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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] 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
PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1967

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)
CARL ZEISS, INC.

ONE NORTH BROADWAY
WHITE PLAINS, NY 10601

2b Employer Identification Number (EIN)
13-1495820

2c Plan Sponsor's telephone number
914-747-1800

2d Business code (see instructions)
339110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	JAYANTHI KIDAMBI
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	801
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	**6a(1)**	99
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	86
b	Retired or separated participants receiving benefits	**6b**	362
c	Other retired or separated participants entitled to future benefits	**6c**	254
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	702
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	73
f	Total. Add lines **6d** and **6e**.	**6f**	775
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

1A 1E 1I 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CARL ZEISS, INC.

D Employer Identification Number (EIN)
13-1495820

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	78641687
b Actuarial value	**2b**	80082915

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	450	40285172	40285172
b For terminated vested participants	265	19048251	19048251
c For active participants	99	13997530	14008831
d Total	814	73330953	73342254

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	359034
c Target normal cost	**6c**	359034

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

09/15/2026
Date

DAVID E. FORBES, FSA, EA, MAAA
Type or print name of actuary

26-05261
Most recent enrollment number

MILLIMAN, INC.
Firm name

973-278-8860
Telephone number (including area code)

150 CLOVE ROAD
8TH FLOOR
LITTLE FALLS, NJ 07424
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15464491
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	331493
9	Amount remaining (line 7 minus line 8)	0	15132998
10	Interest on line 9 using prior year's actual return of 1.09 %	0	164950
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 5.35 %		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
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15297948

Part III Funding Percentages

14	Funding target attainment percentage	14	88.33 %
15	Adjusted funding target attainment percentage	15	109.19 %
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	99.74 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	359034
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8557287	808211
b Waiver amortization installment		

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**	1167245

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1167245	1167245

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARL ZEISS, INC.

D Employer Identification Number (EIN)
13-1495820

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MELLON BANK, NA

25-0659306

(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?
19 21 50	NONE	247332	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	246920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CARL ZEISS, INC.

D Employer Identification Number (EIN)
13-1495820

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 INVESTMENT FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-023	C	576208

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-010	C	6644397

a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL SC SIF

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-009	C	3486178

a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL INTERNATIONAL SIF

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-034	C	1660050

a Name of MTIA, CCT, PSA, or 103-12 IE: DB SL LONG BIF

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-006	C	13329448

a Name of MTIA, CCT, PSA, or 103-12 IE: US INVEST GRADE CORP LONG DUR FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-220	C	19606374

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON LONG DURATION FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON 15585682

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)
25-6078093-329	C	15665112

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 20646112

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)
25-6078093-060	C	17370497

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)

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 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 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 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 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARL ZEISS, INC.

D Employer Identification Number (EIN)
13-1495820

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2024	1375
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)	11022	6602
(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)	78766697	78503142
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	78779743	78511119
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	78779743	78511119

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18239	
(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)		18239
(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)	2351397	
(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)		2351397
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4322441
(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		6692077
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6381543	
(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)		6381543
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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	247332	
(7) Actuarial fees	2i(7)	246920	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	84906	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		579158
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6960701
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-268624
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) [X] 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)** [X] 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: MAILLIE LLP **(2)** EIN: 23-1518888

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 572766.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARL ZEISS, INC.

D Employer Identification Number (EIN)
13-1495820

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): 25-1784855

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 | 12

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705203A .

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Years Ended December 31, 2025 and 2024

Maillie®
ACCOUNTANTS • ADVISORS

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

TABLE OF CONTENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	18
Schedule H, Line 4j - Schedule of Reportable Transactions	19

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Independent Auditors' Report

To the Plan Administrator
Pension Plan for Employees of
Carl Zeiss, Inc.
White Plains, New York

Opinion

We have audited the financial statements of Pension Plan for Employees of Carl Zeiss, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2024, and the changes in accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 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.

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 one year after the date 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

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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Pension Plan for Employees of Carl Zeiss Inc.'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 Pension Plan for Employees of Carl Zeiss Inc.'s ability to continue as a going concern for a reasonable period of time.

