

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

<p>1a Name of plan <u>OPTICAL SOCIETY OF AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OPTICAL SOCIETY OF AMERICA</u></p> <p><u>2010 MASSACHUSETTS AVE, NW</u> <u>WASHINGTON, DC 20036</u></p>	<p>1c Effective date of plan <u>06/30/1960</u></p> <p>2b Employer Identification Number (EIN) <u>53-0259696</u></p> <p>2c Plan Sponsor's telephone number <u>202-223-8130</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	GENARO MONTANEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	390
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)	135
	6a(2)	141
	6b	0
	6c	243
	6d	384
	6e	1
	6f	385
	6g(1)	386
	6g(2)	380
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:
2G 2L 2T

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 checked="" type="checkbox"/> Insurance	(1) <input checked="" 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

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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 OPTICAL SOCIETY OF AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OPTICAL SOCIETY OF AMERICA	D Employer Identification Number (EIN) 53-0259696

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	356822	295	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	8253114
5	Current value of plan's interest under this contract in separate accounts at year end.....	30950711
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 7829934
c	(1) Contributions deposited during the year	7c(1) 177283
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 347058
	(4) Transferred from separate account	7c(4) 201818
	(5) Other (specify below)..... ▶ PLAN SERVICING CREDIT, PARTICIPANT LOAN INTEREST, PLAN SERVICING CREDIT, PARTICIPANT LOAN PRINCIPAL REPAYMENT	7c(5) 35235
	(6) Total additions	7c(6) 761394
d	Total of balance and additions (add lines 7b and 7c(6))	7d 8591328
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 160169
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 147770
	(4) Other (specify below)..... ▶ FEES	7e(4) 30275
(5) Total deductions	7e(5) 338214	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 8253114

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan OPTICAL SOCIETY OF AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OPTICAL SOCIETY OF AMERICA	D Employer Identification Number (EIN) 53-0259696	

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

TIAA

13-1624203

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	56183	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BDO USA, P.C.

13-5381590

(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 50	AUDITOR	34896	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)

TOWNELEY CAPITAL MGMT INC.

46-3728846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	6500	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>OPTICAL SOCIETY OF AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OPTICAL SOCIETY OF AMERICA</u>	D Employer Identification Number (EIN) <u>53-0259696</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1759501</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(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)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	83177
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	1724927
(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)	48971951
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7836766
(15) Other.....	1c(15)	121223
		1759501
		57292361
		8260362

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	58616821	67433447
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	58616821	67433447

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)	1743743	
(B) Participants.....	2a(1)(B)	1148306	
(C) Others (including rollovers).....	2a(1)(C)	171293	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3063342
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7180	
(F) Other.....	2b(1)(F)	347058	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		354238
(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)	1099740	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1099740
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-71830
(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)		7040772
c Other income	2c		32157
d Total income. Add all income amounts in column (b) and enter total	2d		11518419

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2604214	
(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)		2604214
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)	56183	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34896	
(5) Investment advisory and investment management fees	2i(5)	6500	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		97579
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2701793

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8816626
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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		5000000
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 _____.

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

A Name of plan <u>OPTICAL SOCIETY OF AMERICA DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OPTICAL SOCIETY OF AMERICA</u>	D Employer Identification Number (EIN) <u>53-0259696</u>	

Part I	Distributions
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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	<u>0</u>
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): <u>13-1624203</u>		
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	<u>24</u>

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A.

Optical Society of America Defined Contribution Retirement Plan

Financial Statements
and ERISA-Required Supplemental Schedule
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



**Optical Society of America
Defined Contribution Retirement Plan**

Financial Statements and ERISA-Required Supplemental Schedule
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

Optical Society of America Defined Contribution Retirement Plan

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ERISA-Required Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2024 20-21

Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

The Plan Administrator
Optical Society of America Defined Contribution Retirement Plan
Washington, D.C.

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

We were engaged to perform audits of the financial statements of **Optical Society of America Defined Contribution Retirement Plan** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equity Fund (CREF) did not provide, sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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 (GAAP), and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America (GAAS) and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule (Schedule H, Line 4i - Schedule of Assets (Held at End of Year)) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

BDO USA, P.C.

