

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
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: RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): TERADYNE, INC. & SUBSIDIARIES
2b Employer Identification Number (EIN): 04-2272148
2c Plan Sponsor's telephone number: 978-370-2700
2d Business code (see instructions): 335900

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

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

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

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

Form 5500 (2024) v. 240311

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>RETIREMENT PLAN COMMITTEE FOR EMPLOYEES OF TERADYNE, INC.                  TERADYNE, INC.                  700 RIVERPARK DRIVE                  NORTH READING, MA 01864</p>	<p><b>3b</b> Administrator's EIN 04-2688220</p> <p><b>3c</b> Administrator's telephone number 978-370-2700</p>
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<p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name  <b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1212
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	352
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	329
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	26
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	658
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1013
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	15
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1028
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A

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

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TERADYNE, INC. &amp; SUBSIDIARIES</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2272148</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>112617032</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>121916682</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>114</u>	<u>16802464</u>
	<b>b</b> For terminated vested participants .....	<u>746</u>	<u>42268971</u>
	<b>c</b> For active participants .....	<u>352</u>	<u>33559413</u>
	<b>d</b> Total .....	<u>1212</u>	<u>92630848</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.10 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>799712</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>420000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1219712</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>08/28/2025</u>	Date
	<u>JUSTIN D. KEAR</u>	<u>23-07884</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>617-482-3100</u>	Telephone number (including area code)
	<u>MSC# 17894 PO BOX 7505 FORT WASHINGTON, PA 19034</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	28989376	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	28989376	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.43</u> % .....	2443804	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	3500000	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	27933180	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	101.38 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	131.52 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	133.05 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				0	0

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 1219712
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 1219712
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TERADYNE, INC. &amp; SUBSIDIARIES</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2272148</b>	

**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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**(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 50	NONE	158246	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SSGA

81-4017137

(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?
50 51	NONE	93750	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON CONSULTING, INC

22-2230064

(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	77725	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	41156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIEN D WARD ESQ.

22-5969535

(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?
29 50	NONE	18275	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TERADYNE, INC. &amp; SUBSIDIARIES</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2272148</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG US GOVT BOND INDEX NL</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>04-0025081-142</u></td> <td style="width:15%;"><b>d</b> Entity code <u>C</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1306246</u></td> </tr> </table>	<b>c</b> EIN-PN <u>04-0025081-142</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1306246</u>		
<b>c</b> EIN-PN <u>04-0025081-142</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1306246</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA 3 10 YR US CREDIT INDEX FUND</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>04-0025081-477</u></td> <td style="width:15%;"><b>d</b> Entity code <u>C</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10040506</u></td> </tr> </table>	<b>c</b> EIN-PN <u>04-0025081-477</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10040506</u>		
<b>c</b> EIN-PN <u>04-0025081-477</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10040506</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA HY BOND INDEX</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>04-3508891-001</u></td> <td style="width:15%;"><b>d</b> Entity code <u>C</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4067258</u></td> </tr> </table>	<b>c</b> EIN-PN <u>04-3508891-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4067258</u>		
<b>c</b> EIN-PN <u>04-3508891-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4067258</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>20 YR US TREASURY STRIPS INDEX FUND</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>90-0337987-169</u></td> <td style="width:15%;"><b>d</b> Entity code <u>C</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67332</u></td> </tr> </table>	<b>c</b> EIN-PN <u>90-0337987-169</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67332</u>		
<b>c</b> EIN-PN <u>90-0337987-169</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67332</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA 20 YR US HIGH QUAL CRP NL</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>90-0337987-296</u></td> <td style="width:15%;"><b>d</b> Entity code <u>C</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u></td> </tr> </table>	<b>c</b> EIN-PN <u>90-0337987-296</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
<b>c</b> EIN-PN <u>90-0337987-296</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA 5 20 YR US HIGH QUAL CORP NL</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>90-0337987-297</u></td> <td style="width:15%;"><b>d</b> Entity code <u>C</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u></td> </tr> </table>	<b>c</b> EIN-PN <u>90-0337987-297</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
<b>c</b> EIN-PN <u>90-0337987-297</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL DEFENSIVE EQUITY NL CTF</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>46-6399427-001</u></td> <td style="width:15%;"><b>d</b> Entity code <u>C</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4024536</u></td> </tr> </table>	<b>c</b> EIN-PN <u>46-6399427-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4024536</u>		
<b>c</b> EIN-PN <u>46-6399427-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4024536</u>			

