(d)-1(f)(4) without application of generational mortality.

Percent married	80%.
Spouse age	Wives three years younger than husbands.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of decrement.

Methods

Valuation date	First day of plan year (January 1).
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name:	Pension Plan for Salaried Employees of Alcon
EIN / PN:	75-2252369/014
Plan Sponsor:	Alcon Vision LLC
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.55% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

Benefits not valued All benefits described in the Plan Provisions section of this report were valued based on discussions with Alcon regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with Alcon and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

In preparing these results, we have relied upon information and data provided to us orally, electronically and/or in writing by Alcon and other persons or organizations designated by Alcon, including Fidelity. We have relied on all the data and information provided, including plan provisions, membership data and asset information, as being complete and accurate. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with and concurrence by the plan sponsor, assumptions or estimates may have been made if data were not available. We have not independently verified the accuracy or completeness of the data or information provided, but we have performed limited checks for consistency.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

The results presented in this report are directly dependent upon the accuracy and completeness of the underlying data and information. Any material inaccuracy in the data, assets, plan provisions or other information provided to us may have produced results that are not suitable for the purposes of this report and such inaccuracies may produce materially different results that could require that a revised report be issued.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	<p>The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.</p> <p>For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.</p>
Cash Balance Interest crediting rate	<p>The plan credits interest to the Wesley Jessen cash balance accounts based on the average of the one-year Treasury bill rates reported for December of the prior year. The long term estimate of this basis selected by the plan sponsor is 1.00%, based on a combination of current conditions, past history, and future economic expectations.</p> <p>For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.</p>

Assumptions Rationale - Significant Demographic Assumptions

Mortality	<p>Assumptions used for funding purposes are as prescribed by IRC §430(h).</p> <p>Assumptions for ASC 960 purposes selected by the plan sponsor and represent a best estimate of future experience.</p>
Termination	<p>Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.</p>

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.
Benefit commencement date for deferred benefits:	Assumed commencement dates for deferred benefits are based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.
Form of payment	Form of payment assumptions are based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.
Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age. For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age. For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods since prior valuation

Change in assumptions since prior valuation

- The interest rates determining the target liability were changed from the IRS-prescribed yield curve rates for December 2022 to the IRS-prescribed yield curve rates for December 2023.
- The funding mortality table was updated from the 2023 PPA Static table to the 2024 PPA Generational table, as prescribed in the final regulations under IRC §430.
- The expense assumption decreased from \$1,280,000 in 2023 to \$640,000 in 2024.
- The ASC 960 interest rate assumption was updated from 5.30% to 5.00%.

Changes in methods since prior valuation

None.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Alcon Vision LLC
EIN/PN	75-2252369/014
Plan Name	Pension Plan for Salaried Employees of Alcon
Valuation Date	January 1, 2024
Enrolled Actuary	Brian Kabat
Enrollment Number	23-08371

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Pension Plan for Salaried Employees of Alcon

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 75-2252369 Plan Number: 014

Year Ended December 31, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
*	Fidelity Institutional Asset Management Trust Company	FIAM Global Low Volatility Equity Commingled Pool - Class A	\$ -	\$ 4,976,035	\$ -	\$ -	\$ 4,365,455	\$ 4,976,035	\$ 610,580
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	4,976,035	-	-	-	-	4,976,035	-
Total Single Transactions			\$ 4,976,035	\$ 4,976,035	\$ -	\$ -	\$ 4,365,455	\$ 9,952,070	\$ 610,580
Series Transactions									
*	Fidelity Institutional Asset Management Trust Company	FIAM Global Low Volatility Equity Commingled Pool - Class A	\$ -	\$ 5,439,251	\$ -	\$ -	\$ 4,783,424	\$ 5,439,251	\$ 655,827
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	5,874,743	-	-	-	-	5,874,743	-
	Fidelity Institutional Asset Management Trust Company	Fidelity Government Portfolio	-	5,442,403	-	-	5,442,403	5,442,403	-
	Fidelity Institutional Asset Management Trust Company	Fidelity Government Portfolio	5,129,032	-	-	-	-	5,129,032	-
Total Series Transactions			\$ 11,003,775	\$ 10,881,654	\$ -	\$ -	\$ 10,225,827	\$ 21,885,429	\$ 655,827

