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
COOPERVISION MANUFACTURING PUERTO RICO, LLC SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1998

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)
COOPERVISION MANUFACTURING PUERTO RICO, LLC

500 ROAD 584
AMUELAS INDUSTRIAL PARK, LOT 11
JUANA DIAZ, PR 00795

2b Employer Identification Number (EIN)
98-0213394

2c Plan Sponsor's telephone number
787-260-0555

2d Business code (see instructions)
812990

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	ANGEL COLON
	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**	2707
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)**	2185
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2362
b	Retired or separated participants receiving benefits	**6b**	21
c	Other retired or separated participants entitled to future benefits	**6c**	523
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2906
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	2918
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)**	2559
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)**	2826
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	81
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:

2E 2F 2G 2T 3C

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)** [ ] **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 0
- **(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 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
COOPERVISION MANUFACTURING PUERTO RICO, LLC SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COOPERVISION MANUFACTURING PUERTO RICO, LLC

D Employer Identification Number (EIN)
98-0213394

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).. . . . . [X] 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

BENEFIT PLANS ADMIN SERVICES, INC.

16-1503696

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

AMERICAN BEACON ADVISORS, INC.

4151 AMON CARTER BLVD.
MD 2450
FORT WORTH, TX 76155

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

BLACKROCK FUNDS, INC

100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

(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)

BENEFIT PLANS ADMIN SERVICES, INC.

16-1503696

(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?
15 27 60 63 64	N/A	106163	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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

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(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
COOPERVISION MANUFACTURING PUERTO RICO, LLC SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COOPERVISION MANUFACTURING PUERTO RICO, LLC

D Employer Identification Number (EIN)
98-0213394

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: PR CAPITAL PRESERVATION FUND R1

b Name of sponsor of entity listed in (a): BPAS TRUST COMPANY OF PUERTO RICO

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)
66-0929359-001	C	7610386

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)

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

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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
COOPERVISION MANUFACTURING PUERTO RICO, LLC SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COOPERVISION MANUFACTURING PUERTO RICO, LLC

D Employer Identification Number (EIN)
98-0213394

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)	719494	905131
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7120127	7610386
(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)	55137503	70756175
(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	62977124	79271692
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	62977124	79271692

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)	3524535	
(B) Participants	2a(1)(B)	4855923	
(C) Others (including rollovers)	2a(1)(C)	534358	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8914816
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4161053	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4161053
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(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)		304512
(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)		5496348
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		18876729
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2464450	
(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)		2464450
f Corrective distributions (see instructions)	2f		11548
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)	106163	
(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)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		106163
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2582161
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16294568
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: AJ HERNANDEZ & CO. CPA, PSC **(2)** EIN: 66-0699931

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		247
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		10000000
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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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.) ..... ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

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
COOPERVISION MANUFACTURING PUERTO RICO, LLC SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COOPERVISION MANUFACTURING PUERTO RICO, LLC

D Employer Identification Number (EIN)
98-0213394

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): 66-0795542

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 |

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

COOPERVISION MANUFACTURING PUERTO RICO, LLC SAVINGS PLAN

Financial Statements and Supplemental Schedule

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

AJ Hernández & Co., CPA, PSC.
Certified Public Accountants & Business Consultants
P.O. Box 191529, San Juan, Puerto Rico 00919-1529
Tel: (787) 758-4416 Fax: (787) 758-4426

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
CooperVision Manufacturing Puerto Rico, LLC Savings Plan:

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

We have performed audits of the financial statements of **CooperVision Manufacturing Puerto Rico, LLC Savings Plan** (the Plan), (formerly, CooperVision Caribbean Corp. Savings Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITOR'S REPORT - (CONTINUED)

Opinion on the Financial Statements-(Continued)

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **CooperVision Manufacturing Puerto Rico, LLC Savings 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a

INDEPENDENT AUDITOR'S REPORT - (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements – (Continued)

material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025, and delinquent participant contributions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and is 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, other that the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 1103(a)(3)(C).