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INT CORP BOND NL FUND

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN 90-0337987-297	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7141888
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LONG CORP BOND NL FUND

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN 90-0337987-296	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53951345
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TERADYNE, INC. &amp; SUBSIDIARIES</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2272148</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	1433757
		193005
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	828860
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	111479415
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	113742032	81588742
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1125000	174000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1125000	174000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	112617032	81414742

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	50831	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		50831
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1240483
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1291314

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	8592697	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	23386043	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		31978740
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	3300	
(3) Recordkeeping fees .....	<b>2i(3)</b>	158246	
(4) IQPA audit fees .....	<b>2i(4)</b>	41156	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	93750	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	77725	
(8) Legal fees .....	<b>2i(8)</b>	18275	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	122412	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		514864
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		32493604

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-31202290
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 557870.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TERADYNE, INC. &amp; SUBSIDIARIES</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2272148</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3573382</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	52

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 5.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 89.0 %  
 High-Yield Debt: 5.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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



# Retirement Plan for Employees of Teradyne, Inc.

Financial Statements  
(and ERISA-required supplemental  
schedules)  
Years Ended December 31, 2024 and 2023

## **Retirement Plan for Employees of Teradyne, Inc.**

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Financial Statements (and ERISA-required supplemental schedules)  
Years Ended December 31, 2024 and 2023

# Retirement Plan for Employees of Teradyne, Inc.

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



## Independent Auditor's Report

To the Plan Administrator  
Retirement Plan for Employees of Teradyne, Inc.  
North Reading, Massachusetts

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

We have performed audits of the financial statements of Retirement Plan for Employees of Teradyne, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, 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 audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report

- 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 (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

#### ***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules, Form 5500 - Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Form 5500 - Schedule H, Line 4(j) - Schedule of Reportable Transactions - Single & Series for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, P.C.

September 4, 2025

## Financial Statements

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# Retirement Plan for Employees of Teradyne, Inc.

## Statements of Net Assets Available for Benefits

<i>December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
<b>Investments, at fair value:</b>		
Collective investment trust funds	\$ 80,599,111	\$ 111,479,415
Short-term investment fund	796,626	828,860
<b>Total Investments</b>	<b>81,395,737</b>	<b>112,308,275</b>
<b>Due from Broker</b>	<b>190,000</b>	<b>1,430,000</b>
<b>Interest Receivable</b>	<b>3,005</b>	<b>3,757</b>
<b>Total Assets</b>	<b>81,588,742</b>	<b>113,742,032</b>
<b>Liabilities:</b>		
Due to broker	174,000	1,125,000
<b>Net Assets Available for Benefits</b>	<b>\$ 81,414,742</b>	<b>\$ 112,617,032</b>

*See accompanying notes to financial statements.*

**Retirement Plan for Employees of Teradyne, Inc.**  
**Statements of Changes in Net Assets Available for Benefits**

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<i>Years ended December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Additions:</b>		
<b>Investment Income:</b>		
Net appreciation in fair value of investments	\$ 1,240,483	\$ 9,152,945
Interest and dividends	50,831	53,581
<b>Total Investment Income</b>	<b>1,291,314</b>	<b>9,206,526</b>
<b>Deductions:</b>		
Benefits paid to participants	8,592,697	7,814,966
Retiree Group Purchase of Annuity Contracts (Note 1)	23,386,043	-
Administrative expenses	514,864	533,722
<b>Total Deductions</b>	<b>32,493,604</b>	<b>8,348,688</b>
<b>Net Increase (Decrease)</b>	<b>(31,202,290)</b>	<b>857,838</b>
<b>Net Assets Available for Benefits, beginning of year</b>	<b>112,617,032</b>	<b>111,759,194</b>
<b>Net Assets Available for Benefits, end of year</b>	<b>\$ 81,414,742</b>	<b>\$ 112,617,032</b>

