

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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) _____ ☐ 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
1a	Name of plan SCHOTT CORPORATION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1980
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) SCHOTT CORPORATION 2 INTERNATIONAL DRIVE SUITE 105 RYE BROOK, NY 10573
2b	Employer Identification Number (EIN) 13-3342824
2c	Plan Sponsor's telephone number 914-831-2200
2d	Business code (see instructions) 327210

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.	07/15/2026	MICHAEL KITTS
	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 ☒ 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 1256
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) 90 6a(2) 79 6b 645 6c 395 6d 1119 6e 118 6f 1237 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____
- (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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan SCHOTT CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHOTT CORPORATION	D Employer Identification Number (EIN) 13-3342824
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	84789940	
b	Actuarial value	2b	78677737	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	750	50673199	50673199
b	For terminated vested participants	423	21629131	21629131
c	For active participants	90	12280247	12280247
d	Total	1263	84582577	84582577
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.37 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	771000	
c	Target normal cost	6c	771000	

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

SIGN HERE	Signature of actuary DAVID E. FORBES, FSA, EA, MAAA Type or print name of actuary MILLIMAN Firm name 150 CLOVE ROAD 8TH FLOOR LITTLE FALLS, NJ 07424-3352 Address of the firm	07/07/2026 Date 26-05261 Most recent enrollment number 973-278-8860 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1361174	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	779473	0
9 Amount remaining (line 7 minus line 8)	581701	0
10 Interest on line 9 using prior year's actual return of 19.14 %	111338	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	693039	0

Part III Funding Percentages

14 Funding target attainment percentage	14	92.19 %
15 Adjusted funding target attainment percentage	15	92.19 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.91 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/11/2025	350889				
10/10/2025	310705				
06/02/2026	94312				
Totals ►			18(b)	755906	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	717862

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 5.05 %	2nd segment: 5.31 %	3rd segment: 5.59 %
	☐ N/A, full yield curve used		
b Applicable month (enter code)	21b	0	
22 Weighted average retirement age	22	65	
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	771000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6597879	639338	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1410338	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	693039	0	693039
36 Additional cash requirement (line 34 minus line 35)	36	717299	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	717862	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	563	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	563	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan SCHOTT CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHOTT CORPORATION	D Employer Identification Number (EIN) 13-3342824	

Part I	Service Provider Information (see instructions)
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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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51	NONE	212519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	68006	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan SCHOTT CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SCHOTT CORPORATION	D Employer Identification Number (EIN) 13-3342824	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVEST FUND			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 611993	
a Name of MTIA, CCT, PSA, or 103-12 IE: DB NSL LT GOVT BIF			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26528759	
a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL INT CREDIT BIF			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8422724	
a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL LT CREDIT BIF			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10274475	
a Name of MTIA, CCT, PSA, or 103-12 IE: DB NSL LT CREDIT BIF			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19036251	
a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL INTL SIF			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1213130	
a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL SIF			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8498009	

a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL MC SIF**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON**c** EIN-PN 25-6078093-000**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2402102**a** Name of MTIA, CCT, PSA, or 103-12 IE: DB SL INT GOVT BIF**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON**c** EIN-PN 25-6078093-000**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3978164**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan SCHOTT CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHOTT CORPORATION	D Employer Identification Number (EIN) 13-3342824	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	680000	405017
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1140	749
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)		
(9) Value of interest in common/collective trusts	1c(9)	84319851	80965607
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	85000991	81371373
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	173790	123831
i Acquisition indebtedness	1i		
j Other liabilities	1j	13734	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	187524	123831
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	84813467	81247542

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)	755906	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		755906
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1602039
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2357945

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5293343	
(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)		5293343
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19058	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	212519	
(7) Actuarial fees	2i(7)	68006	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1964	
(11) Other expenses	2i(11)	328980	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		630527
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5923870

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3565925
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 575103.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan SCHOTT CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHOTT CORPORATION		D Employer Identification Number (EIN) 13-3342824
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5160382		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

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: 15.00 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 84.00 %

High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 1.00 % 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Schott Corporation Pension Plan

Financial Statements and
Supplementary Information

September 30, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator of
Schott Corporation Pension Plan

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

We have performed audits of the financial statements of Schott Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of September 30, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Baker Tilly US, LLP