McLean, VA
October 13, 2025

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

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Financial Statements

**Optical Society of America
Defined Contribution Retirement Plan**

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value		
Shares of registered investments:		
CREF registered investments	\$ 23,541,367	\$ 20,715,376
Mutual funds	33,750,994	28,256,575
Pooled separate account	1,759,501	1,724,927
Fixed annuity contracts, non-fully benefit-responsive	6,766,019	6,318,248
Total Investments, at fair value	65,817,881	57,015,126
Investment Contract, at contract value		
Fixed annuity contract, fully benefit-responsive	1,494,343	1,518,518
Total Investments	67,312,224	58,533,644
Notes Receivable from Participants	121,223	83,177
Net Assets Available for Benefits	\$ 67,433,447	\$ 58,616,821

See accompanying notes to financial statements.

**Optical Society of America
Defined Contribution Retirement Plan**

Statements of Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2024
Additions	
Investment income	
Net appreciation in fair value of investments	\$ 7,242,803
Interest and dividend income	1,172,937
Total Investment Income	8,415,740
Interest income on notes receivable from participants	7,180
Contributions	
Employer	1,743,743
Participant	1,148,306
Rollover	171,293
Total Contributions	3,063,342
Total Additions	11,486,262
Deductions	
Benefits paid to participants	2,604,214
Administrative expenses	65,422
Total Deductions	2,669,636
Net Increase	8,816,626
Net Assets Available for Benefits, beginning of year	58,616,821
Net Assets Available for Benefits, end of year	\$ 67,433,447

See accompanying notes to financial statements.

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Optical Society of America Defined Contribution Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the comprehensive Plan Document for a more complete description of the Plan's provisions.

General

Effective January 1, 2009, the Optical Society of America d/b/a Optica (Optica, Employer, or the Plan Administrator) amended, restated and consolidated the Optical Society of America Tax Deferred Annuity Plan and the Optical Society of America Defined Contribution Retirement Plan into the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees of Optica are eligible to become participants of the Plan except those employees who are leased employees, student interns, non-resident aliens, or employees who work fewer than 20 hours per week and less than 1,000 hours per year.

Employees may enter the Plan and begin making elective salary deferrals on the first day of the month following their employment. For eligible employees, Employer contributions commence after the employees have completed one year of service and have enrolled in the Plan.

Contributions

Participants may elect salary deferral contributions up to the annual limit imposed by Section 402(g) of the Internal Revenue Code (the IRC). That limit was \$23,000 for plan year 2024, and \$22,500 for 2023. Participants who attain age 50 before the end of the Plan year are eligible to make additional "catch-up" contributions up to the annual limit imposed by Section 414(v) of the IRC. That limit was \$7,500 for plan years 2024 and 2023, respectively.

On behalf of participants who are over 21 years of age and have reached one year of service, Optica contributes 10% of each participant's W-2 compensation to the Plan.

Optica contributes on behalf of eligible employees without regard to whether such employees elect to make salary deferral contributions.

The sum of elective salary deferrals made by a participant and contributions made by Optica on behalf of a participant are subject to the annual limits imposed by Section 415(c) of the IRC. That limit was \$69,000 and \$66,000 for Plan years ended 2024 and 2023, respectively.

Participant salary deferrals and Employer contributions are remitted by Optica to the Plan following each of Optica's semi-monthly pay dates.

Investment Options and Participant Accounts

Participants may allocate elective salary deferrals and Employer contributions among the investment options provided to the Plan through Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equity Fund (CREF), the recordkeeper and custodian for the

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

Plan. Participants may change their allocations at any time directly with TIAA and CREF. Participants may also transfer accumulated balances among investment options subject to the limitations on the participants' chosen funding vehicles imposed by TIAA and CREF. Elective salary deferrals and Employer contributions need not be allocated among the same investment options.