*See accompanying notes to financial statements.*

# Retirement Plan for Employees of Teradyne, Inc.

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the Retirement Plan for Employees of Teradyne, Inc. (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

#### *General*

The Plan is a noncontributory, defined benefit pension plan providing retirement, disability, and death benefits to a portion of United States employees of Teradyne, Inc. and certain of its subsidiaries (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (“IRC”). The Plan is not offered to employees hired after December 31, 1999.

Effective January 1, 2000, the Plan was amended, and all participants accruing benefits had the option to continue accruing benefits in the Plan or to freeze their benefits in the Plan and be eligible to receive an annual discretionary matching contribution in the Teradyne, Inc. Savings Plan (the “Savings Plan”). By comparison, participants electing to continue to accrue benefits in the Plan are not eligible to receive a Savings Plan matching contribution.

Participant benefits are based on several factors including: compensation levels, years of service, and when service took place, as provided for in the plan document. Participants also have various benefit payment options as indicated in the plan document.

On September 23, 2024, the Plan agreed to settle a portion of the Plan's obligation for current retirees receiving monthly benefits through the purchase of a group annuity contract from Massachusetts Mutual Life Insurance Company. The contract provides for the insurance company to assume the Plan's current annuity obligations for approximately 132 retired participants beginning December 1, 2024. As a result of the annuity contract purchase, the Plan was able to transfer and reduce their current and future pension benefit obligation by approximately \$23.4 million. The effect of this reduction is not reflected in the actuarial present value of accumulated Plan benefits as of January 1, 2024.

#### *Vesting*

Vesting is full and immediate upon death, disability, or retirement. Upon termination of employment for reasons other than those listed above, a participant is entitled to receive a deferred vested benefit payable beginning at normal retirement age, equal to his/her accrued benefit at the date of termination. All participants are now vested, although a portion of the deferred benefit will not vest until certain age and service requirements are met.

#### *Contributions*

The Company's contributions to the Plan are based upon actuarially computed amounts intended to provide the Plan with assets sufficient to pay benefits to the Plan's participants pursuant to the terms of the Plan. The method of actuarial computation that has been used is the “unit credit cost method.” Additionally, the annual contribution amount is intended to meet the minimum funding requirements of ERISA, but not to exceed the maximum tax-deductible limit. The Company did not have a required minimum contribution for the 2024 or 2023 plan years, and no contributions were made.

# Retirement Plan for Employees of Teradyne, Inc.

## Notes to Financial Statements

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### 2. Summary of Accounting Policies

#### *Basis of Presentation*

The financial statements have been prepared on the accrual basis of accounting.

#### *Use of Estimates*

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

#### *Investment Valuation and Income Recognition*

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount 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.

Collective investment trust funds represent investments with various investment managers. Units held in the collective trust funds are valued at the unit price as reported by the investment managers based on the asset value of the underlying investments. Underlying investments in equity securities are valued at the last reported sales price, and underlying investments in fixed income securities are generally valued using methods based upon market transactions for comparable securities.

The short-term investment fund consists of cash and cash equivalents which are highly liquid investments with a maturity date of three months or less when purchased.