Iselin, New Jersey
July 15, 2026

Schott Corporation Pension Plan

Statements of Net Assets Available for Benefits

September 30, 2025 and 2024

	2025	2024
Assets		
Investments		
Collective trust funds	\$ 80,965,607	\$ 84,319,851
Receivables		
Employer contributions receivable	405,017	680,000
Interest receivable	749	1,140
Total receivables	405,766	681,140
Total assets	81,371,373	85,000,991
Liabilities		
Payables		
Accrued expenses	123,831	173,790
Amounts owed for securities purchased or other investment related payables	-	13,735
Total payables	123,831	187,525
Total liabilities	123,831	187,525
Net assets available for benefits	\$ 81,247,542	\$ 84,813,466

See notes to financial statements

Schott Corporation Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	\$ 12,120	\$ 15,060
Net appreciation in fair value of investments	1,589,918	14,045,881
Total investment income	1,602,038	14,060,941
Contributions		
Employer contributions	755,906	680,000
Total additions	2,357,944	14,740,941
Deductions		
Benefits paid to participants	5,293,341	5,359,039
Administrative expenses	630,527	864,501
Total deductions	5,923,868	6,223,540
Net (decrease) increase	(3,565,924)	8,517,401
Net assets available for benefits		
Beginning of year	84,813,466	76,296,065
End of year	\$ 81,247,542	\$ 84,813,466

See notes to financial statements

Schott Corporation Pension Plan

Statement of Accumulated Plan Benefits

September 30, 2024

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments	\$ 50,510,338
Participants not in pay status	33,590,429

Total vested benefits	84,100,767
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Nonvested benefits	197,931
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Total actuarial present value of accumulated plan benefits	\$ 84,298,698
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See notes to financial statements

Schott Corporation Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended September 30, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 86,932,222
Increase (decrease) during the year attributable to:	
Benefits accumulated	(229,398)
Change in average discount period	4,509,387
Benefits paid	(5,359,039)
Change in actuarial assumptions	(1,554,474)
Net decrease	(2,633,524)
Actuarial present value of accumulated plan benefits at end of year	\$ 84,298,698

See notes to financial statements

Schott Corporation Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

1. Description of Plan

The following description of the Schott Corporation Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering certain participating employees of Schott Corporation, Schott Parenta Systems, Inc., Schott Scientific Glass, Inc., Schott Fiber Optics, Inc., Schott Glass Technologies, Inc., Schott Pharmaceutical Packaging, Inc., Schott North American Manufacturing, Inc., Forma Vitrum, Inc., SGBM, Inc., Schott Process Systems, Inc., Schott Applied Power Corporation, Schott Donnelly LLC., Schott Lithotec Corporation and Schott Elecpac, LLC. Schott Corporation (collectively, the Company or plan sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended and restated as of October 1, 2014 to incorporate all amendments made to the Plan prior to the restatement. The Plan was amended on January 1, 2010 to include Schott Elecpac, LLC as an employer in the Plan.

The Plan's Investment Committee has overall responsibility for the operation and administration of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective December 31, 2010, the Plan was amended to freeze participation and benefit accruals ceased.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met for the years ended September 30, 2025 and 2024.

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

Pension Benefits

Normal retirement benefits under the Plan are based on the sum of 1.25% of the average annual compensation up to Covered Compensation, as defined, plus 1.65% of average annual compensation in excess of Covered Compensation, multiplied by credited service (30-year maximum).

The Plan permits early retirement at ages 55 to 64 for participants with five or more years of credited service. Participants generally elect to receive the value of their accumulated plan benefits in the form of a life annuity (if single) or 50% qualified joint and survivor annuity (if married) upon retirement or termination. If participants terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits.

Schott Corporation Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

Death and Disability Benefits

An active employee that has and completed five years of service, or a pensioner that dies, is entitled to a death benefit payable to the employee's spouse, providing the employee and spouse had been married on the date of death or on the date of benefit commencement, whichever occurred first. The death benefit is a monthly annuity for the life of the eligible surviving spouse equal to the amount which would have been payable to the spouse under a 50% qualified joint and survivor annuity.

Employees who become totally and permanently disabled receive monthly disability benefits that are equal to the participant's monthly accrued benefit as of his/her disability retirement date provided they have completed 10 or more years of service and receive disability benefits under the Federal Social Security Act.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

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

Schott Corporation Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

Subsequent Events

Subsequent events were evaluated through July 15, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employee's five highest paid consecutive years during the last 10 years of employment. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2024. Had the valuation been performed as of September 30, 2025, there would be no material differences. The significant actuarial assumptions used in the valuation were:

- The assumed rate of interest used to value the present value of accumulated plan benefits is 5.55% and mortality scales is Generational PRI-2012 Separate Annuitant and Non-Annuitant Mortality Tables, projected with Scale MP-2021.
- The increase in the assumed rate of interest from 5.35% in the prior year primarily caused a decrease of \$1,554,474 to the actuarial present value of accumulated plan benefits for the year ending September 30, 2024.
- Retirement age assumption - 65.