Individual accounts are maintained by TIAA and CREF for each Plan participant. Participant accounts are credited with elective salary deferrals and Employer contributions when received. Earnings and losses as well as investment expenses and recordkeeping fees associated with the chosen investment options are allocated to participant accounts. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully and immediately vested in all elective salary deferrals and Employer contributions and rollover contributions, plus actual earnings and losses thereon.

Plan Loans and Notes Receivable from Participants

Two types of loans exist in the Plan: participant loans reported as notes receivable from participants and Plan loans. Plan loans are collateralized loans previously offered through TIAA and CREF. Participant loans reduce the participant's vested account balance by the amount of the loan and are not collateralized. The collateralized loans ended on January 26, 2022 and the new participant loans were effective January 27, 2022.

Plan Loans

Participants may borrow directly from TIAA and CREF. These loans, referred to as "Plan loans", are issued directly from TIAA and CREF and not from participants' accounts. Adequate security is required and a portion of the participants' account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. The collateral is held in the TIAA Traditional Annuity as either part of a GSRA (Group Supplemental Retirement Annuity) contract or as a separate Retirement Loan contract. The loan interest rate for these loans to participants may be fixed or variable and the initial rate is determined by the terms of the controlling contract, as is the rate adjustment details and frequency.

Plan loans are not shown in the Plan's accompanying statements of net assets available for benefits as the loans are not made from Plan assets, and are therefore not considered assets of the Plan.

As of December 31, 2024 and 2023, outstanding plan loan balance was \$81,826 and \$83,165, respectively and therefore, \$91,484 and \$90,009, respectively, serves as collateral for the related loan in the TIAA Traditional Annuity account.

Notes Receivable from Participants

Participants are allowed to borrow a maximum of three outstanding loans from their employee contributed investment balances excluding TIAA Traditional Annuity, non-fully benefit-responsive and TIAA Traditional Annuity, fully benefit-responsive investments. Notes receivable from participants reduce the vested account balance in the participant's account. The minimum loan amount is \$1,000 while the maximum loan amount is \$50,000 or 50% of the account balances, reduced by the highest outstanding loan balance in their account during the prior 12-month period,

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

whichever is less. Repayment must be made within five years (ten years if the loan is used to purchase a primary residence). Notes receivable from participants incur interest rates at the Wall Street Journal prime rate plus 1%, or rates that range from 4.25% to 9.5%. Principal and interest are paid by the participant to TIAA and CREF. As of December 31, 2024 and 2023, the total participant loan balance was \$121,223 and \$83,177, respectively.

Payment of Benefits

Benefit payments may begin upon severance from employment or upon attainment of the normal retirement age of 65. However, withdrawals prior to age 59½ may be subject to an additional 10% federal income tax penalty.

In addition, benefits may begin at normal retirement age or at any age upon incurring a disability, and participants may withdraw elective deferral contributions if they encounter hardship. Rollover contributions made to the Plan may be withdrawn at any time. However, withdrawals prior to age 59½ may be subject to an additional 10% federal income tax penalty.

Participants may choose from several distribution options upon retirement. The options available to a married participant will be subject to the participant's spouse's right (under federal pension law) to survivor benefits, unless this right is waived by both the participant and the participant's spouse.

The following benefit payment options are available:

Lump Sum Distribution - This is a single lump sum distribution.

Single Life Annuity - This option provides an income for as long as the participant lives. It is also available with a ten-, 15-, or 20-year guaranteed payment period, not exceeding the participant's life expectancy at the beginning of annuity income. If the participant dies during the guaranteed period, payments in the same amount continue to the designated beneficiary.

A Survivor Annuity - This option pays a lifetime income, and if the participant's annuity partner lives longer than the participant, he or she continues to receive an income for life. The amount continuing to the survivor depends on which of three options (Two-thirds Benefit to Survivor, Full Benefit to Survivor or Half Benefit to Second Annuitant) the participant chooses. All survivor annuities are available with a ten-, 15-, or 20-year guaranteed period, but not exceeding the joint life expectancies of the participant and the participant's annuity partner.