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

#### *Due From/To Brokers*

Due from brokers and due to brokers may include cash or securities maintained with brokers and counterparties for margin account balances, collateral held in conjunction with the Plan's investment portfolio, and the amounts due to/from brokers for the settlement of purchase and sale transactions. These balances are not considered cash and short-term investments of the Plan. Certain amounts due from brokers' unsettled securities transactions have been reported on a net-by-counterparty basis, where, in accordance with contractual rights and/or investment manager's opinion, there is a right of offset in the event of bankruptcy or default by the broker. As of December 31, 2024 and 2023, the Plan's due to/from brokers for unsettled securities sale and purchase transactions was approximately \$(174,000) and \$(1,125,000), respectively.

# Retirement Plan for Employees of Teradyne, Inc.

## Notes to Financial Statements

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### *Administrative Expenses*

The Plan is responsible for paying all expenses incurred in the administration of the Plan, except to the extent such expenses are paid by the Company. Any expenses paid by the Company are excluded from these financial statements.

### *Payment of Benefits*

Benefit payments to participants are recorded when paid.

### *Subsequent Events*

The Plan evaluated all events and transactions that occurred after December 31, 2024, through September 4, 2025, the date these financial statements were available to be issued.

## **3. Certified Investments**

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, State Street Bank and Trust Company, a qualified institution, has certified as to the completeness and accuracy of all the investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the related investment activity reflected on the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules, Form 5500 - Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Form 5500 - Schedule H, Line 4(j) - Schedule of Reportable Transactions - Single & Series for the year ended December 31, 2024. The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

## **4. Plan Termination**

While the Company has not expressed any intent to discontinue its contributions, it is free to do so any time, subject to the restrictions set forth in ERISA. In the event such discontinuance results in the termination of the Plan, benefits continue to be non-forfeitable. 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 to former employees or their beneficiaries who have been receiving benefits for at least three years, or those employees eligible to retire during that three-year period who would have been receiving benefits if they had retired with 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") (a U.S. governmental agency) up to the applicable limitations (discussed below).
- c) All other uninsured vested benefits.
- d) All nonvested benefits.

# Retirement Plan for Employees of Teradyne, Inc.

## Notes to Financial Statements

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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.

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

### 5. 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 employees for service they have rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries, and (c) beneficiaries of deceased employees. Benefits are based on the participant's average annual compensation, years of credited service, and social security income, as defined in the plan document.

The actuarially computed present value of accumulated plan benefits under the Plan is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment between (by means such as for death, disability, withdrawal, or retirement) the valuation date and the expected date of payment. These amounts were calculated by actuaries from Aon as of the beginning of the plan years for 2024 and 2023 as follows:

<i>January 1,</i>	<b>2024</b>	<b>2023</b>
<b>Actuarial Present Value of Accumulated Plan Benefits:</b>		
Participants currently receiving payments	\$ 18,031,079	\$ 9,579,056
Other participants	82,855,037	91,047,079
<b>Total Vested Benefits</b>	<b>100,886,116</b>	<b>100,626,135</b>
<b>Nonvested Benefits</b>	<b>60,832</b>	<b>58,906</b>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<b>\$ 100,946,948</b>	<b>\$ 100,685,041</b>

*The remainder of this page intentionally left blank.*

# Retirement Plan for Employees of Teradyne, Inc.

## Notes to Financial Statements

The change in the present value of accumulated plan benefits from January 1, 2023, to January 1, 2024, was as follows:

*Year ended January 1, 2024*

<b>Actuarial Present Value of Accumulated Plan Benefits,</b> beginning of year	\$ 100,685,041
<b>Increase (Decrease) Attributable to:</b>	
Increase due to interest accumulated during the year	4,599,087
Benefits paid	(7,814,966)
Increase due to changes in assumptions	906,752
Other changes including benefits accumulation and experience gains and losses	2,571,034
<b>Net Increase</b>	261,907

<b>Actuarial Present Value of Accumulated Plan Benefits,</b> end of year	\$ 100,946,948
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The present value of accumulated plan benefits for the year ended January 1, 2024 does not reflect the group annuity purchase in September 2024. The group annuity purchase reduced the benefit obligation by approximately \$23.4 million.