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.

To the Plan Administrator
Pension Plan for Employees of
Carl Zeiss, Inc.
White Plains, New York

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of: (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and (2) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 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 Department of Labor'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 has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Maillie LLP

Limerick, Pennsylvania
October 14, 2026

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at fair value		
Corporate obligation	$ 6,602	$ 11,022
Common/collective trusts	78,359,382	78,629,192
Total investments, at fair value	78,365,984	78,640,214
Net assets held in 401(h) account	143,760	137,505
Accrued investment income	1,375	2,024
TOTAL ASSETS	78,511,119	78,779,743
LIABILITIES		
Amounts related to obligation of 401(h) account	143,760	137,505
TOTAL LIABILITIES	143,760	137,505
	$ 78,367,359	$ 78,642,238

See the independent auditors' report and accompanying notes.

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS		
Investment Income		
Net appreciation in fair value of investments	$ 6,673,838	$ 1,124,888
Interest and dividends	11,984	16,178
TOTAL INVESTMENT INCOME	6,685,822	1,141,066
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	6,381,543	6,637,914
Administrative expenses	579,158	616,094
TOTAL DEDUCTIONS	6,960,701	7,254,008
NET (DECREASE)	(274,879)	(6,112,942)
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	78,642,238	84,755,180
END OF YEAR	$ 78,367,359	$ 78,642,238

See the independent auditors' report and accompanying notes.

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

STATEMENT OF ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants in pay status	$	38,882,020
Participants not in pay status		31,546,080
		70,428,100
Non-vested benefits		19,834
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$	70,447,934

See the independent auditors' report and accompanying notes.

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Beginning of Year	$ 71,187,902
Increase (decrease) during the year attributable to	
Changes in average discount period	4,278,937
Actuarial loss	33,313
Benefits paid	(6,637,914)
Assumption changes	1,585,696
NET (DECREASE)	(739,968)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
End of Year	$ 70,447,934

See the independent auditors' report and accompanying notes

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Pension Plan for Employees of Carl Zeiss, Inc. (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a noncontributory defined benefit plan covering substantially all employees of certain divisions of Carl Zeiss, Inc. (the "Company" or Employer") subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2004, the Plan was amended so that no new participants could enter the Plan. Employees hired on or before December 31, 2003 became eligible to participate in the Plan on their date of employment with the Company.

On October 1, 2004, a Plan amendment was adopted to freeze the Plan's benefit accruals, effective July 1, 2010. Benefits have ceased to be accrued (both service and compensation) for services rendered after June 30, 2010. All participants became fully vested in their accrued benefits as of July 1, 2010.

Contributions

The Plan's actuary used the Unit Credit Actuarial Cost Method in determining contribution requirements. The Company's contributions are designed to fund the Plan's normal costs on a current basis. The earnings (losses) (i.e. realized and unrealized gains or losses) on investments of the Plan serve to reduce (increase) future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Company has met the minimum funding requirements of ERISA for 2025 and 2024

Pension Benefits

Monthly benefit payments for the Plan begin at normal retirement age (the participant's 65th birthday) and are calculated as follows:

> 1.25% of average monthly earnings up to monthly covered compensation, as defined, plus 1.65% of average monthly earnings in excess of monthly covered compensation, multiplied by the total number of months in the participant's first 30 years of service.

A participant may elect early retirement upon attainment of his or her 55th birthday. Early retirement benefits may, at the participant's option, commence at the normal retirement date, in which case the monthly benefit amount would be that described above as accrued through the date of early retirement, or commence prior to normal retirement date, in which case the same benefit will be reduced by 1/180th for each of the first 60 months that the participant's early retirement date precedes the normal retirement date and 1/360th for each additional preceding month, subject to the Plan freeze effective July 1, 2010.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

Pension Benefits (Continued)

Benefit payments are provided in the form of life annuities. Qualifying married participants normally receive benefits in the form of a joint and survivor life annuity. This arrangement provides continuing benefits to surviving eligible spouses and entitles a spouse to death benefits in the event of a participant's death.