A Minimum Distribution Option (MDO) - The MDO enables participants to automatically comply with federal tax law distribution requirements. With the MDO, a participant will receive the federal required minimum distribution while preserving as much of his or her accumulation as possible. The minimum distribution will be paid to the participant annually unless he or she elects otherwise. This option is generally available in the year the participant attains age 70½ or retires, if later.

The benefit payment options are subject to the restrictions of the specific funding vehicles comprising participant accounts.

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Annual Reporting Requirements and Accounting Records

On November 16, 2007, the Department of Labor (the DOL) published Form 5500 revisions and related final regulations generally effective for plan years beginning on or after January 1, 2009, which, among other things, changed the annual reporting requirements for Code Section 403(b) plans covered by ERISA. The form revisions and final regulations eliminated special limited reporting for 403(b) plans. Under the new annual reporting rules, beginning with their Form 5500 filing for the 2009 plan year, "large" ERISA-covered 403(b) plans (generally plans with 100 or more participants) are required to file audited financial statements with their Form 5500.

Pursuant to these new rules, the year beginning January 1, 2009 was the first year the Plan was subject to a financial statement audit. Prior to January 1, 2009, the Plan Sponsor and TIAA and CREF were not required to and did not maintain records at a Plan level. TIAA and CREF made the administrative decision not to provide historical accounting records of the contracts before January 1, 2009.

Neither the Plan Sponsor nor TIAA and CREF, have sufficient historical accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former participants prior to January 1, 2009. As a result, the completeness and the accuracy of the annuity and custodial accounts, related investment income and distributions related to these accounts, if any, could not be determined.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make certain estimates and assumptions that affect reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from estimated amounts.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the Plan's direct investment in fully benefit-responsive investment contracts which are reported at contract value. Contract value represents contribution, earned interest, less withdrawals and fees.

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 (exit price). See Note 4 for further information related to fair value measurements.

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

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as distributions based on the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses and Revenue Credit Account

Administrative expenses are paid directly by Optica, or by the Plan and/or plan participants, as defined in the Plan. Expenses paid by Optica are excluded from these financial statements. Investment management fees are presented net of investment income on the statement of changes available for benefits.

Notes receivable from participants incur an initiation fee of \$75 paid directly by the participant and added to the participant's account in lieu of reducing the vested account balance in the participant's account. During the year ended December 31, 2024, the Plan received \$375 of notes receivable from participants' initiation fees. The amount received by the Plan was not material to the financial statements and is presented in administrative expenses, net in the statement of changes in net assets available for benefits.

During the year ended December 31, 2017, the Plan began to receive a revenue credit from TIAA for excess revenue that was generated by the investments within the Plan. The revenue credit amount may be used to pay reasonable and necessary Plan expenses or can be allocated to participants. During the year ended December 31, 2024, the Plan used \$32,720 of the revenue credit amount to pay Plan expenses and did not allocate any of the revenue credit amount. The amount received by the Plan was not material to the financial statements and is presented in administrative expenses, net in the statement of changes in net assets available for benefits.

3. Certified Investment Information

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF, a qualified institution.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides for 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 ASC 820 are described as follows:

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

A financial instrument's 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 observable inputs and minimize the use of unobservable inputs.

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

Registered Investments

Mutual Funds

Mutual funds are 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 (SEC). These funds are required to publish their net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

CREF Registered Investments

These investment accounts are variable annuity separate accounts which are registered investments that invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Account investments and fund holdings are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing. Money market account holdings are generally valued at amortized cost. On a daily basis, units in these investments are revalued to reflect performance of the underlying investments minus any fees and charges. The unit value is published on NASDAQ. However, these investments are not publicly traded.

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

Pooled Separate Account

The TIAA Real Estate Fund, a pooled separate account, invests in real estate properties and related estate-related investments. As such the value of this account is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisers, which are estimates of property values based on a professional's opinion. The account sometimes holds securities as well. These securities are generally priced using values obtained from independent pricing sources. The pooled separate account is stated at fair value as determined in accordance with the policies and procedures reviewed by the investment committee of Trustees. The unit value of the pooled separate account is published on NASDAQ. However, the pooled separate account is not publicly traded.