DPSC194-117
CooperVision Manufacturing Puerto Rico, LLC
Savings Plan

October 13, 2026

AJ HERNANDEZ & CO., PSC
CPA'S
PUERTO RICO

Lic. 194
Expires Dec. 1, 2028

COOPERVISION MANUFACTURING PUERTO RICO, LLC SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Cash and money market fund	$ —	$ —
Investments in pooled separate accounts (note 3)	78,366,561	62,257,630
Total investments, at fair value	78,366,561	62,257,630
Participants' contribution receivable	—	—
Employer's contribution receivable	905,131	719,494
Net assets available for benefits, at fair value	$ 79,271,692	$ 62,977,124

See accompanying notes to financial statements.

COOPER VISION MANUFACTURING PUERTO RICO, LLC SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions to assets attributed to:		
Investment income:		
Net apreciation in fair value of investments	$	5,800,860
Interest and dividend income		4,161,053
Other income		—
Total investment income		9,961,913
Contributions:		
Rollovers		534,358
Participants		4,855,923
Employer		3,524,535
Total contributions		8,914,816
Total additions		18,876,729
Deductions from net assets attributed to:		
Benefits paid to participants		2,475,998
Administrative expenses		106,163
Total deductions		2,582,161
Net increase		16,294,568
Net assets available for benefits at beginning of year		62,977,124
Net assets available for benefits at end of year	$	79,271,692

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the CooperVision Manufacturing Puerto Rico, LLC Savings Plan (the Plan) provides general information about the Plan's provisions. CooperVision Manufacturing Puerto Rico, LLC (the Company or Employer) is the Plan Sponsor. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor.

Effective as of September 27, 2022, the Plan was amended to adopt the provisions of Puerto Rico Treasury Department Circular Letter 22-13 allowing special withdrawals by participants affected by tropical storm Fiona.

(a) General

The Plan was originally established by the Company's predecessor effective August 1, 1998. The Plan is a defined contribution plan covering all full-time employees of the Company who have three months of service and are 18 years or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 1081(a) and (d) of the 2011 Internal Revenue Code for a New Puerto Rico (the PR-Code), as amended. During the previous year, the Plan was retroactively amended to change its name from CooperVision Caribbean Corp. Savings Plan to CooperVision Manufacturing Puerto Rico, LLC Savings Plan effective as of October 28, 2019.

The Plan was amended and restated as of August 1, 2020, through which the provisions of the BPAS Master Trust Defined Contribution Cash of Deferred Arrangement Profit Sharing Retirement Plan were adopted. As a result of the above amendment and restatement, the Plan changed its third-party administrator, recordkeeper, trustee, custodian, and investment services provider from UBS Trust Company of Puerto Rico to Benefit Plans Administrative Services, LLC and BPAS Trust Company of Puerto Rico, Inc. (collectively "BPAS"). Pursuant to this change, the Plan subscribed to a new Adoption Agreement with BPAS.

(b) Contributions

Eligible employees may elect to make pre-tax contributions in increments of 1% up to any percentage of the participant's gross compensation for the Plan year, excluding bonuses, or a maximum of $15,000 (catch-up contributions of $1,500 for participants of 50 years or older) in 2025 and 2024, whichever is less. Effective March 1, 2017, the Plan implemented an automatic enrollment whereby all eligible participants that are not making Pre-Tax Contributions, shall be set to make an initial Pre-Tax Contribution Percentage of 2% and will increase by each calendar year (up to 4% of compensation), unless otherwise changed or opted out. Participants may also make after-tax contributions which shall not be less than 1% of the participants' gross compensation,

excluding bonuses. Rollover contributions are allowed if a lump-sum amount has been received from the other plan and transferred within 60 days.

For each Plan year in which the Plan is in effect, the Employer makes matching contributions equal to $1.00 for each dollar of a participant's pretax contribution not to exceed 5% of the participants' gross compensation, excluding bonuses. The Employer may also make profit-sharing contributions in such amounts as they may determine, if any, and qualified matching and non-elective contributions at their discretion. The profit-sharing contributions will be allocated to participants on a pro rata basis (percentage based on compensation).