If upon termination of employment or retirement, the lump-sum actuarial equivalent of a participant's vested accrued monthly benefit does not exceed $5,000 or such other maximum amount which may hereinafter be prescribed by current or future government regulations, the Plan Administrator will direct that the lump sum amount be paid to the participant in lieu of a monthly benefit.

The participants of the former Optical Plan accrued a monthly benefit equal to a contractually determined rate, multiplied by the participants' years of credited service. As of August 1, 1997, the date of the most recent collective bargaining agreement, the basic benefit was equal to $8.00 per hour during the first year of the contract, $8.75 per hour for the second year of the contract; and $9.50 per hour for the third year of the contract.

The participants of the former Optical Plan have provisions for normal, early, disability retirement and death benefits, and are allowed several optional methods of settlement.

401(h) Account

Effective October 1, 1995, the Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retiree and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code ("IRC"). A separate account has been established and maintained in the Plan for the net assets related to the medical benefit component (401(h) account). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the defined benefit pension plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the Plan year must be transferred out of the account to the pension plan.

The related obligations for health benefits are not included in this Plan's obligations in the statement of accumulated plan benefits but are reflected as obligations in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Company. Company contributions to the separate account of $0 were made in 2025 and 2024. Certain of the Plan's net assets are restricted to fund a portion of postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

NOTE A - DESCRIPTION OF THE PLAN (Continued)

Expenses

Certain fees related to maintaining the Plan are paid by the Plan. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, 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. Actual results could differ from those estimates.

Fair Value of Financial Instruments

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Pursuant to U.S. GAAP guidance, alternative investments where fair value is measured using the Net Asset Value ("NAV") per share as a practical expedient are not categorized within the fair value hierarchy.

Investment Valuation and Income Recognition

Investments are recorded at fair value. Corporate obligations are valued based on yields available on comparable securities of issues with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued using a discounted cash flows approach that maximizes observable inputs such as current yields of similar instruments but includes adjustments for certain risk that may not be observable such as credit and liquidity risks. Common/collective trusts are valued at NAV based on information reported by the trustee using the audited financial statements at year end. The NAV, as provided by the trustee is used as a practical expedient to estimate fair value.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Payment of Benefits

Benefit payments are recorded when paid.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 14, 2026.

NOTE C - 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 participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries.

The accumulated plan benefits for active participants are based on their number of years of service and compensation on the date in which the Plan was frozen. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the date the Plan was frozen.

The actuarial present value of accumulated plan benefits was determined by an independent actuary, and is that amount which 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 January 1, 2025. Had the valuations been performed as of December 31, 2025, there should be no material difference.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in the valuation at January 1, 2025 are as follows:

Mortality	Generational PRI-2012 Separate Annuitant and Non-Annuitant Mortality Tables, projected with Scale MP-2021, for males and females
Expected Rate of Return on Assets	6.00%
Retirement Age	55 to age 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.

NOTE D - INVESTMENTS

The following investments set forth by level, within the fair value hierarchy, the Plan's assets that were valued at fair value as of December 31:

	2025		
	Level 2	Other Investments Measured at NAV *	Total
Investments, at fair value			
Corporate obligation	$ 6,602	$ -	$ 6,602
Common/collective trusts	-	78,359,382	78,359,382
TOTAL INVESTMENTS	$ 6,602	$ 78,359,382	$ 78,365,984

See the independent auditors' report.

NOTE D - INVESTMENTS (Continued)

	2024		
	Level 2	Other Investments Measured at NAV *	Total
Investments, at fair value			
Corporate obligation	$ 11,022	$ -	$ 11,022
Common/collective trusts	-	78,629,192	78,629,192
TOTAL INVESTMENTS	$ 11,022	$ 78,629,192	$ 78,640,214

(*) As discussed in Note B, investments that are measured using the practical expedient are not classified within the fair value hierarchy.

The NAV of common/collective trusts are calculated at the end of each business day. There are no restrictions on redemptions and the Plan had no unfunded commitments at December 31, 2025 and 2024.