*A party in interest as defined by ERISA

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

A Name of plan Pension Plan for Salaried Employees of Alcon	B Three-digit plan number (PN) ▶	014
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Alcon Vision, LLC	D Employer Identification Number (EIN) 75-2252369	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	73,536,913
	b Actuarial value	2b	78,955,975
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	283	31,702,874
	b For terminated vested participants	742	30,980,188
	c For active participants	325	12,738,289
	d Total	1,350	75,421,351
4	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	4a	
	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	4b	
5	Effective interest rate	5	5.13%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	640,000
	c Target normal cost	6c	640,000

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.

SIGN HERE	Brian Kabat Signature of actuary	<u>9/17/25</u> Date <u>2308371</u> Most recent enrollment number <u>214-530-4200</u> Telephone number (including area code)
	<u>Brian Kabat</u> Type or print name of actuary <u>Willis Towers Watson US LLC</u> Firm name <u>500 North Akard Street</u> <u>Suite 4300</u> <u>Dallas TX 75201</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

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

21 Discount rate:

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

22 Weighted average retirement age **22** 60

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	640,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,500,533	445,790
b Waiver amortization installment	0	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	1,085,790
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	990,982
36 Additional cash requirement (line 34 minus line 35).....	36	94,808
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,710,126

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

a Total (excess, if any, of line 37 over line 36)	38a	4,615,318
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	990,982

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 ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

In reference to line 22, the weighted average retirement age is computed as follows:

(a)	(b)	(c)	(d)	(e)
Age	Hypothetical Number of Employees	Retirement Rate	Number Retiring	(a)*(d)
55	1,000,000	0.10	100,000	5,500,000
56	900,000	0.10	90,000	5,040,000
57	810,000	0.12	97,200	5,540,400
58	712,800	0.12	85,536	4,961,088
59	627,264	0.13	81,544	4,811,096
60	545,720	0.18	98,230	5,893,800
61	447,490	0.18	80,548	4,913,428
62	366,942	0.20	73,388	4,550,056
63	293,554	0.20	58,711	3,698,793
64	234,843	0.20	46,969	3,006,016
65	187,874	0.30	56,362	3,663,530
66	131,512	0.30	39,454	2,603,964
67	92,058	0.30	27,617	1,850,339
68	64,441	0.30	19,332	1,314,576
69	45,109	0.30	13,533	933,777
70	31,576	1.00	31,576	<u>2,210,320</u>
			Total =	60,491,183
			Weighted Average Retirement Age =	60

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,026,933	3,444,783	3,196,648	7,668,364
2025	877,226	1,817,368	3,091,779	5,786,373
2026	897,253	1,829,045	2,990,314	5,716,612
2027	930,514	1,909,058	2,881,556	5,721,128
2028	910,099	2,137,883	2,781,358	5,829,340
2029	938,056	2,244,274	2,682,401	5,864,731
2030	930,037	2,151,217	2,577,447	5,658,701
2031	926,702	2,214,710	2,470,817	5,612,229
2032	886,580	2,159,910	2,361,554	5,408,044
2033	881,360	2,231,482	2,249,121	5,361,963
2034	857,854	2,227,623	2,133,564	5,219,041
2035	841,650	2,126,602	2,015,756	4,984,008
2036	825,926	2,093,008	1,897,447	4,816,381
2037	804,351	2,026,082	1,778,013	4,608,446
2038	784,506	1,998,234	1,657,928	4,440,668
2039	765,322	1,946,121	1,537,729	4,249,172
2040	743,452	1,856,247	1,418,021	4,017,720
2041	716,075	1,774,637	1,299,484	3,790,196
2042	689,977	1,680,730	1,182,881	3,553,588
2043	659,473	1,601,433	1,069,033	3,329,939
2044	630,226	1,511,025	958,785	3,100,036
2045	598,214	1,426,108	852,963	2,877,285
2046	566,766	1,336,085	752,367	2,655,218
2047	534,027	1,245,681	657,714	2,437,422
2048	499,838	1,154,340	569,622	2,223,800
2049	464,985	1,062,845	488,584	2,016,414
2050	429,823	972,005	414,924	1,816,752
2051	394,869	882,649	348,805	1,626,323
2052	359,838	795,598	290,211	1,445,647
2053	325,625	711,649	238,962	1,276,236
2054	292,370	631,542	194,736	1,118,648
2055	260,394	555,930	157,075	973,399
2056	229,987	485,340	125,436	840,763
2057	201,398	420,157	99,211	720,766
2058	174,826	360,616	77,763	613,205
2059	150,411	306,812	60,447	517,670
2060	128,230	258,717	46,640	433,587
2061	108,312	216,187	35,765	360,264
2062	90,632	178,979	27,297	296,908
2063	75,121	146,773	20,776	242,670