(c) Participant Accounts

Each participant's account is credited with the participant's contribution: the Employer's matching contribution, and the allocation of plan earnings and losses. Allocations are based on participant earnings or account balances, as defined. Amounts forfeited, as instructed by the Employer, will be applied to reduce profit-sharing and/or matching contributions required of the Employer, reallocated to additional profit-sharing contributions or applied to reduce the Plan's administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. On December 31, 2025, and 2024, the forfeited nonvested balances amounted to $61,918 and $48,541, respectively.

Vesting

Participants are immediately vested in their contributions (pre-tax and after-tax), rollover contributions, in the Employer's qualified matching and/or qualified non-elective contributions (as defined by the Plan) plus actual earnings thereon.

Vesting in the profit-sharing and Employer matching contributions is based on years of credited service. Such participants become vested at the rate of 25% after one year of service, plus an additional 25% for each of the next three years. The cumulative vested percentage increases to 100% after four years of service.

Notwithstanding the above, the Participant will become fully vested in his profit-sharing and Employer matching contributions and earnings, upon the earlier of (i) reaching normal retirement age while still employed by the Employer, (ii) retirement at normal retirement age, (iii) disability, (iv) death while employed by the Employer, (v) termination of the Plan, or (vi) complete discontinuance of contributions by the Employer.

(d) Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in any of the following investment vehicles:

1) ***American Funds AM Balances R6 –*** A balanced allocation fund investing in a mix of equities and fixed income, seeking long-term growth and income with moderate risk.

2) ***American Funds Europacific R6 –*** An international equity fund focused on developed markets outside the U.S., aiming for long-term capital growth via investments in European and Pacific (Asia, Australia) securities.

3) ***Dodge and Cox Income Fund X –*** An intermediate core-plus bond mutual fund seeking a high and stable rate of current income and long-term capital preservation.

4) ***JP Morgan Large CAP Growth –*** A U.S. large-capitalization equity fund with a growth orientation focuses on companies expected to deliver above-average earnings growth.

5) ***Neuberger Berman SC GR R6 –*** A small-cap growth fund investing in U.S. smaller companies with growth potential, seeking capital appreciation over the long term.

6) ***PIMCO RAE Fundamental US SM –*** A fundamentally driven U.S. equity fund emphasizing small to mid-capitalization stocks, guided by PIMCO's research and valuation framework.

7) ***PR Capital Preservation R1 –*** A capital preservation or short-duration money market / ultra-short fixed income fund that seeks to preserve principal and provide liquidity.

8) ***T. Rowe Price Div Mid-Cap Growth –*** A U.S. mid-cap equity fund emphasizing dividend-paying growth companies, blending income and capital appreciation.

9) **T. Rowe Price International Value Equity –** An open-end mutual equity fund that seeks long-term capital growth and current income primarily through investments in non-U.S. stocks.

10) **T. Rowe Price Retirement 2015 I –** An institutional target-date mutual fund designed for investors planning to retire around the year 2015 and seeking the highest total return over time consistent with an emphasis on both capital growth and income.

11) ***T. Rowe Price Retirement 2020 I –*** A target-date retirement fund with an asset mix appropriate for investors aiming to retire around the year 2020; typically shifts toward more income-oriented (fixed income) assets as the target date approaches.

12) ***T. Rowe Price Retirement 2025 I –*** Similar to the 2020 version, but with a later target date (2025), thus maintaining a slightly higher equity exposure until nearer to retirement.

13) ***T. Rowe Price Retirement 2030 I –*** Target-date fund designed for investors retiring around 2030, managing a glide path from growth orientation to income orientation over time.

14) ***T. Rowe Price Retirement 2035 I –*** A target-date fund oriented to retirement around 2035, gradually reducing equity allocation as the date nears.
15) ***T. Rowe Price Retirement 2040 I –*** Target-date fund for 2040 retirements; longer duration equities exposure earlier, transitioning toward more conservative holdings.

16) ***T. Rowe Price Retirement 2045 I –*** Similar to above, for investors targeting retirement around 2045; higher equity allocation early in the life cycle.

17) ***T. Rowe Price Retirement 2050 I –*** A target-date fund designed for a 2050 retirement, with a growth tilt until later in the glide path.