The following investments exceeded approximately 10% of the net assets available for benefits at December 31:

	2025	2024
BNYM Insight U.S. Investment Grade Corp. Long Duration Fund	$ 19,606,374	$ 16,178,610
BNYM Long Duration Fixed Income Fund	15,665,112	16,111,165
BNYM DB SL Long Bond Index Fund	13,329,448	19,623,581
BNYM DB SL Intermediate Credit Bond Index Fund	17,370,496	14,282,116

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by BNY Mellon N.A. (“BNY”). BNY is the trustee as defined by the Plan and, therefore, these transactions are considered exempt party-in- interest transactions under ERISA.

NOTE F - TAX STATUS

On October 5, 2020, the Plan obtained a favorable letter of determination from the Internal Revenue Service which states that the Plan qualifies, under Section 401(a) of the IRC. The Plan has been amended since receiving the determination letter, however, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

See the independent auditors’ report.

NOTE F - TAX STATUS (Continued)

U.S. GAAP requires 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 Internal Revenue Service. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE G - PLAN TERMINATION

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. In the event the Plan terminates, all participants would become 100% vested, 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:

(a) 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.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC)

(c) All other vested benefits (that is, vested benefits not insured by the PBGC).

(d) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025 and 2024, that ceiling was $7,108 and $6,750 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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.

See the independent auditors' report.

NOTE H - 401(h) ACCOUNT

The Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the Plan in a qualified transfer of excess Plan assets (and any income allocable thereto) that are not used during the Plan year must be transferred out of the account to the Plan. The related obligations for health benefits are not included in this Plan's obligations in the statement of accumulated plan benefits but are reflected as obligations in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are, at the discretion of the Company. Certain of the Plan's net assets available for benefits are restricted to fund a portion of the postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

NOTE I - RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2025	2024
NET ASSETS AVAILABLE FOR BENEFITS PER FINANCIAL STATEMENTS	$ 78,367,359	$ 78,642,238
Net assets held in the 401(h) account included in assets in Form 5500 *	143,760	137,505
NET ASSETS AVAILABLE FOR BENEFITS PER FORM 5500	$ 78,511,119	$ 78,779,743

(*) The net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits but are exclusively used to pay retiree health benefits.

See the independent auditors' report.

NOTE I - RECONCILIATION TO FORM 5500 (Continued)

The following reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2025 and 2024:

	2025		
	Amounts per the Financial Statements	401(h) Account	Amounts per Form 5500
Net appreciation in fair value of investments	$ 6,673,838	$ -	$ 6,673,838
Dividend and interest income	11,984	6,255	18,239
Benefits paid to participants	(6,381,543)	-	(6,381,543)
Administrative expenses	(579,158)	-	(579,158)
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	$ (274,879)	$ 6,255	$ (268,624)

	2024		
	Amounts per the Financial Statements	401(h) Account	Amounts per Form 5500
Net appreciation in fair value of investments	$ 1,124,888	$ -	$ 1,124,888
Dividend and interest income	16,178	6,583	22,761
Benefits paid to participants	(6,637,914)	-	(6,637,914)
Administrative expenses	(616,094)	-	(616,094)
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	$ (6,112,942)	$ 6,583	$ (6,106,359)

NOTE J - 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.

See the independent auditors' report.

NOTE J - RISKS AND UNCERTAINTIES (Continued)

The global and domestic economic uncertainty has resulted in significant volatility in financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to December 31, 2025 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted. In addition, the value of the Plan's investments has a direct impact on its funded status. The actual impact on the Plan's funded status and future required contributions cannot be determined at this time.

See the independent auditors' report.