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

Schott Corporation Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

4. Fair Value Measurements

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

Investments measured at net asset value: the collective trust funds are valued at the net asset value (NAV) of units of collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Schott Corporation Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

Assets at Fair Value as of September 30, 2025	Level 1		Level 2		Level 3		Total
Total assets in the fair value hierarchy	\$	-	\$	-	\$	-	\$ -
Investments measured at net asset value (a)		-		-		-	80,965,607
Total investments at fair value	\$	-	\$	-	\$	-	\$ 80,965,607

Assets at Fair Value as of September 30, 2024	Level 1		Level 2		Level 3		Total
Total assets in the fair value hierarchy	\$	-	\$	-	\$	-	\$ -
Investments measured at net asset value (a)		-		-		-	84,319,851
Total investments at fair value	\$	-	\$	-	\$	-	\$ 84,319,851

(a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Schott Corporation Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

September 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Collective trust funds:				
BNYM-M DB SL INTL SIF	\$ 1,213,130	\$ -	Daily	None
BNYM-M DB NSL Long Term Govt BIF	26,528,759	-	Daily	None
EB Temporary Investment Fund	611,993	-	Daily	None
BNYM-M DB SL SIF	8,498,009	-	Daily	None
BNYM-M DB SL INT Credit BIF	8,422,724	-	Daily	None
BNYM-M DB SL Long Term Credit BIF	10,274,475	-	Daily	None
BNYM-M DB SL MC SIF	2,402,102	-	Daily	None
BNYM-M DB NSL Long Term Credit BIF	19,036,251	-	Daily	None
BNYM-M DB SL INT Govt BIF	3,978,164	-	Daily	None
Total	\$ 80,965,607	\$ -		

September 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Collective trust funds:				
BNYM-M DB SL INTL SIF	\$ 1,269,036	\$ -	Daily	None
BNYM-M DB NSL Long Term Govt BIF	25,873,502	-	Daily	None
EB Temporary Investment Fund	606,156	-	Daily	None
BNYM-M DB SL SIF	8,878,857	-	Daily	None
BNYM-M DB SL INT Credit BIF	10,490,664	-	Daily	None
BNYM-M DB SL Long Term Credit BIF	10,702,286	-	Daily	None
BNYM-M DB SL MC SIF	2,507,793	-	Daily	None
BNYM-M DB NSL Long Term Credit BIF	23,991,557	-	Daily	None
Total	\$ 84,319,851	\$ -		

Schott Corporation Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

5. Concentrations

As of September 30, 2025 and 2024, the Plan had investments of \$72,760,218 and \$79,936,866, respectively, that were concentrated in five funds.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, The Bank of New York Mellon (BNY), the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of September 30, 2025 and 2024, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of September 30, 2025, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2025 and 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended September 30, 2025. Such information was obtained by management and agree to or derived from information certified as complete and accurate by a qualified institution.

7. Related-Party and Party in Interest Transactions

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

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

8. Plan Termination

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

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

Schott Corporation Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated November 9, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

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

10. Risks and Uncertainties

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

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

Schott Corporation Pension Plan

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

EIN: 13-3342824 Plan Number: 001

September 30, 2025

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party			
Collective trust funds:				
*	The Bank of New York Mellon	BNYM-M DB SL INTL SIF	\$ 668,075	\$ 1,213,130
*	The Bank of New York Mellon	BNYM-M DB NSL Long Term Govt BIF	29,183,563	26,528,759
*	The Bank of New York Mellon	EB Temporary Investment Fund	611,993	611,993
*	The Bank of New York Mellon	BNYM-M DB SL SIF	4,000,928	8,498,009
*	The Bank of New York Mellon	BNYM-M DB SL INT Credit BIF	7,295,817	8,422,724
*	The Bank of New York Mellon	BNYM-M DB SL Long Term Credit BIF	5,483,859	10,274,475
*	The Bank of New York Mellon	BNYM-M DB SL MC SIF	1,495,879	2,402,102
*	The Bank of New York Mellon	BNYM-M DB NSL Long Term Credit BIF	13,639,937	19,036,251
*	The Bank of New York Mellon	BNYM-M DB SL INT GOVT BIF	3,950,000	3,978,164
Total collective trust funds			\$ 66,330,051	\$ 80,965,607

*A party in interest as defined by ERISA.