Fixed Annuity Contracts - Non-Fully Benefit-Responsive

The non-fully benefit-responsive (NFBR) fixed annuity contracts, composed of TIAA Traditional Annuity Contracts, are reported at fair value, as approximated by contract value. Fair value is determined using the discounted cash flow method. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange, and is subject to various restrictions. See Note 5 for further information.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, on a recurring basis:

	Assets at Fair Value as of December 31, 2024				Assets Measured At Fair Value
	Fair Value Hierarchy Level				
	Level 1	Level 2	Level 3		
Asset Category:					
CREF registered investments	\$ -	\$ 23,541,367	\$ -	\$ 23,541,367	
Mutual funds	33,750,994	-	-	33,750,994	
Pooled separate account	-	-	1,759,501	1,759,501	
Fixed annuity contracts-NFBR	-	-	6,766,019	6,766,019	
Total investments at fair value	\$ 33,750,994	\$ 23,541,367	\$ 8,525,520	\$ 65,817,881	

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

Assets at Fair Value as of December 31, 2023				
Asset Category:	Fair Value Hierarchy Level			Assets Measured At Fair Value
	Level 1	Level 2	Level 3	
CREF registered investments	\$ -	\$ 20,715,376	\$ -	\$ 20,715,376
Mutual funds	28,256,575	-	-	28,256,575
Pooled separate account	-	-	1,724,927	1,724,927
Fixed annuity contracts-NFBR	-	-	6,318,248	6,318,248
Total investments at fair value	\$ 28,256,575	\$ 20,715,376	\$ 8,043,175	\$ 57,015,126

Quantitative information with respect to assets measured and carried at fair value on a recurring basis with the use of significant unobservable inputs (Level 3) follows:

Description	Fair Value 2024	Fair Value 2023	Principal Valuation Techniques	Unobservable Inputs
Fixed Annuity Contracts-NFBR (TIAA Traditional Annuity)	\$ 6,766,019	\$ 6,318,248	Discounted cash flow	Guaranteed Rate Discount Rate Terminal Capitalization Rate
Pooled Separate Account (TIAA Real Estate Account)	\$ 1,759,501	\$ 1,724,927	Market Approach	Overall Capitalization Rate Real Estate Appraisals

Total purchases and sales of fixed annuity contracts, non-fully benefit responsive were \$177,283 and \$78,810, respectively, for the year ended December 31, 2024. Total transfers in and out of fixed annuity contracts, non-fully benefit responsive were \$192,022 and \$134,778, respectively, for the year ended December 31, 2024. Total purchases and sales of the pooled separate account were \$102,392 and \$66,970, respectively, for the year ended December 31, 2024. Total transfers in and out of the pooled separate account were \$117,578 and \$46,897, respectively, for the year ended December 31, 2024.

5. Fixed Annuity Contracts with TIAA

Fixed annuity contracts consist of an investment option available to participants known as the TIAA Traditional Annuity (Annuity). Annuity contracts are established between the participants and TIAA, an insurance company registered in the state of New York. This investment option is offered in a variety of formats, including Retirement Annuities (RA), Supplemental Retirement Annuities (SRA), Group Retirement Annuities (GRA), Group Supplemental Retirement Annuities (GSRA), Retirement Choice (RC), and Retirement Choice Plus (RCP). The return of Annuity contributions plus interest to participants is subject to TIAA's claims-paying ability.

Annuity accounts are credited with a guaranteed minimum rate of interest that is determined annually. Participants may also earn interest in addition to the guaranteed rate at the discretion of

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

TIAA. Such discretionary interest, if any, is declared by TIAA on a year-by-year basis and remains in effect for the subsequent 12-month “declaration year”.

Contributions to the Annuity accounts are grouped by TIAA into “vintages” comprised of premiums received over defined time periods of one or more continuous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA’s general account.

The revenue credit received from TIAA, as described in Note 2, is invested in the RCP and can be allocated to participants.