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	61,670	119,192	15,806	196,668
2065	50,139	95,824	12,056	158,019
2066	40,368	76,242	9,254	125,864
2067	32,187	60,009	7,180	99,376
2068	25,415	46,702	5,658	77,775
2069	19,873	35,918	4,551	60,342
2070	15,388	27,282	3,751	46,421
2071	11,797	20,452	3,176	35,425
2072	8,955	15,123	2,766	26,844
2073	6,729	11,020	2,473	20,222

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

**NOTICE TO TERMINATED
ACTUARY**


I, as Plan Administrator, verify that the explanation that is reproduced below or attached to this Notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2024 Form 5500, Annual Return/Report of Employee Benefit Plan, for the Pension Plan for Salaried Employees of Alcon. This Form 5500 is identified in line 2b by the nine-digit EIN 75-2252369, and in line 1b by the three-digit PN 014.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, Employer Identification Number and Plan Number of the plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210



Plan Administrator



Date

Explanation: Reassignment of work within Willis Towers Watson.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

As of December 31, 2020, future benefit accruals under the plan were eliminated for all employees. Pension equity benefits will continue to receive 4% interest credits (5% for Novartis Pharmaceutical pension equity benefits) and Wesley Jessen cash balance accounts will continue to be credited with applicable interest.

Plan Provisions

Covered employees The plan was closed to new entrants December 31, 2003. Previously, all salaried and non-exempt hourly employees of Ciba Vision Corporation were eligible upon the completion of one year of service.

Participation date Date of becoming a covered employee.

Definitions

Vesting service The number of years of employment with Alcon or any Affiliate in which the employee worked 975 hours provided that years of vesting service with respect to a participant prior to January 1, 1998 shall be determined in accordance with the terms of the plan applicable to such participant.

Pension service The period of vesting service as a plan participant. Service is assumed to continue at 45 hours per week if they are totally and permanently disabled.

Pensionable pay Total earnings including overtime, bonuses earned for the period, and tax-deferred contributions pursuant to a salary reduction election under the Investment Savings Plan but excluding awards, allowances, or other special payments.