Schott Corporation Pension Plan

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

EIN: 13-3342824 Plan Number: 001

Year Ended September 30, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions								
*	The Bank of New York Mellon EB Temporary Investment Fund (Purchases - 57)	\$ 6,079,257	\$ -	\$ -	\$ -	\$ 6,079,257	\$ 6,079,257	\$ -
*	The Bank of New York Mellon EB Temporary Investment Fund (Sales - 50)	-	6,073,420	-	-	6,073,420	6,073,420	-
*	The Bank of New York Mellon BNYM-M DB NSL Long Term Credit BIF (Purchases - 1)	100,000	-	-	-	100,000	-	-
*	The Bank of New York Mellon BNYM-M DB NSL Long Term Credit BIF (Sales - 7)	-	5,150,000	-	-	3,809,282	5,150,000	1,340,718

*A party in interest as defined by ERISA.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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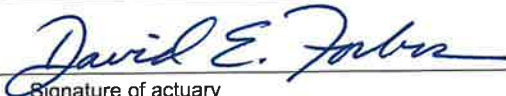
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

A Name of plan Schott Corporation Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHOTT Corporation	D Employer Identification Number (EIN) 13-3342824
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 10 Day 1 Year 2024			
2 Assets:			
a Market value	2a	84,789,940	
b Actuarial value	2b	78,677,737	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	750	50,673,199	50,673,199
b For terminated vested participants.....	423	21,629,131	21,629,131
c For active participants	90	12,280,247	12,280,247
d Total.....	1,263	84,582,577	84,582,577
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.37 %	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	771,000	
c Target normal cost	6c	771,000	

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

SIGN HERE  Signature of actuary David E. Forbes, FSA, EA, MAAA Type or print name of actuary Milliman Firm name 150 Clove Road 8th Floor Little Falls NJ 07424-3352 Address of the firm	7/7/2026 Date 26-05261 Most recent enrollment number (973) 278-8860 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Schott Corporation Pension Plan
EIN/PN: 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. -

Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

Date	Plan Year to Apply Contribution	Effective Interest Rate	Contribution Amount	Discounted Value as of 10/1/2024
None				
Total			0	0

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 10/1/2024
7/11/2025	2024	5.37%		350,889	336,942
10/10/2025	2024	5.37%		310,705	294,490
6/2/2026	2024	5.37%		94,312	86,430
Total				755,906	717,862

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Line 22 – Description of Weighted Average Retirement Age

$$\text{The weighted average retirement age} = \sum_{n=0}^{k-x} n |q_x|^n (x + n)$$

x = the earliest retirement age for which a retirement rate is shown.

$n |q_x|^n$ = the probability that (x) will survive for n years and retire in the (n + 1)th year.

k = the maximum retirement age for which a retirement rate is shown.

It is assumed that all participants will retire at age 65 and therefore the weighted average retirement age is 65.

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Line 26a – Summary of Active Participants

Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	1	0	0	0	0	0	0	0	1
45 to 49	0	0	6	5	0	0	0	0	0	0	11
50 to 54	0	0	6	5	2	4	0	0	0	0	17
55 to 59	0	0	6	10	6	3	0	0	0	0	25
60 to 64	0	0	4	10	3	5	0	0	0	0	22
65 to 69	0	0	2	1	1	3	0	4	0	0	11
70 & up	0	0	1	0	2	0	0	0	0	0	3
Total	0	0	26	31	14	15	0	4	0	0	90