During 2024 and 2023, the crediting rates of the annuity contracts range as follows:

Contract	2024	2023
RA	3.65%-6.50%	4.00%-6.75%
SRA	3.00%-5.75%	3.25%-6.00%
GRA	3.65%-6.50%	4.00%-6.75%
GSRA	3.00%-5.75%	3.25%-6.00%
RC	3.90%-6.75%	4.25%-7.00%
RCP	3.15%-6.00%	3.50%-6.25%

The RA account balances may only be withdrawn via periodic payments over several years. Because this provision is considered to restrict participants’ “reasonable access” to their contract balances, RA’s are not considered to be fully benefit-responsive investment contracts as defined by ASC 962, *Plan Accounting - Defined Contribution Pension Plans*.

The GRA has liquidity restrictions including no lump-sum withdrawals and participant-initiated transfers may only be made in ten annual installments. Because this provision is considered to restrict participants’ “reasonable access” to their contract balances, the GRA is not considered to be fully benefit-responsive investment contract.

The RC has liquidity restrictions including lump-sum withdrawals only after 120 days after termination of employment while other participant-initiated withdrawals and transfers may only be made in 84 monthly installments. Because this provision is considered to restrict participants’ “reasonable access” to their contract balances, the RC is not considered to be fully benefit-responsive investment contract.

The RCP has no liquidity restrictions applicable to the participants’ withdrawals and transfers with the exception of a 90-day equity wash if a transfer is made to the TIAA Real Estate Account. The RCP is a benefit-responsive investment contact.

SRA’s and GSRA’s are considered fully benefit-responsive investment contracts, because they are fully liquid and immediately cashable once a participant terminates employment (unless they are pledged as collateral on Loans to Participants).

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) premature termination of the contracts, (4) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (5) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material representation or (4) a material amendment to the agreements without the consent of the issuer. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

6. Pooled Separate Account with TIAA and CREF

Investment in this pooled separate account consists of the TIAA Real Estate Fund, which invests in real estate properties and related real estate-related investments. As such the value of this account is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The account sometimes holds securities as well. These securities are generally priced using values obtained from independent pricing sources. The pooled separate account is stated at fair value as determined in accordance with the policies and procedures reviewed by the Investment Committee.

Further, as the TIAA Real Estate Fund generally obtains appraisals on a quarterly basis, there may be circumstances in the period between appraisals or interim valuation adjustments in which the true realizable value of a property is not reflected in the TIAA Real Estate Fund's daily net asset value calculation or in the TIAA Real Estate Fund's periodic financial statements. This disparity may be more apparent when the commercial and/or residential real estate markets experience an overall and possibly dramatic decline (or increase) in property values in a relatively short period of time between appraisals.

The TIAA Real Estate Fund provides participants with a liquidity guarantee enabling the account to have funds available to meet participant redemption, transfer or cash withdrawals. TIAA guarantees that participants can redeem their accumulation unit value determined after their transfer or cash withdrawal request is received in good order.

TIAA limits the ability of participants to transfer funds into the TIAA Real Estate Account. Specifically, individual participants are limited from making internal transfers into their account if, after giving effect to such transfer, the total value of such participant's account (under all contracts issued to such participant) would exceed \$150,000. A participant is not required to reduce his or her contract balance to a level at or below \$150,000 if the participant's account totals more than \$150,000.

Optical Society of America Defined Contribution Retirement Plan

Notes to Financial Statements

7. Related Party and Party-in-Interest Transactions

Optica is the administrator of the Plan, and as such, executes the normal duties associated therewith. Costs incurred for audit, legal, and other administrative functions are paid by Optica on behalf of the Plan. There were no financial transactions recorded between Optica and the Plan other than contributions made. The Plan invests in shares of funds managed by TIAA and CREF. TIAA and CREF act as service provider for those investments as defined by the Plan. Transactions in such investments, including revenue credits earned on the investments, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. Plan loans and notes receivable from participants are also considered exempt related party and party-in-interest transactions.

8. Risks and Uncertainties

The Plan holds various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements and participant account balances.