Average earnings The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Excess Final Average Compensation	The Average Earnings in excess of Covered Compensation.
Social Security benefit	The estimated primary Social Security amount payable at age 65 under the law in effect on the employee's date of termination and assuming zero earnings from date of termination to age 65.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Covered Compensation	The average of the Social Security taxable wage bases for the 35 year period ending with the last day of the calendar year in which the participant attains social security retirement age.
Lump Sum Benefit	<p>The Lump Sum Benefit for participants who are age 50 and older and attain at least 10 years of vesting service as of January 1, 2004 will be the sum of (i), (ii), and (iii):</p> <ul style="list-style-type: none">(i) The Actuarial Equivalent value of the Participant's 1997 Accrued Benefit.(ii) The sum of the percentage of the Participant's Final Average Compensation for each Year of Benefit Service after January 1, 1998 determined in accordance with the Table set forth below; and(iii) The sum of the percentage of the Participant's Excess Final Average compensation for each Year of Benefit Service after January 1, 1998 determined in accordance with the Table set forth below. <p>All other participant's Lump Sum Benefit will be the sum of (i), (ii) and (iii) with (ii) and (iii) calculated as if the person terminated employment on December 31, 2003:</p> <ul style="list-style-type: none">(i) The Actuarial Equivalent value of the Participant's 1997 Accrued Benefit.(ii) The sum of the percentage of the Participant's Final Average Compensation for each Year of Benefit Service after January 1, 1998 determined in accordance with the Table set forth below; and(iii) The sum of the percentage of the Participant's Excess Final Average compensation for each Year of Benefit

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Service after January 1, 1998 determined in accordance with the Table set forth below.

Sums percentage of Participant's Excess Final Average compensation for each Year of Benefit Service

Age on the first day of the Plan Year	Final Average Compensation	Excess Final Average Compensation
20 to 24	3.0%	1.0%
25 to 29	3.5%	1.5%
30 to 34	4.0%	2.0%
35 to 39	6.0%	2.5%
40 to 44	8.0%	3.5%
45 to 49	10.0%	4.5%
50 to 54	12.0%	5.0%
55 to 59	12.0%	5.0%
60 and above	12.0%	5.0%

Adjusted Lump Sum Benefit

The Adjusted Lump Sum Benefit for participants who are age 50 and older and attain 10 years of vesting service as of January 1, 2004 is equal to the Participant's Lump Sum Benefit increased by 4% per year from the date of the Participant's termination of employment to the Participant's Annuity Starting Date.

All other participants Adjusted Lump Sum Benefit is equal to the Participant's Lump Sum Benefit increased by 4% per year from 12/31/2003 to the Participant's Annuity Starting Date.

Pension Equity Benefit

The monthly amount of each Participant's Pension Benefit will equal the amount, determined on an Actuarial Equivalent basis, of the Participant's Adjusted Lump Sum Benefit expressed as a life annuity payable on the Participant's Normal Retirement Date.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Grandfathered Benefit	The benefit, determined in accordance with the plan in effect prior to 1998, for participants who would be eligible for early retirement, as determined under the terms of the Plan in effect on the last day of 1997 Plan Year, on or before December 31, 2002.
Monthly pension benefit	As of any date will be a monthly amount, payable to the Participant equal to the greater of: (A) The Participant's Pension Equity Benefit; or (B) The Participant's Accrued Benefit as of the last day of the 1997 Plan Year under the provisions of the Plan as in effect on the last day of the 1997 Plan Year.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% contingent annuitant election. In addition, if the participant is eligible to retire at death, the beneficiary may elect to receive an immediate lump sum payment equal to 50% of the Lump Sum Benefit described above.

Eligibility for Benefits

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Retire before NRD and on or after attaining age 55 and completing five years of service provided that the sum of his age and service is at least 65.
Postponed retirement	Retired after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	A participant who becomes permanently disabled may retire and become entitled to a monthly pension benefit.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death benefit