18) ***T. Rowe Price Retirement 2055 I –*** Retirement fund for 2055 horizon, with a dynamic asset allocation advancing toward fixed income over time.

19) ***T. Rowe Price Retirement 2060 I –*** A long-horizon target-date fund with a growth emphasis and gradual shift toward more conservative holdings.

20) ***T. Rowe Price Retirement 2065 I –*** A target-date fund targeted at 2065 retirements, employing a long-term growth strategy and progressive glide-path adjustments.

21) ***T. Rowe Price Retirement Balanced I –*** A balanced target allocation fund combining equities and fixed income in proportions intended for moderate investor risk tolerance over the life of the fund.

22) ***Vanguard Equity Income Fund Admiral –*** An open-end large-value domestic stock mutual fund with investment objective to provide an above-average level of current income and reasonable long-term capital appreciation.

23) ***Vanguard Institutional Index I –*** A passively managed U.S. large-cap equity index fund that aims to replicate the performance of the S&P 500 index.

24) ***Vanguard Mid-Cap Index Admiral –*** A U.S. mid-cap equity index fund that tracks a mid-cap benchmark (e.g. CRSP or similar), aiming to match the performance of the index.

25) ***Vanguard Small-Cap Index Admiral –*** A U.S. small-cap equity index fund that tracks a small-cap benchmark, seeking broad exposure to smaller U.S. companies.

26) ***Vanguard Total Bond Market Index Admiral –*** A broad U.S. investment-grade bond index fund tracking the performance of a total bond market index (Treasuries, corporate bonds, etc.).

27) ***Vanguard Total International Stock Index Admiral –*** A globally diversified international equity index fund (excluding U.S.) tracking major international stock markets.

28) ***Victory Sycamore Established Value R6 –*** A mid-cap value fund that invests primarily in U.S. mid-size companies deemed undervalued under a bottom-up fundamental selection process. Under normal circumstances, at least 80% of assets are in equities.

Participants may change their investment options at any time.

(e) Payment of Benefits

The distribution of benefits to which a Participant or Beneficiary may become entitled to in case of retirement, death, disability, or termination of employment shall be made as a lump-sum payment or an installment payment in the case of normal retirement age.

In service withdrawals of before-tax benefits are only allowed under financial hardship conditions, as defined under the Plan.

(f) Retirement Date

A participant will be fully vested and may retire upon reaching an age of 62 years. Early retirement is not provided under the Plan.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared under the accrual method of accounting.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

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

(c) Payment of Benefits

Benefits are recorded when paid.

(d) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

(3) Information Certified by the Plan's Trustee (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BPAS Trust Company of Puerto Rico, Inc., trustee and custodian of the Plan as of December 31, 2025 and 2024, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2025, and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

The following table presents the number of units and fair values of segregated funds in the investment in funds at December 31, 2025.

	Number of Units	Fair Value
American Fund AM Balanced R6	127,501	4,782,570
American Funds Europacific R6	105,327	6,380,718
Dodge and Cox Income Fund X	89,259	1,147,875
JP Morgan Large Cap Growth	163,134	14,101,322
Neuberger Berman SC GR R6	2,168	112,340
Pimco Rae Fundamental US SM	4,176	48,569
PR Capital Preservation R1	653,813	7,610,386
T. Rowe Price Div Mid-Cap Growth	1,072	50,475
T. Rowe Price International Value Equity	3,059	71,975
T. Rowe Price Retirement 2015 I	645	8,586

T. Rowe Price Retirement 2020 I	49,440		973,972
T. Rowe Price Retirement 2025 I	4,560		80,397
T. Rowe Price Retirement 2030 I	115,610		3,203,562
T. Rowe Price Retirement 2035 I	62,889		1,469,092
T. Rowe Price Retirement 2040 I	117,178		4,028,563
T. Rowe Price Retirement 2045 I	42,369		1,076,601
T. Rowe Price Retirement 2050 I	276,217		5,974,573
T. Rowe Price Retirement 2055 I	67,449		1,534,465
T. Rowe Price Retirement 2060 I	67,969		1,291,420
T. Rowe Price Retirement 2065 I	62,458		923,125
T. Rowe Price Retirement Balanced I	3,812		53,407
Vanguard Equity Income FundAdmiral	695		64,615
Vanguard Institutional Index I	18,890		10,429,272
Vanguard Mid-Cap Index Admiral	10,995		3,951,318
Vanguard Small-Cap Index Admiral	137		16,919
Vanguard TTL Bd Market Index Admiral	505,758		4,941,257
Vanguard TTL International Stock Index	57,437		2,327,942
Victory Sycamore Established Value R6	37,977		1,711,245
		$	78,366,561

The following table presents the number of units and fair values of segregated funds in the investment in funds at December 31, 2024.