Changes in actuarial assumptions increased the present value of accumulated plan benefits as of January 1, 2024, primarily due to the decrease in the accrued benefit discount rate and change in mortality tables. The more significant assumptions underlying the actuarial computations as of January 1, 2024 and 2023, are as follows:

<i>Years ended January 1,</i>	<b>2024</b>	<b>2023</b>
Accrued benefits interest rate	4.65%	4.75%
Mortality basis	2024 generational mortality table for annuitants and non- annuitants per IRS Notice 2022-22	2023 static mortality table for annuitants and non-annuitants per IRS Notice 2022-22
Normal retirement age	Age 64	Age 64

In 2024 and 2023, active participants were assumed to elect a lump-sum benefit 35% and 30%, respectively, of the time, and terminated vested participants were assumed to elect a lump-sum benefit 2% of the time.

The salary increase assumption was 2.3% inflation plus merit increase schedule in 2024 and was 2.4% in 2023. The Social Security wage base assumption was 2.8% in 2024 and was 2.9% in 2023.

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.

# Retirement Plan for Employees of Teradyne, Inc.

## Notes to Financial Statements

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### 6. Fair Value Measurement

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

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

*Level 2:* Inputs 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 asset or liability's fair value measurement level, within the fair value hierarchy, is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in methodologies used at December 31, 2024 and 2023.

The methods described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes that its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

<i>December 31, 2024</i>	Investment Assets			Total
	Level 1	Level 2	Level 3	
Short-term investment fund	\$ 796,626	\$ -	\$ -	\$ 796,626
Collective investment trust funds		80,599,111	-	80,599,111
<b>Total Investments</b>	<b>\$ 796,626</b>	<b>\$ 80,599,111</b>	<b>\$ -</b>	<b>\$ 81,395,737</b>

# Retirement Plan for Employees of Teradyne, Inc.

## Notes to Financial Statements

<i>December 31, 2023</i>	Investment Assets			Total
	Level 1	Level 2	Level 3	
Short-term investment fund	\$ 828,860	\$ -	\$ -	\$ 828,860
Collective investment trust funds	-	111,479,415	-	111,479,415
<b>Total Investments</b>	<b>\$ 828,860</b>	<b>\$ 111,479,415</b>	<b>\$ -</b>	<b>\$ 112,308,275</b>

### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investments, 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. As of December 31, 2024 and 2023, there were two and three investments held that individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2024.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is 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.

### 8. Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated October 31, 2016, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since the date of the letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and continues to be tax exempt. Therefore, no provision for income taxes has been recorded.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 9. Party-in-Interest Transactions

The Plan’s investments include units of common trust funds and short-term investment funds managed by State Street Bank and Trust Company. The Plan also pays various service providers for plan administrative expenses. These transactions qualify as exempt party-in-interest transactions.

## ERISA-Required Supplemental Schedules

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# Retirement Plan for Employees of Teradyne, Inc.

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

EIN: 04-2272148  
Plan Number: 002

*December 31, 2024*

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral Par or Maturity Value (Units/Par) Number of Units	(d) Cost	(e) Current Value
<b>* State Street Bank and Trust Company:</b>				
Collective investment trust funds:				
	SSGA HY BOND INDEX NL	237,393	\$ 3,044,399	\$ 4,067,258
	3-10 YEAR US TREAS INDX NL FU	544,791	10,430,911	10,040,506
	LONG US GOVT INDEX FD	35,597	1,328,240	1,306,246
	SSGA 20+YR US TREA STRIP IN FD SSGA 20+YR US TREA STRIP IN FD	5,808	94,866	67,332
	GLOBAL DEFENSIVE EQUITY NL CTF ZVNM	200,655	2,287,093	4,024,536
	INT CORP BOND NL FUND	446,284	6,471,702	7,141,888
	LONG CORP BOND NL FUND	3,304,539	48,261,032	53,951,345
	Short-term investment fund	796,626	796,626	796,626
		<b>5,571,693</b>	<b>\$ 72,714,869</b>	<b>\$ 81,395,737</b>