Schott Corporation Pension Plan**EIN / PN: 13-3342824 / 001****Attachment to 2024 Form 5500 Schedule SB****Line 26b – Schedule of Projection of Expected Benefit Payments**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	463,061	728,211	5,309,809	6,501,080
2025	503,177	934,635	5,157,180	6,594,992
2026	540,461	1,056,463	4,995,902	6,592,826
2027	560,170	1,180,654	4,826,641	6,567,466
2028	678,916	1,256,378	4,649,416	6,584,710
2029	811,960	1,398,457	4,465,512	6,675,929
2030	822,823	1,486,034	4,274,483	6,583,340
2031	832,888	1,553,837	4,077,599	6,464,324
2032	891,237	1,587,925	3,874,755	6,353,916
2033	915,792	1,650,986	3,668,937	6,235,715
2034	976,656	1,718,445	3,459,164	6,154,265
2035	1,014,038	1,741,907	3,244,986	6,000,931
2036	1,011,717	1,725,121	3,030,649	5,767,487
2037	983,533	1,727,104	2,815,661	5,526,297
2038	981,788	1,716,495	2,601,277	5,299,560
2039	980,787	1,698,632	2,388,833	5,068,252
2040	993,270	1,667,483	2,179,739	4,840,492
2041	986,778	1,638,665	1,975,447	4,600,890
2042	950,126	1,603,762	1,777,416	4,331,305
2043	920,157	1,560,079	1,587,065	4,067,302
2044	880,726	1,501,974	1,405,717	3,788,417
2045	840,051	1,433,412	1,234,536	3,507,999
2046	798,253	1,365,110	1,074,516	3,237,879
2047	759,828	1,293,324	926,461	2,979,612
2048	716,258	1,217,001	790,961	2,724,220
2049	672,135	1,138,895	668,383	2,479,413
2050	627,720	1,060,577	558,846	2,247,143
2051	583,282	982,580	462,214	2,028,077
2052	539,091	905,455	378,099	1,822,644
2053	495,437	829,749	305,875	1,631,061
2054	452,628	756,007	244,722	1,453,358
2055	410,977	684,756	193,671	1,289,404
2056	370,773	616,479	151,652	1,138,904
2057	332,273	551,587	117,550	1,001,410
2058	295,707	490,413	90,253	876,374

Schott Corporation Pension Plan

EIN / PN: 13-3342824 / 001

Attachment to 2024 Form 5500 Schedule SB

Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	261,271	433,228	68,695	763,194
2060	229,127	380,222	51,885	661,234
2061	199,391	331,510	38,935	569,836
2062	172,118	287,117	29,065	488,300
2063	147,310	246,996	21,613	415,920
2064	124,942	211,030	16,031	352,004
2065	104,960	179,041	11,876	295,877
2066	87,287	150,805	8,800	246,891
2067	71,822	126,064	6,531	204,417
2068	58,438	104,549	4,863	167,850
2069	46,992	85,988	3,639	136,619
2070	37,332	70,107	2,740	110,179
2071	29,290	56,631	2,081	88,003
2072	22,692	45,298	1,597	69,586
2073	17,355	35,857	1,239	54,452

Schott Corporation Pension Plan
EIN/PN: 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Line 32 – Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of Any Remaining Installments</u>	<u>Valuation Date Established</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
Shortfall Base	5,495,380	10/1/2023	14 Years	536,556
<u>Shortfall Base</u>	<u>1,102,499</u>	10/1/2024	15 Years	<u>102,782</u>
Total	6,597,879			639,338

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Actuarial Methods and Assumptions

Methods

Actuarial Cost Method: The valuation of retirement benefits is determined under the “Unit Credit Actuarial Cost Method”, as prescribed by the Pension Protection Act of 2006 (PPA). In this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment based on the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets.

The Target Normal Cost is the Actuarial Present Value of benefits expected to accrue during the valuation year including expenses expected to be paid from the Plan Assets.

Asset Valuation Method: 2 year (3-point; the current and two preceding valuation dates) Average Value of Assets as permitted under IRS Notice 2009-22.

Information on assumptions is provided below in accordance with Actuarial Standard of Practice (ASOP) No. 27.

Economic Assumptions

Interest Rates:

Assumption: PPA Funding - 2024 IJJA Segment Rates with no lookback, subject to the IJJA corridor

Maximum Deductible Contribution – 2024 Pre-IJJA Segment Rates with no lookback.

Segment	PPA Funding (IJJA Rates)	Maximum Deductible Contribution (Pre-IJJA Rates)
Under 5 Years	5.05%	5.05%
5 to 20 Years	5.31%	5.31%
20 Years or more	5.59%	5.37%
Effective Rate	5.37%	5.31%

Rationale: Plan sponsors have the option to elect the use of a full yield curve, or to use segmented interest rates (with a lookback period, if desired) subject to IJJA constraints. Schott Corporation is currently using segmented interest rates with no lookback, based on prior elections.