SUPPLEMENTAL SCHEDULES

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2025

Plan EIN #13-1495820, Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE OBLIGATION			
	CWABS Asset- Backed Cert AB2 M3 Variable RT		$ 6,667	$ 6,602
	COMMON/COLLECTIVE TRUSTS			
*	BNYM DB SL Intermediate Credit Bond Index Fund	Common/collective trust	$ 15,856,904	17,370,496
*	BNYM DB SL Long Bond Index Fund	Common/collective trust	13,154,695	13,329,448
*	BNYM Long Duration Fixed Income Fund	Common/collective trust	13,063,855	15,665,112
*	BNYM Insight US Investment Grade Corp. Long Duration Fund	Common/collective trust	13,155,118	19,606,374
*	BNYM DB SL Stock Index Fund	Common/collective trust	2,253,107	6,644,397
*	BNYM DB SL Small Cap Stock Index Fund	Common/collective trust	1,961,990	3,486,178
*	BNYM DB SL International Stock Index Fund	Common/collective trust	746,636	1,660,050
*	EB Temp. Investment Fund Var RT	Common/collective trust	597,327	597,327
	TOTAL COMMON/COLLECTIVE TRUSTS		60,789,632	78,359,382
	TOTAL INVESTMENTS		$ 60,796,299	$ 78,365,984

* Denotes a party-in-interest as defined by ERISA.

See the independent auditors' report.

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Plan EIN #13-1495820, Plan #001

(a) Description of Investment	(b) Description of Asset (Include Interest Rate and maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain(Loss)
Series of Transaction in Same Security Excess of 5% of Plan Assets						
The Bank of New York Mellon	BNYM Insight US Invest Grade Corp Long Duration Fund	$ 630,000	$ -	$ 630,000	$ 630,000	$ -
The Bank of New York Mellon	BNYM Insight US Invest Grade Corp Long Duration Fund	-	1,600,000	1,387,732	1,600,000	212,268
The Bank of New York Mellon	BNY Mellon Cash Reserve .0100% 12/31/2049 DD 06/26/97	1,702,330	-	1,702,330	1,702,330	-
The Bank of New York Mellon	BNY Mellon Cash Reserve .0100% 12/31/2049 DD 06/26/97	-	1,702,330	1,702,330	1,702,330	-
The Bank of New York Mellon	EB Temp Investment Fund	3,994,667	-	3,994,667	3,994,667	-
The Bank of New York Mellon	EB Temp Investment Fund	-	4,003,110	4,003,110	4,003,110	-
The Bank of New York Mellon	BNYM DB SL Stock Index Fund	420,000	-	420,000	420,000	-
The Bank of New York Mellon	BNYM DB SL Stock Index Fund	-	2,295,000	1,043,800	2,295,000	1,251,200
The Bank of New York Mellon	BNYM DB SL Long Bond Index Fund	-	3,300,000	3,641,453	3,300,000	(341,453)
The Bank of New York Mellon	BNYM DB SL Long Bond Index Fund	985,000	-	985,000	985,000	-
The Bank of New York Mellon	BNYM DB SL Intermediate Credit Bond Index Fund	5,575,000	-	5,575,000	5,575,000	-
The Bank of New York Mellon	BNYM DB SL Intermediate Credit Bond Index Fund	-	350,000	339,088	350,000	10,912
Single Transaction in Same Security Excess of 5% of Plan Assets						
The Bank of New York Mellon	BNYM DB SL Long Bond Index Fund	-	2,800,000	3,083,620	2,800,000	(283,620)
The Bank of New York Mellon	BNYM DB SL Intermediate Credit Bond Index Fund	2,350,000	-	2,350,000	-	-
The Bank of New York Mellon	BNYM DB SL Intermediate Credit Bond Index Fund	3,040,000	-	3,040,000	-	-

See the independent auditors' report.

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	Retirement Rate	Remaining Percentage	Weighted Average
55	0.020	1.000	1.100
56	0.020	0.980	1.098
57	0.020	0.960	1.094
58	0.020	0.941	1.092
59	0.020	0.922	1.088
60	0.020	0.904	1.085
61	0.050	0.886	2.702
62	0.250	0.842	13.051
63	0.150	0.631	5.963
64	0.150	0.536	5.146
65	1.000	0.456	29.640
			63.059

63 = Weighted Average Retirement Age

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Line 26a - Schedule of Active Participant Data