9. Plan Termination

Although it has not expressed any intent to do so, Optica has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event of a termination of the Plan or complete discontinuance of Plan contributions, Optica shall notify all participants of the termination. As of the date of complete or partial termination, all participant balances shall remain non-forfeitable.

10. Tax Status

Effective January 1, 2019, the Plan was restated and adopted the ERISA 403(b) Volume Submitter Plan (Volume Submitter Plan) sponsored by TIAA. The Internal Revenue Service has determined and informed TIAA by an advisory letter dated August 7, 2017, that the Plan is designed in accordance with the applicable Section 403(b) of the Code. The Plan Administrator believes that the Plan is designed and currently being operating in accordance with the with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires management to evaluate the Plan's tax positions. The Plan's management has concluded that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. Subsequent Events

The Plan Administrator evaluated subsequent events through October 13, 2025, which is the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedule

Optical Society of America Defined Contribution Retirement Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 53-0259696 **Plan No. :001**

December 31, 2024

(a)	(b) Identity of Issuer, 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
Fixed Annuity Contracts				
*	TIAA	Traditional Annuity Contracts, non-fully benefit-responsive	**	\$ 6,766,019
*	TIAA	Traditional Annuity Contracts, fully benefit-responsive	**	1,494,343
Total Fixed Annuity Contracts				8,260,362
CREF Registered Investments				
*	CREF	CREF Core Bond R2	**	706,213
*	CREF	CREF Equity Index R2	**	3,632,091
*	CREF	CREF Global Equities R2	**	2,853,768
*	CREF	CREF Growth R2	**	6,173,836
*	CREF	CREF Inflation-Linked Bond R2	**	754,047
*	CREF	CREF Money Market R2	**	407,268
*	CREF	CREF Social Choice R2	**	461,190
*	CREF	CREF Stock R2	**	8,552,954
Total CREF Registered Investments				23,541,367
Mutual Funds				
	American Funds	American Fd New Perspective R6	**	4,538,674
	American Funds	American Funds Balanced Fd R6	**	568,273
	American Funds	American Funds New World R6	**	139,699
	Baird Asset Management	Baird Aggregate Bond Inst	**	941,450
	Dimensional Fund Advisors	DFA International Core Eq Inst	**	898,636
	Dimensional Fund Advisors	DFA US SmallCap Portfolio Inst	**	631,653
	Federated Hermes	FedHermes Instl Hi Yd Bd Instl	**	120,600
	Massachusetts Financial Services	MFS Value Fund Class R6	**	748,801
	Nuveen Investments	Nuveen Large Cap Growth R6	**	2,406,004
	Nuveen Investments	Nuveen Lifecycle 2010 R6	**	41,558
	Nuveen Investments	Nuveen Lifecycle 2015 R6	**	28,929
	Nuveen Investments	Nuveen Lifecycle 2020 R6	**	17,945
	Nuveen Investments	Nuveen Lifecycle 2025 R6	**	286,394
	Nuveen Investments	Nuveen Lifecycle 2030 R6	**	2,047,674
	Nuveen Investments	Nuveen Lifecycle 2035 R6	**	2,119,410
	Nuveen Investments	Nuveen Lifecycle 2040 R6	**	1,145,871
	Nuveen Investments	Nuveen Lifecycle 2045 R6	**	1,530,919
	Nuveen Investments	Nuveen Lifecycle 2050 R6	**	1,006,447
	Nuveen Investments	Nuveen Lifecycle 2055 R6	**	262,947
	Nuveen Investments	Nuveen Lifecycle 2060 R6	**	74,295
	Nuveen Investments	Nuveen Lifecycle 2065 R6	**	111,211
	PIMCO	PIMCO Income Fd Institutional	**	49,826
*	TIAA	TIAA Access Nuv Core Equity T4	**	226,282
*	TIAA	TIAA Access Nuv Core Pl Bd T4	**	45,773
*	TIAA	TIAA Access Nuv Equity Idx T4	**	135,793