Assumption: FASB ASC Topic 960 – 5.55%, compounded annually. This is the assumed rate of return for the Plan’s entire portfolio of assets, net of investment expenses and including inflation of 2.30%. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Actuarial Methods and Assumptions

Rationale: In developing an investment return assumption, we relied on models and capital market assumptions developed by Milliman investment consultants and the Plan's investment policy, and utilize capital market assumptions consisting of expected returns, standard deviations, and correlations for a broad range of traditional and alternative asset classes typically seen in institutional investment portfolios. We determine expected returns for each asset class based on forward looking data including forecasts of inflation, GDP growth, and current yields to maturity of fixed income securities. Historical data and academic research is used to estimate volatility (standard deviations) and correlations of asset classes. We then incorporate the plan portfolio's actual asset allocations and develop the expected rate of return.

This selection process reflects professional judgment, relevant economic data as of the measurement date, and estimates of future experience, and in our opinion, it is appropriate for the intended purpose, and contains no significant bias.

Change in assumptions: The FASB ASC Topic 960 discount rate increased to 5.55%, as compared to 5.35% in the previous valuation. The increase was primarily due to changes in expectations of future experience coupled with observations of estimates inherent in market data.

Provision for expenses

Assumption: Prior year's actual administrative expense rounded up to next \$1,000.

Rationale: This assumption is our best estimate of future administrative expenses payable from the plan's assets.

Demographic Assumptions

Mortality for Healthy Lives (PPA Funding):

Assumption: Generational mortality tables per IRC 1.430(h)(3)-(1).

Rationale: This mortality table is among those accepted for use under PPA for ERISA funding valuations upon election of the Plan Sponsor for the plan year.

Change in assumptions: As of October 1, 2024, the mortality assumption changed to the Generational mortality tables per IRC 1.430(h)(3)-(1) from the static mortality tables per IRC 1.430(h)(3)-(1) as of October 1, 2023. The mortality assumption was updated to remain consistent with the mortality assumptions required for larger plans, as outlined in IRC 1.430(h)(3)-1.

Mortality for Disabled Participants (PPA Funding):

Assumption: Revenue Ruling 96-7 Mortality: Post-94 Mortality for males and females, as prescribed by PPA.

Rationale: Based on historical experience and future expectations, we believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Actuarial Methods and Assumptions

Mortality for Healthy and Disabled Lives (FASB ASC Topic 960):

Assumption: Generational PRI-2012 Separate Annuitant and Non- Annuitant Mortality Tables, projected with Scale MP-2021, for males and females.

Rationale: In October 2021, the Society of Actuaries' Retirement Plans Experience Committee (RPEC) released a final report detailing new mortality improvement scales (MP-2021). The plan sponsor has elected the mortality assumption described above.

Retirement Age: Age 65

Rationale: Based on historical experience and future expectations, we believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Withdrawal Assumption: Illustrative quinquennial rates:

Age	Rate	Age	Rate
25	9.27%	45	4.77%
30	8.67%	50	3.08%
35	7.53%	55	1.13%
40	6.18%	60	0.11%

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Percent Married and Assumed Age Difference: 100% married and female spouses are assumed to be 3 years younger than male spouses.

Rationale: This assumption reflects the fact that most participants are married at retirement. We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Form of Benefit: Upon retirement, participants are assumed to elect a single life annuity.

Rationale: We believe this assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Plan Provisions

The following provisions apply to all except Schott Scientific Glass Salaried Employees (prior to 2003) and Schott Glass Hourly Plan participants

Basic Information

Effective Date: October 1, 1980

Last Amendment Date: Effective December 31, 2010.

Eligibility: Each employee is covered as of the first day of the month coincident with or next following attainment of age 21 and one eligibility year of service.

Compensation: The total compensation paid to an employee, including overtime pay, commissions, bonuses, and other extra compensation during each plan year.

Average Annual Compensation: Participant's average annual Compensation for the highest 60 consecutive months during the 120 month period immediately preceding his retirement date, his date of termination, or his date of death, whichever is earliest, but not later than December 31, 2010.

Credited Service: Years of employment limited as follows:

Company	Date From
Schott Parenta Systems	October 1, 1993
Schott Fiber Optics	December 30, 1986
Schott Pharm. Pkg.	February 1, 1992
Schott Gas Systems	March 30, 1996
SNAM	January 1, 2000
Forma Vitrum	January 16, 2001
Schott Applied Power	Through December 31, 2002
Schott Lithotec	April 1, 2002

Credited Service ends on the earlier of December 31, 2010 and the date of termination.