Number of Participants by Age and Service Groups

	Years of Credited Service										
Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Total
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	4	-	-	-	-	-	-	-	4
45–49	-	-	5	3	-	-	-	-	-	-	8
50–54	-	-	7	13	-	-	-	-	-	-	20
55–59	-	-	8	18	8	2	-	-	-	-	36
60–64	-	-	4	9	5	3	-	-	-	-	21
65–69	-	-	3	-	3	-	2	-	-	-	8
70+	-	-	-	-	1	1	-	-	-	-	2
Total	-	-	31	43	17	6	2	-	-	-	99

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
1/1/2023	Shortfall Amortization	$191,311	13	1,861,443
1/1/2024	Shortfall Amortization	(164,283)	14	(1,682,309)
1/1/2025	Shortfall Amortization	781,183	15	8,378,153
Total		$808,211		$8,557,287

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial 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 for 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 Actuarial Value of Assets adjusted by any existing credit balances.

The Normal Cost is the Actuarial Present Value of benefits expected to accrue during the valuation year plus anticipated administrative expense, if any.

Asset Valuation Method

Assets: Market value of assets as of the valuation date.

Plan Assets: The valuation of Plan Assets is determined as an Actuarial Value of Assets by averaging Adjusted Fair Market Value of Assets over two years using three data points as permitted under IRS Notice 2009-22 (averaging the values from the current and two prior valuation dates), not less than 90% nor greater than 110% of the Adjusted Market Value of Assets on the valuation date.

Economic Assumptions

Interest Rates:

Assumption: PPA Funding - 2025 Pre-ARPA Segment Rates with four month lookback, subject to the ARPA corridor

Maximum Deductible Contribution – 2025 Pre-ARPA Segment Rates with four month lookback.

Segment	PPA Funding (ARPA Rates)	Maximum Deductible Contribution (Pre-ARPA Rates)
Under 5 Years	5.07%	5.07%
5 to 20 Years	5.31%	5.33%
20 Years or more	5.50%	5.36%
Effective Rate	5.35%	5.32%

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 ARPA constraints. Carl Zeiss, Inc. is currently using segmented interest rates with a four month lookback, based on prior elections.

Assumption: FASB ASC Topic 960 / Expected Return on Assets – Expected Return on Assets of 6.00%, compounded annually. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including an inflation assumption of 2.30%.

Rationale: In developing an investment return assumption, we relied on models and 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 are 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 nominal arithmetic mean rate of return of the portfolio assuming passive management.

Change in assumptions: As of January 1, 2025, the expected investment return decreased to 6.00% compared to 6.30% as of January 1, 2024. This decrease was primarily due to changes in expectations of future experience coupled with observations of estimate inherent in market data.

Administrative Expense Assumption

Assumption: The Target Normal Cost is set equal to the prior year's actual expenses.

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

Lump Sum Interest Rates for PPA Funding:

Assumption: 2025 Pre-ARPA Segment Rates with four month lookback, subject to the ARPA corridor.

Rationale: These rates are required for PPA funding purposes.

Lump Sum Interest Rates for FASB ASC Topic 960:

Assumption: Mandated IRC §417(e)(3)(D) segment rates for the December preceding the most recent accounting disclosure date.

Rationale: Lump sums are determined using mandated IRC §417(e)(3)(D) segment rates.

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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Lump Sum Mortality:

Assumption: Lump Sum Mortality Table required under PPA for distributions in 2025.

Rationale: This mortality table is required for PPA funding purposes.

Demographic Assumptions

Mortality for PPA Funding:

Assumption: Generational mortality per IRC 1.403(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.

Mortality for 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: The projection reflects the Society of Actuaries' Retirement Plans Experience Committee's (RPEC) mortality table (PRI-2012 Mortality Tables) and mortality improvement scale (MP-2021). The plan sponsor has elected the mortality assumption described above.

Withdrawal Assumption: Illustrative quinquennial rates:

Age	Rate	Age	Rate
25	16.0%	45	5.0%
30	12.0%	50	3.0%
35	10.0%	55	0.0%
40	7.0%		

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.

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Retirement Assumption: Rates varying by age:

Age	Rate	Age	Rate
55-60	2.0%	63	15.0%
61	5.0%	64	15.0%
62	25.0%	65	100.0%

The weighted average retirement age is 63.0.