	Number of Units		**Fair Value**
American Beacon Large Cap Value	792	$	17,853
American Fund AM Balanced R6	91,988		3,159,798
American Funds Europacific R6	88,174		4,736,713
Blackrock Total Return	99,921		972,236
JP Morgan Large Cap Growth	153,052		12,816,572
Neuberger Berman SC GR R6	1,086		54,475
Pimco Rae Fundamental US SM	3,698		42,163
PR Capital Preservation R1	636,863		7,120,127
T. Rowe Price Div Mid-Cap Growth	366		16,819
T. Rowe Price Retirement 2020 I	46,615		866,113
T. Rowe Price Retirement 2025 I	2,587		42,812
T. Rowe Price Retirement 2030 I	97,762		2,503,680
T. Rowe Price Retirement 2035 I	22,114		465,496
T. Rowe Price Retirement 2040 I	103,145		3,153,147
T. Rowe Price Retirement 2045 I	18,377		409,081
T. Rowe Price Retirement 2050 I	242,774		4,595,713
T. Rowe Price Retirement 2055 I	33,032		657,335
T. Rowe Price Retirement 2060 I	30,172		500,549
T. Rowe Price Retirement 2065 I	23,578		303,217
T. Rowe Price Retirement Balanced I	1,664		22,069

Vanguard Institutional Index I	18,258	8,744,171
Vanguard International Value	108	4,059
Vanguard Mid-Cap Index Admiral	10,428	3,408,855
Vanguard Small-Cap Index Admiral	3	341
Vanguard TTL Bd Market Index Admiral	454,079	4,304,673
Vanguard TTL International Stock Index	53,528	1,696,310
Victory Sycamore Established Value R6	35,731	1,643,253
		$ 62,257,630

The trustee executes investment transactions and holds all of the assets of the Plan, and, upon authorization from the Plan administrator, distributes benefit payments to the participants. Hand Benefits & Trust Company is the investment manager of the investments.

(4) Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codifications* (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The assets and liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2025, and 2024:

Common/Collective Trust Fund (CTF) – CTF is valued using net asset value as determined by issuer of the funds. Valuation of the Plan's investments in the CTF is determined based on number of units held by the Plan at year end.

Registered investment companies-Mutual Funds - Valued at the quoted market price of shares held by the Plan at year-end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025, and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Common/Collective Trust Fund	$ 7,610,386			$ 7,610,386
Mutual Funds	70,756,175	--	--	70,756,175
Total assets at fair value	$ 78,366,561	--	--	$,366,561

	Assets at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Common/Collective Trust Fund	$ 7,120,127			$ 7,120,127
Mutual Funds	55,137,503	--	--	55,137,503
Total assets at fair value	$ 62,257,630	--	--	$ 62,257,630

(5) Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and prior approval of the Puerto Rico Department of the Treasury. In the event of the Plan's termination, reduction, or suspension, no further contributions shall be made by the Employer and the accounts of all participants shall remain fully vested and nonforfeitable. In the event of the partial termination of the Plan, the accounts of all participants adversely affected by such partial termination shall remain fully vested and nonforfeitable, and such accounts shall be administered and distributed as provided herein, and funds of the Plan then credited to such accounts shall be used for the exclusive benefit of such participants or other persons entitled to benefit from the accounts of such participants.

(6) Administration Cost

All reasonable expenses of operating and administering the Plan may be paid by the forfeitures related to terminated employees, as defined by the Plan document, unless the Employer elects to pay any or all of such expenses. In addition, certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. All other administrative costs are absorbed by the Employer.