Benefit Formulas and Eligibilities

Retirement Dates:

Normal Retirement Date: First day of the month coincident with or next following a participant's 65th birthday.

Early Retirement Date: Age 55 and five years of service.

Deferred Retirement Date: Date of actual retirement, if beyond Normal Retirement Date.

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Plan Provisions

Retirement Benefits:

Normal Retirement: The sum of (a) 1.25% of Highest Average Annual Compensation up to Covered Compensation plus (b) 1.65% of Highest Average Annual Compensation in excess of Covered Compensation, multiplied by Credited Service (30 year maximum).

Early Retirement: Benefit determined as for termination of employment. If benefit commences prior to Normal Retirement Date (NRD), reduced by 1/15 for each of the first 5 years preceding NRD, and 1/30 per year for each of the next 5 years preceding NRD.

Deferred Retirement: Determined based on Highest Average Monthly Compensation and Credited Service as of Deferred Retirement Date.

Optional Methods of Receiving Benefit Payments:

Normal Forms: Life Annuity for unmarried participants. Joint and 50% to Spouse for Married Participants. (This is the actuarial equivalent of the normal form for unmarried participants.)

Optional Forms: Five, Ten or Fifteen Years Certain and Life thereafter.

Joint and 100%, 75%, 66 2/3% or 50% Contingent Option.

Death Benefits:

Prior to Retirement: The benefit payable to the surviving spouse assuming that the participant had survived to the earliest retirement age (or age at death, if later), retired immediately under the Joint and 50% Contingent Option and died immediately thereafter.

After Actual Retirement: In accordance with the option of payment selected by the participant at the time of his retirement.

Termination of Employment

100% after five years of service. The benefit payable at Normal Retirement Date is determined in the same manner as the Normal Retirement Benefit. For early commencement, the benefit is determined in the same manner as the Early Retirement Benefit.

Sunset Provision: Effective December 31, 2010, all benefit accruals ceased for active participants.

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Plan Provisions

The following provisions apply to Schott Scientific Glass employees prior to January 1, 2003

Basic Information

Effective Date: October 1, 1994

Acquisition Date: May 18, 1994

Change in Formula: Effective January 1, 2003, Schott Scientific Glass Employees begin to accrue benefits under the Schott Corporation formula described in Part A (future service only).

Eligibility: Each employee is covered as of the first day of employment

Compensation: The monthly equivalent of total compensation paid to an employee, including overtime pay, commissions, bonuses, and other extra compensation for the 12-month period during each calendar year.

Benefit Formulas and Eligibilities

Retirement Dates:

Normal Retirement Date: Age 65.

Early Retirement Date: Age 55.

Disability Retirement Date: Date of total and permanent disability in the opinion of a physician selected by the Trustees, provided 10 years of credited service.

Deferred Retirement Date: Date of actual retirement, if beyond Normal Retirement Date.

Retirement Benefits:

Normal Retirement: 1.5% of Compensation for each year after the Acquisition Date.

Early Retirement: 4% reduction per each year preceding age 60. No reduction for age 55 and 30 years of service or age 60.

Disability Retirement: The unreduced accrued benefit is payable immediately.

Optional Methods of Receiving Benefit Payments

Normal Forms: Six Years Certain and Life Annuity for unmarried participants. Joint and 50% to Spouse for Married Participants. (This is the actuarial equivalent of the normal form for unmarried participants.)

Optional Forms: Level Income Option.

Joint and 100%, 75% or 50% Contingent Option.

All annuity options are payable for 6 years certain.

Lump Sum Option, if present value is less than \$10,000.

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Plan Provisions

Pre-Retirement Spouse's Benefit: If a married participant who is vested dies, his spouse will receive a Life Annuity equal to 50% of the benefit the participant would have received had he retired on the Qualified Joint and Survivor Annuity form on the date of death, or his earliest Early Retirement Date, whichever is later. If the participant was eligible for Early Retirement, benefits will commence immediately, otherwise, benefits will commence on the earliest date the participant would have been eligible to retire.

Termination of Employment (Vesting): 5 Years of Service

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Plan Provisions

The following provisions apply to Schott Scientific Glass Hourly employees

Basic Information

Effective Date: October 1, 1994

Last Amendment Date: September, 2004

Plan Sponsor: Schott Scientific Glass, Inc (prior to merger).

Plan Year: October 1 – September 30

Eligibility: All hourly employees represented by the American Flint Glass Workers Union.