> **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.

Percent Married and Assumed Age Difference Assumption: 85% of participants are assumed to be married for pre-retirement death benefit purposes with females 3 years younger than males.

> **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: 30% of participants are assumed to elect the Single Life Annuity form of benefit at retirement, 30% of participants are assumed to elect a Lump Sum Payment at retirement, 20% of participants are assumed to elect a 50% Joint & Survivor benefit at retirement, and 20% of participants are assumed to elect a 100% Joint & Survivor benefit at retirement.

> **Rationale:** This assumption is based on recent plan history and future expectations. 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.

Participant Data: As of the valuation date.

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

This summary of principal plan provisions is intended to only describe the essential features of the plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Basic Information

Plan Name: Pension Plan for Employees of Carl Zeiss, Inc.

Company: Carl Zeiss, Inc. and such other related companies as may be designated by Carl Zeiss, Inc.

Effective Date of Plan: January 1, 1967

EIN/PN: 13-1495820/001

Plan Year: January 1 – December 31

Plan Status: Plan benefit accruals (both service and pay) became frozen as of June 30, 2010 for all participants. The plan also was closed to new entrants as of January 1, 2004.

Employee Contributions: None.

Employer Contributions: Entire cost of plan.

Eligibility: At employment.

Earnings: Base pay plus bonus, overtime and commissions.

Average Annual Earnings: The average of a participant's annual earnings based upon the highest 5 consecutive years of earnings during the 10-year period ending on the earliest of termination or retirement, limited as required by IRC Section 401(a)(17). Earnings after June 30, 2010 are excluded in determining a participant's average earnings.

Covered Compensation: The average of the Maximum Taxable Wage Bases for Social Security over the 35-year period ending with the year in which the participant attains Social Security Retirement Age.

Years of Service: A participant is credited with one month of service for each month during which the participant has one hour of service. Service after June 30, 2010 is excluded. Prior Numerex employees receive credited service from the later of date of hire or October, 1 1991. Employees impacted by the Vission sale effective March 31, 2005 received one additional year of credited service.

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: First day of the month coincident or following the later of age 65 or 5th anniversary of plan participation.

Normal Retirement Benefit: The annual benefit is equal to (i), not less than (ii), as defined as:

(i) 1.25% of Average Annual Earnings up to Covered Compensation plus 1.65% of Average Annual Earnings in excess of Covered Compensation, multiplied by full and fractional Years of Service not to exceed 30 years.

Former Titmus salaried employees receive above accruals from January 1, 1989 and a frozen accrued benefit for pre-December 31, 1988 service.

Former bargaining employees of the Optical Division receive above accruals from August 1, 2000 and a frozen accrued benefit for pre-July 31, 2000 service.

(ii) The benefit accrued as of September 30, 1995 under the terms of plan provisions in existence on such date.

Participants' accrued benefits were frozen on June 30, 2010.

Deferred Retirement

Deferred Retirement Date: The first day of any month subsequent to the participant's Normal Retirement Date.

Deferred Retirement Benefit: Accrued benefit upon actual retirement.

Early Retirement

Early Retirement Date: Age 55 and 5 years of service.

Early Retirement Benefit: Accrued benefit payable immediately on the normal form but reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which early retirement date precedes normal retirement date.

Vested Termination

Vested Benefit Eligibility: Accrued benefits 100% vested after the completion of 5 years of vesting service.

Pension Plan for Employees of Carl Zeiss, Inc.
EIN/PN: 13-1495820/001
Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse 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 with 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.

Forms of Payment

Normal Form of Benefit:

(i) If the member has no eligible spouse: A lifetime annuity

(ii) If a member has an eligible spouse: A reduced benefit in the form of a joint and survivor annuity providing continuation, in the event of the member's death, of 50% of the annuity for the remaining life of the spouse.