Die while eligible for deferred vested, early, normal, or postponed retirement benefits. For vested participants who terminate employment before August 23, 1984, but after 1975, the beneficiary must be the participant's spouse.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date will be equal to the greater of: (A) his/her Grandfathered Accrued Benefit or 1997 Accrued Benefit (whichever is applicable) reduced 3% for each year that commencement of payment precedes age 65; or (B) the Actuarial Equivalent of his/her Adjusted Lump Sum Benefit.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.
Deferred vested termination	Monthly pension determined as of termination date, actuarially reduced for commencement of payments prior to age 65.
Disablement	Monthly pension benefit determined as of disability retirement date will be the greater of: (A) his/her Grandfathered Accrued Benefit or 1997 Accrued Benefit (whichever is applicable) reduced 3% for each year that commencement of payment precedes age 65; or (B) the Actuarial Equivalent of his/her Adjusted Lump Sum Benefit.
Preretirement death	Monthly preretirement death benefit is payable.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	<p>The normal form of payment is a life annuity payable in monthly installments. A participant may elect various optional forms of payment which are actuarially equivalent to the normal form.</p> <p>Unless revoked in writing, a married participant will be deemed to have automatically elected a 50% contingent annuitant option with his spouse named as beneficiary.</p>
Pension Increases	None.
Plan participants' contributions	None.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.
Former Wesley Jessen Participants	All participants of the former Wesley Jessen Cash Balance Plan were made participants in the Ciba Vision Pension Equity Plan as of January 1, 2001. Their cash balance accounts have been transferred to Ciba Vision and will only be given future interest credits. They will begin to accrue PEP points as of January 1, 2001. Their total benefit will be comprised of their Wesley Jessen cash balance account with interest plus their PEP lump sum.
Ciba Vision Puerto Rico Participants	All employees of Ciba Vision Puerto Rico Plan will be eligible to participate in the Pension Equity plan beginning January 1, 2001.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024

Pension Plan for Salaried Employees of Alcon

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 75-2252369 Plan Number: 014

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common Collective Trusts				
*	Fidelity Institutional Asset Management Trust Company	FIAM Group Trust For EBPs 8- 10 year Corporate Bond Commingled Pool	\$ 26,377,484	\$ 29,481,429
*	Fidelity Institutional Asset Management Trust Company	FIAM Long Corporate A or Better - Pool	5,545,064	6,200,008
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool	4,904,985	5,203,028
	Geode Capital Management Trust Company, LLC	Spartan 500 Index Pool Class A	2,253,076	3,648,898
	Geode Capital Management Trust Company, LLC	Spartan Developed International Index Pool	912,551	1,093,009
*	Fidelity Institutional Asset Management Trust Company	FIAM Emerging Markets Debt Commingled Fund	610,555	667,947
*	Fidelity Institutional Asset Management Trust Company	FIAM Small/Mid Cap Opportunities Commingled Class A	596,165	608,861
*	Fidelity Institutional Asset Management Trust Company	FIAM U.S. Real Estate Investment Trust	511,536	599,747
*	Fidelity Institutional Asset Management Trust Company	FIAM Select Emerging Markets Equity - Pool	518,411	544,937
*	Fidelity Institutional Asset Management Trust Company	FIAM Emerging Markets Commingled Pool	508,978	545,172
*	Fidelity Institutional Asset Management Trust Company	FIAM Select Canada Pool	341,815	346,358
*	Fidelity Institutional Asset Management Trust Company	FIAM Floating Rate High Income Fund	205,981	206,806
*	Fidelity Institutional Asset Management Trust Company	FIAM Small Cap Core Pool	167,281	180,672
Total common collective trusts			43,453,882	49,326,872

Pension Plan for Salaried Employees of Alcon

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 75-2252369 Plan Number: 014

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
*	Fidelity Investments	Fidelity Long-Term Treasury Bond Index Fund	\$ 18,784,470	\$ 19,092,913
*	Fidelity Investments	Fidelity Inflation-Protected Bond Index	231,683	228,148
*	Fidelity Investments	Fidelity Capital & Income Fund	131,545	131,287
Total mutual funds			19,147,698	19,452,348
Money Market Fund				
*	Fidelity Investments	Fidelity Government Portfolio	832,070	832,070
Total investments			\$ 63,433,650	\$ 69,611,290

*A party in interest as defined by ERISA

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(2,783,832)	15.00000	(2,783,832)	(256,174)
2. Shortfall	01/01/2023	7,618,169	14.00000	7,284,365	701,964
1 Total				4,500,533	445,790

Plan Name: Pension Plan for Salaried Employees of Alcon
EIN / PN: 75-2252369/014
Plan Sponsor: Alcon Vision LLC
Valuation Date: January 1, 2024