\* Represents a party-in-interest to the Plan as defined by ERISA

## Retirement Plan for Employees of Teradyne, Inc.

### Form 5500 - Schedule H, Line 4(j) - Schedule of Reportable Transactions - Single & Series

EIN: 04-2272148  
Plan Number: 002

Year ended December 31, 2024

(a) Identify of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Value of Assets on Transaction Dates	(g) Net Gain
<b>Category (i) Single Transactions:</b>						
*State Street Bank & Trust Company	Short-Term Investment Fund	\$ 23,186,043	\$ -	\$ -	\$ 23,186,043	\$ -
*State Street Bank & Trust Company	Short-Term Investment Fund	-	23,386,043	23,386,043	23,386,043	-
*State Street Bank & Trust Company	INT CORP BOND NL FUND	-	18,190,000	16,800,308	18,190,000	1,389,692
*State Street Bank & Trust Company	LONG CORP BOND NL FUND	18,100,000	-	-	18,100,000	-
*State Street Bank & Trust Company	LONG CORP BOND NL FUND	-	15,556,000	13,041,264	15,556,000	2,514,736
<b>Category (iii) Series Transactions:</b>						
*State Street Bank & Trust Company	Short-Term Investment Fund	\$ 30,025,131	\$ 30,057,365	\$ 30,057,365	\$ 60,082,496	\$ -
*State Street Bank & Trust Company	INT CORP BOND NL FUND	2,721,000	28,640,926	26,406,319	31,361,926	2,234,607
*State Street Bank & Trust Company	LONG CORP BOND NL FUND	22,100,000	19,256,000	16,357,439	41,356,000	2,898,561

\*Represents a party-in-interest to the Plan as defined by ERISA.  
There were no category (ii) or (iv) transactions.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
 EIN: 04-2272148 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49		2	31 \$197,207	2		1	4			
50-54			25 \$159,408	40 \$207,549	1		4			
55-59			28 \$190,899	22 \$169,173	18	4	3	3	2	1
60-64		1	26 \$194,553	21 \$189,230	14	20 \$201,313	3	2	13	12
65-69			4	7	3	3	6	1	1	14
70+	1	1		2			2	1		3

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Salary Increases</b>	
Minimum Funding Target Normal Cost	2.30% inflation plus merit increase (See Table 1)
Maximum Tax Expected Benefit Increase	2.30% inflation plus merit increase (See Table 1)
<b>Social Security Wage Base Increases</b>	Future wage indices are based on 2.30% inflation plus 0.50% (i.e. 2.80%).
<b>Retirement Age</b>	
Active Participants	See Table 2
Terminated Vested Participants	Age 64
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
<b>Withdrawal Rates</b>	See Table 3
<b>Disability Rates</b>	None
<b>Optional Payment Form Election</b>	35% of actives elect a lump sum payment upon termination. 2% of terminated vested participants elect a lump sum. All other participants are assumed to elect the normal form of payment.
<b>Optional Payment Form Interest Rate</b>	Set equal to the interest rates used for Minimum Funding Purposes or Maximum Tax Purposes, if applicable.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
 EIN: 04-2272148 PN: 002

<b>Optional Payment Form Conversion Mortality</b>	Current IRC section 417(e)(3) table for lump sums.
<b>Decrement Timing</b>	Middle of year decrements, with 100% retirement occurring at beginning of year.
<b>Surviving Spouse Benefit</b>	It is assumed that 85% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Valuation Compensation</b>	2023 Pensionable earning rolled forward one year with the salary increase assumption.
<b>Benefit and Compensation Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
<b>Expected Return on Assets</b>	
2022 Plan Year	2.40%
2023 Plan Year	5.20%
2024 Plan Year	5.10%
<b>Trust Expenses Included in Target Normal Cost</b>	\$420,000. Prior year's actual administrative expenses paid from the trust (without PBGC premiums) increased by 3%, plus expected PBGC premiums for the current year, rounded to the nearest \$10,000s
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