(7) Tax Status

The Plan is a defined contribution plan containing a cash or deferred arrangement qualified under Sections 1081.01(a) and (d) of the PR-Code pursuant to the favorable determination letter issued by the Puerto Rico Treasury Department ("the Department") on April 11, 2016.

The trust forming a part thereof is exempt from taxation under the PR-Code Section 1081.01(a) and pursuant to Section 1022(i)(1) of ERISA under Section 501(a) of the United States Internal Revenue Code of 1986, as amended. On April 23, 2021, upon the Plan's amendment and restatement effective August 1, 2020, the Plan requested a new determination letter to the Department, which was obtained on June 21, 2021.

The PR-Code, approved and in effect after December 31, 2010, repealed the 1994 Puerto Rico Internal Revenue Code, and introduced compliance of additional requirements to qualified retirement plans. The Plan was amended and restated effective as of August 1, 2020, to adopt the new qualifications requirements brought by the PR-Code. Also, as noted above, the Plan was amended effective July 1, 2013, to modify certain eligibility provisions, increase the employer matching contributions and provide for a more favorable vesting. All these amendments are considered in the referred favorable determination letter dated June 21, 2021. Further, the Plan Administrator, with the advice of its legal counsel, believes that the Plan is designed and is being operated in compliance with the applicable requirements of the PR-Code and ERISA.

All contributions made to the Plan by the Employer, including before-tax contributions made on the employee's behalf by the Employer and the appreciation on all funds in the employee's account are not taxable to the employee under Puerto Rico income tax law while these amounts remain in the Plan.

Accounting principles generally accepted in the United States require Plan management to evaluate certain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the Puerto Rico Treasury Department. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

(8) 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 change could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(9) Subsequent Events

Management evaluated subsequent events for the Plan through October 13, 2026, the date the financial statements were available to be issued.

COOPERVISION MANUFACTURING PUERTO RICO LLC, SAVINGS PLAN

EIN: 98-0213394 – Plan No.: 001

Schedule H, Line 4a Delinquent Participant Contributions

December 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: □	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 247	$ -	$ 247-	$ -	$ -

COOPERVISION MANUFACTURING PUERTO RICO LLC, SAVINGS PLAN

EIN: 98-0213394 – Plan No. 001

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

December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost**	(e) Current Value
	American Fund AM Balanced R6	Mutual Fund	N/A	4.782,570
	American Funds Europacific R6	Mutual Fund	N/A	6,380,718
	Dodge and Cox Income Fund X	Mutual Fund	N/A	1,147,875
	JP Morgan Large Cap Growth	Mutual Fund	N/A	14,101,322
	Neuberger Berman SC GR R6	Mutual Fund	N/A	112,340
	Pimco Rae Fundamental US SM	Mutual Fund	N/A	48,569
*	PR Capital Preservation R1	Common/Collective Trust Fund	N/A	7,610,386
	T. Rowe Price Div Mid-Cap Growth	Mutual Fund	N/A	50,475
	T. Rowe Price International Value Eq	Mutual Fund	N/A	71,975
	T. Rowe Price Retirement 2015 I	Mutual Fund	N/A	8,586
	T. Rowe Price Retirement 2020 I	Mutual Fund	N/A	973,972
	T. Rowe Price Retirement 2025 I	Mutual Fund	N/A	80,397
	T. Rowe Price Retirement 2030 I	Mutual Fund	N/A	3,203,562
	T. Rowe Price Retirement 2035 I	Mutual Fund	N/A	1,469,092
	T. Rowe Price Retirement 2040 I	Mutual Fund	N/A	4,028,563
	T. Rowe Price Retirement 2045 I	Mutual Fund	N/A	1,076,601
	T. Rowe Price Retirement 2050 I	Mutual Fund	N/A	5,974,573
	T. Rowe Price Retirement 2055 I	Mutual Fund	N/A	1,534,465
	T. Rowe Price Retirement 2060 I	Mutual Fund	N/A	1,291,420
	T. Rowe Price Retirement 2065 I	Mutual Fund	N/A	923,125
	T. Rowe Price Retirement Balanced I	Mutual Fund	N/A	53,407
	Vanguard Equity Income Fund Adm	Mutual Fund	N/A	64,615
	Vanguard Institutional Index I	Mutual Fund	N/A	10,429,272
	Vanguard Mid-Cap Index Admiral	Mutual Fund	N/A	3,951,318
	Vanguard Small-Cap Index Admiral	Mutual Fund	N/A	16,919
	Vanguard TTL Bd Market Index Adm	Mutual Fund	N/A	4,941,257
	Vanguard TTL Int'l Stock Index	Mutual Fund	N/A	2,327,942
	Victory Sycamore Est Value R6	Mutual Fund	N/A	1,711,245
			$	78,366,,561