**Optical Society of America
Defined Contribution Retirement Plan**

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 53-0259696

Plan No. :001

December 31, 2024

(a)	(b) Identity of Issuer, 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 (continued)				
*	TIAA	TIAA Access Nuv Intl Eq Idx T4	**	\$ 435,189
*	TIAA	TIAA Access Nuv Intl Equity T4	**	112,169
*	TIAA	TIAA Access Nuv LfCy Rt Inc T4	**	100,544
*	TIAA	TIAA Access Nuv LgCp Res Eq T4	**	167,110
*	TIAA	TIAA Access Nuv LifCyc 2010 T4	**	24,274
*	TIAA	TIAA Access Nuv LifCyc 2020 T4	**	67,513
*	TIAA	TIAA Access Nuv LifCyc 2025 T4	**	218,189
*	TIAA	TIAA Access Nuv LifCyc 2030 T4	**	970,646
*	TIAA	TIAA Access Nuv LifCyc 2035 T4	**	718,894
*	TIAA	TIAA Access Nuv LifCyc 2040 T4	**	572,997
*	TIAA	TIAA Access Nuv LifCyc 2045 T4	**	184,804
*	TIAA	TIAA Access Nuv LifCyc 2050 T4	**	224,495
*	TIAA	TIAA Access Nuv LifCyc 2055 T4	**	7,942
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4	**	285,040
*	TIAA	TIAA Access Nuv Lrg Cap Val T4	**	361,655
*	TIAA	TIAA Access Nuv Mid Cap Grw T4	**	77,889
*	TIAA	TIAA Access Nuv Mid Cap Val T4	**	172,911
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4	**	218,891
*	TIAA	TIAA Access Nuv REstSecSel T4	**	193,139
*	TIAA	TIAA Access Nuv Sm Cp Bl lx T4	**	127,704
	Vanguard	Vanguard Federal Money Mkt Inv	**	574,938
	Vanguard	Vanguard FTSE Social Index Adm	**	493,818
	Vanguard	Vanguard Infl Protect Sec Adm	**	495,560
	Vanguard	Vanguard Mid-Cap Idx Adm	**	1,070,887
	Vanguard	Vanguard Short Corp Bd Idx Adm	**	473,225
	Vanguard	Vanguard Ttl Intl Stk Idx Adm	**	832,477
	Vanguard	Vanguard Ttl Stk Mkt Idx Adm	**	4,443,030
Total Mutual Funds				33,750,994
Pooled Separate Account				
*	TIAA	TIAA Real Estate Account	**	1,759,501
*	Participant Loans	Interest rate ranging from 4.25% to 9.5%	-	121,223
Total Investments, per Form 5500				\$ 67,433,447

* Represents a party-in-interest, as defined by ERISA.

** Historical cost for participant-directed investments is not required.

Optical Society of America Defined Contribution Retirement Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 53-0259696

Plan No. :001

December 31, 2024

(a)	(b) Identity of Issuer, 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
Fixed Annuity Contracts				
*	TIAA	Traditional Annuity Contracts, non-fully benefit-responsive	**	\$ 6,766,019
*	TIAA	Traditional Annuity Contracts, fully benefit-responsive	**	1,494,343
Total Fixed Annuity Contracts				8,260,362
CREF Registered Investments				
*	CREF	CREF Core Bond R2	**	706,213
*	CREF	CREF Equity Index R2	**	3,632,091
*	CREF	CREF Global Equities R2	**	2,853,768
*	CREF	CREF Growth R2	**	6,173,836
*	CREF	CREF Inflation-Linked Bond R2	**	754,047
*	CREF	CREF Money Market R2	**	407,268
*	CREF	CREF Social Choice R2	**	461,190
*	CREF	CREF Stock R2	**	8,552,954
Total CREF Registered Investments				23,541,367
Mutual Funds				
	American Funds	American Fd New Perspective R6	**	4,538,674
	American Funds	American Funds Balanced Fd R6	**	568,273
	American Funds	American Funds New World R6	**	139,699
	Baird Asset Management	Baird Aggregate Bond Inst	**	941,450
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**Optical Society of America
Defined Contribution Retirement Plan**

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
EIN: 53-0259696 **Plan No. :001**

December 31, 2024

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