Table 1

**Salary Increase Rates**

<b>Age</b>	<b>Rate</b>
<45	N/A
45	3.30%
46	3.30%
47	3.30%
48	3.30%
49	3.30%
50	3.05%
51	3.05%
52	3.05%
53	3.05%
54	3.05%
55	2.55%
56	2.55%
57	2.55%
58	2.55%
59	2.55%
60+	2.30%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

Table 2

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	5.00%
56	5.00%
57	6.00%
58	6.00%
59	7.00%
60	8.00%
61	9.00%
62	10.00%
63	11.00%
64	12.50%
65	15.00%
66	25.00%
67	25.00%
68	25.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

Table 3

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>
<45	N/A
45	5.50%
46	5.50%
47	5.50%
48	5.50%
49	5.50%
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55+	6.00%

<b>Plan Name</b>	<b>Retirement Plan For Employees of Teradyne, Inc.</b>
<b>Plan Sponsor EIN</b>	<b>04-2272148</b>
<b>ERISA Plan No.</b>	<b>002</b>
<b>Plan Year End</b>	<b>12/31/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan RETIREMENT PLAN FOR EMPLOYEES OF TERADYNE, INC.	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TERADYNE, INC. & SUBSIDIARIES	<b>D</b> Employer Identification Number (EIN) 04-2272148	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		112,617,032
<b>b</b> Actuarial value .....	<b>2b</b>		121,916,682
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	114	16,802,464	16,802,464
<b>b</b> For terminated vested participants .....	746	42,268,971	42,268,971
<b>c</b> For active participants .....	352	33,559,413	33,626,653
<b>d</b> Total .....	1,212	92,630,848	92,698,088
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.10%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	799,712	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	420,000	
<b>c</b> Target normal cost .....	<b>6c</b>	1,219,712	

**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.

<b>SIGN HERE</b>	Signature of actuary	<u>08/28/2025</u> Date
	<u>Justin D. Kear</u> Type or print name of actuary	<u>2307884</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>617-482-3100</u> Telephone number (including area code)
	<u>MSC# 17894 PO BOX 7505</u> <u>FORT WASHINGTON PA 19034</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	28,989,376	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	28,989,376	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.43%</u> .....	2,443,804	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	3,500,000	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	27,933,180	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	101.38%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	131.52%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	133.05%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>						
<b>18</b> 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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> 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		

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-----------------------	-----------------------	-----------------------	---

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 64

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	1,219,712
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	1,219,712

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**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)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	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 SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
 EIN: 04-2272148 PN: 002

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100 percent retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	6.00%	0.9025	3.11
58.5	6.00%	0.8484	2.98
59.5	7.00%	0.7974	3.32
60.5	8.00%	0.7416	3.59
61.5	9.00%	0.6823	3.78
62.5	10.00%	0.6209	3.88
63.5	11.00%	0.5588	3.90
64.5	12.50%	0.4973	4.01
65.5	15.00%	0.4352	4.28
66.5	25.00%	0.3699	6.15
67.5	25.00%	0.2774	4.68
68.5	25.00%	0.2081	3.56
69.5	40.00%	0.1560	4.34
70	100.00%	0.0936	6.55
		Weighted Average	63.59