* Represents a party-in interest to the Plan.

** Cost omitted for participant-directed investments.

Note: The data included above is based upon information which has been certified as complete and accurate by the trustee as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974.

See accompanying independent auditor's report.

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

► CooperVision Manufacturing Puerto Rico, LLC Savings Plan

Employer Identification No.: ► 98-0213394

Plan year (beginning/ending):► 1/1/2025 - 12/31/2025 Plan number:► 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Pending Correction Outside VFCP	Contributions Pending Correction Under VFCP	
247	**-**	**247**	**-**	**-**

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

Name of Plan:

► CooperVision Manufacturing Puerto Rico, LLC Savings Plan

Employer Identification Number:► 98-0213394

For plan year (beginning/ending):► 1/1/2025 - 12/31/2025 Plan number:► 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
	American Beacon Large Cap Value Fund Investor Class	Mutual Fund		-
	American Funds American Balanced Fund Class R-6	Mutual Fund		4,782,570
	American Funds EUPAC Fund Class R-6	Mutual Fund		6,380,718
	BlackRock Total Return Fund Institutional Shares	Mutual Fund		-
	Dodge & Cox Income Fund Class X	Mutual Fund		1,147,875
	JPMorgan Large Cap Growth Fund Class R6	Mutual Fund		14,101,322
	Neuberger Berman Small Cap Growth Fund R6 Class	Mutual Fund		112,340
	PIMCO RAE US Small Fund Institutional Class	Mutual Fund		48,569
*	PR Capital Preservation Fund R1	Common Collective Trust		7,610,386
	T. Rowe Price Diversified Mid Cap Growth Fund I Class	Mutual Fund		50,475
	T. Rowe Price International Value Equity Fund Class I	Mutual Fund		71,975
	T. Rowe Price Retirement 2015 Fund I Class	Mutual Fund		8,586
	T. Rowe Price Retirement 2020 Fund I Class	Mutual Fund		973,972
	T. Rowe Price Retirement 2025 Fund I Class	Mutual Fund		80,397
	T. Rowe Price Retirement 2030 Fund I Class	Mutual Fund		3,203,562
	T. Rowe Price Retirement 2035 Fund I Class	Mutual Fund		1,469,092
	T. Rowe Price Retirement 2040 Fund I Class	Mutual Fund		4,028,563
	T. Rowe Price Retirement 2045 Fund I Class	Mutual Fund		1,076,601
	T. Rowe Price Retirement 2050 Fund I Class	Mutual Fund		5,974,573
	T. Rowe Price Retirement 2055 Fund I Class	Mutual Fund		1,534,465
	T. Rowe Price Retirement 2060 Fund I Class	Mutual Fund		1,291,420
	T. Rowe Price Retirement 2065 Fund I Class	Mutual Fund		923,125
	T. Rowe Price Retirement Balanced Fund Class I	Mutual Fund		53,407
	Vanguard Equity-Income Fund Admiral Shares	Mutual Fund		64,615
	Vanguard Institutional Index Fund Institutional Shares	Mutual Fund		10,429,272
	Vanguard International Value Fund Investor Shares	Mutual Fund		-
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund		3,951,318
	Vanguard Small Cap Index Fund Admiral Shares	Mutual Fund		16,919
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund		4,941,257
	Vanguard Total International Stock Index Fund Admiral Shares	Mutual Fund		2,327,942
	Victory Sycamore Established Value Fund Class R6	Mutual Fund		1,711,245