Optional Form of Benefit: The following actuarially equivalent optional annuity forms of benefit are available at retirement: life annuity, 10-year certain life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, and level-income option. The normal form of benefit is converted to an optional form of benefit based on the plan's definition of actuarial equivalence. For purposes of actuarial equivalence, the plan uses values based on an interest rate of 7.50% compounded annually and mortality rates in accordance with the UP84 mortality table with no adjustment for the participant and with a 3-year age setback with regard to the designated beneficiary, if any.

Participants may also elect to receive a lump sum distribution of their benefit. Lump sum conversion factors are based on the PPA lump sum basis effective for the plan year.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
Pension Plan for Employees of Carl Zeiss, Inc.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Carl Zeiss, Inc.

D Employer Identification Number (EIN)
13-1495820

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2025		
2	Assets:		
	a Market value	2a	78,641,687
	b Actuarial value	2b	80,082,915

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	450	40,285,172	40,285,172
b For terminated vested participants	265	19,048,251	19,048,251
c For active participants	99	13,997,530	14,008,831
d Total	814	73,330,953	73,342,254

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	5.35 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	359,034
	c Target normal cost	6c	359,034

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

David E. Forbes
Signature of actuary

9/15/2026
Date

David E. Forbes, FSA, EA, MAAA
Type or print name of actuary

26-05261
Most recent enrollment number

Milliman, Inc.
Firm name

(973)278-8860
Telephone number (including area code)

150 Clove Road
8th Floor
Little Falls NJ 07424
Address of the firm

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

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2025

Plan EIN #13-1495820, Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE OBLIGATION			
	CWABS Asset- Backed Cert AB2 M3 Variable RT		$ 6,667	$ 6,602
	COMMON/COLLECTIVE TRUSTS			
*	BNYM DB SL Intermediate Credit Bond Index Fund	Common/collective trust	$ 15,856,904	17,370,496
*	BNYM DB SL Long Bond Index Fund	Common/collective trust	13,154,695	13,329,448
*	BNYM Long Duration Fixed Income Fund	Common/collective trust	13,063,855	15,665,112
*	BNYM Insight US Investment Grade Corp. Long Duration Fund	Common/collective trust	13,155,118	19,606,374
*	BNYM DB SL Stock Index Fund	Common/collective trust	2,253,107	6,644,397
*	BNYM DB SL Small Cap Stock Index Fund	Common/collective trust	1,961,990	3,486,178
*	BNYM DB SL International Stock Index Fund	Common/collective trust	746,636	1,660,050
*	EB Temp. Investment Fund Var RT	Common/collective trust	597,327	597,327
	TOTAL COMMON/COLLECTIVE TRUSTS		60,789,632	78,359,382
	TOTAL INVESTMENTS		$ 60,796,299	$ 78,365,984

* Denotes a party-in-interest as defined by ERISA.

See the independent auditors' report.

PENSION PLAN FOR EMPLOYEES OF CARL ZEISS, INC.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2025

Plan EIN #13-1495820, Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	CORPORATE OBLIGATION			
	CWABS Asset- Backed Cert AB2 M3 Variable RT		$ 6,667	$ 6,602
	COMMON/COLLECTIVE TRUSTS			
*	BNYM DB SL Intermediate Credit Bond Index Fund	Common/collective trust	$ 15,856,904	17,370,496
*	BNYM DB SL Long Bond Index Fund	Common/collective trust	13,154,695	13,329,448
*	BNYM Long Duration Fixed Income Fund	Common/collective trust	13,063,855	15,665,112
*	BNYM Insight US Investment Grade Corp. Long Duration Fund	Common/collective trust	13,155,118	19,606,374
*	BNYM DB SL Stock Index Fund	Common/collective trust	2,253,107	6,644,397
*	BNYM DB SL Small Cap Stock Index Fund	Common/collective trust	1,961,990	3,486,178
*	BNYM DB SL International Stock Index Fund	Common/collective trust	746,636	1,660,050
*	EB Temp. Investment Fund Var RT	Common/collective trust	597,327	597,327
	TOTAL COMMON/COLLECTIVE TRUSTS		60,789,632	78,359,382
	TOTAL INVESTMENTS		$ 60,796,299	$ 78,365,984

* Denotes a party-in-interest as defined by ERISA.

See the independent auditors' report.