Benefit Formulas and Eligibilities

Normal Retirement:

Normal Retirement Age: 65

Benefit: The monthly benefit is equal to (i) minus (ii), where

(i) is \$25.00 multiplied by Credited Service to 5/18/1994 plus appropriate amount shown below multiplied by Credited Service after 5/18/1994:

On or after 01/01/2001, before 1/1/2002: \$28.00

On or after 01/01/2002, before 1/1/2003: \$29.00

On or after 01/01/2003, before 1/1/2004: \$30.00

On or after 01/01/2004: \$32.00

(ii) is the accrued benefit under the Pension Plan of Corning Incorporated determined by multiplying the Credited Service earned under the Corning Plan by \$23.00.

Each pensioner who retires on or after 2/1/1999 will have his pension adjusted to reflect the amounts shown above.

Early Retirement:

Early Retirement Age: 55

Service: 5 years of credited service.

Benefit: Vested accrued benefit reduced by 1/3 of 1% for each month preceding age 60. Unreduced benefits at age 55 with 30 years of service or at age 60 with 5 years of service.

Vesting:

Eligibility: Five Years of Service.

Benefit: Accrued benefit to date of termination commencing on Member's normal retirement date, or reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months by which commencement precedes normal retirement date.

Schott Corporation Pension Plan
EIN/PN : 13-3342824/001
Attachment to 2024 Form 5500 Schedule SB
Part V – Summary of Plan Provisions

Disability:

Eligibility: 10 years of service with total and permanent disability.

Benefit: Unreduced Accrued Benefit payable immediately.

Spouse's Benefit: If a married Member who is vested dies while in active employment (or approved leave), and has completed 10 years of Credited Service or has reached age 55 and completed 5 years of Credited Service, his spouse will receive a life annuity equal to 50% of the accrued benefit, commencing immediately. Otherwise, his spouse will receive a Life Annuity equal to 50% of the benefit the Member would have received had the Member retired with a Qualified Joint and Survivor Annuity form on his earliest Early Retirement Date or death, whichever is later.

Normal Form: Six Year Certain and Life Annuity. However, each member who is married at Retirement does not elect otherwise will receive a reduced benefit under a 50% Joint and Survivor Annuity form.

Special Termination Benefits: Pursuant to the Closing Agreement dated June 25, 2004, active participants who attain age 55 before January 1, 2007 may retire with subsidized early retirement benefits.

Schott Corporation Pension Plan

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

EIN: 13-3342824 Plan Number: 001

September 30, 2025

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party			
Collective trust funds:				
*	The Bank of New York Mellon	BNYM-M DB SL INTL SIF	\$ 668,075	\$ 1,213,130
*	The Bank of New York Mellon	BNYM-M DB NSL Long Term Govt BIF	29,183,563	26,528,759
*	The Bank of New York Mellon	EB Temporary Investment Fund	611,993	611,993
*	The Bank of New York Mellon	BNYM-M DB SL SIF	4,000,928	8,498,009
*	The Bank of New York Mellon	BNYM-M DB SL INT Credit BIF	7,295,817	8,422,724
*	The Bank of New York Mellon	BNYM-M DB SL Long Term Credit BIF	5,483,859	10,274,475
*	The Bank of New York Mellon	BNYM-M DB SL MC SIF	1,495,879	2,402,102
*	The Bank of New York Mellon	BNYM-M DB NSL Long Term Credit BIF	13,639,937	19,036,251
*	The Bank of New York Mellon	BNYM-M DB SL INT GOVT BIF	3,950,000	3,978,164
Total collective trust funds			\$ 66,330,051	\$ 80,965,607

*A party in interest as defined by ERISA.

Schott Corporation Pension Plan

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

EIN: 13-3342824 Plan Number: 001

Year Ended September 30, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions								
*	The Bank of New York Mellon EB Temporary Investment Fund (Purchases - 57)	\$ 6,079,257	\$ -	\$ -	\$ -	\$ 6,079,257	\$ 6,079,257	\$ -
*	The Bank of New York Mellon EB Temporary Investment Fund (Sales - 50)	-	6,073,420	-	-	6,073,420	6,073,420	-
*	The Bank of New York Mellon BNYM-M DB NSL Long Term Credit BIF (Purchases - 1)	100,000	-	-	-	100,000	-	-
*	The Bank of New York Mellon BNYM-M DB NSL Long Term Credit BIF (Sales - 7)	-	5,150,000	-	-	3,809,282	5,150,000	1,340,718

*A party in interest as defined by ERISA.