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Salary Increases</b>	
Minimum Funding Target Normal Cost	2.30% inflation plus merit increase (See Table 1)
Maximum Tax Expected Benefit Increase	2.30% inflation plus merit increase (See Table 1)
<b>Social Security Wage Base Increases</b>	Future wage indices are based on 2.30% inflation plus 0.50% (i.e. 2.80%).
<b>Retirement Age</b>	
Active Participants	See Table 2
Terminated Vested Participants	Age 64
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
<b>Withdrawal Rates</b>	See Table 3
<b>Disability Rates</b>	None
<b>Optional Payment Form Election</b>	35% of actives elect a lump sum payment upon termination. 2% of terminated vested participants elect a lump sum. All other participants are assumed to elect the normal form of payment.
<b>Optional Payment Form Interest Rate</b>	Set equal to the interest rates used for Minimum Funding Purposes or Maximum Tax Purposes, if applicable.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
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<b>Optional Payment Form Conversion Mortality</b>	Current IRC section 417(e)(3) table for lump sums.
<b>Decrement Timing</b>	Middle of year decrements, with 100% retirement occurring at beginning of year.
<b>Surviving Spouse Benefit</b>	It is assumed that 85% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Valuation Compensation</b>	2023 Pensionable earning rolled forward one year with the salary increase assumption.
<b>Benefit and Compensation Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
<b>Expected Return on Assets</b>	
2022 Plan Year	2.40%
2023 Plan Year	5.20%
2024 Plan Year	5.10%
<b>Trust Expenses Included in Target Normal Cost</b>	\$420,000. Prior year's actual administrative expenses paid from the trust (without PBGC premiums) increased by 3%, plus expected PBGC premiums for the current year, rounded to the nearest \$10,000s
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

Table 1

**Salary Increase Rates**

<b>Age</b>	<b>Rate</b>
<45	N/A
45	3.30%
46	3.30%
47	3.30%
48	3.30%
49	3.30%
50	3.05%
51	3.05%
52	3.05%
53	3.05%
54	3.05%
55	2.55%
56	2.55%
57	2.55%
58	2.55%
59	2.55%
60+	2.30%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
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Table 2

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	5.00%
56	5.00%
57	6.00%
58	6.00%
59	7.00%
60	8.00%
61	9.00%
62	10.00%
63	11.00%
64	12.50%
65	15.00%
66	25.00%
67	25.00%
68	25.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
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Table 3

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>
<45	N/A
45	5.50%
46	5.50%
47	5.50%
48	5.50%
49	5.50%
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55+	6.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
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## Schedule SB, Part V — Summary of Plan Provisions

<b>Effective Date</b>	January 1, 1980. Restated effective January 1, 2013. As amended through December 31, 2018.
<b>Eligibility</b>	Effective December 31, 1999, the plan was closed to new participants. Existing participants elected to continue to accrue benefits in the Retirement Plan or to freeze their accrued benefit. Effective December 31, 2009 the accrued benefit for Final Average Pay Supplemental Plan members was frozen.
<b>Normal Retirement</b>	
Eligibility	Later of (1) or (2):  (1) Age 65.  (2) Five years of service.
Benefit	Participant's benefit equals (1) + (2) + (3). The accrued benefit is reduced if commencement is prior to Social Security normal retirement age (see Early Retirement).  (1) An accrued benefit based upon 1995–1999 average compensation and service prior to December 31, 1999 using 1999 covered compensation as specified by the plan.  (2) For each year of service after December 31, 1999 (total service not to exceed 35 years) the sum of (a) and (b).  (a) 0.75% of annual compensation less than covered compensation.  (b) 1.5% of annual compensation greater than covered compensation.  (3) For each year of service in excess of 35 years, 1.0% of annual compensation.  Subject to minimum accrued benefits as of December 31, 1988, December 31, 1993 and December 31, 1999.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
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**Early Retirement**

Eligibility

Age 55 and 10 years of service.

Benefit

Effective January 1, 1993 the accrued normal retirement benefit is reduced by the following schedule:

Number of Years Before Social Security Normal Retirement Age	Percent Reduction
1	6.67%
2	13.33%
3	20.00%
4	26.67%
5	33.33%
6	36.67%
7	40.00%
8	43.33%
9	46.67%
10	50.00%
11	54.13%
12	57.87%

**Vested Retirement**

Eligibility

Three years of service; vesting at 20% per year until 100% vested at the end of seven years.

Benefit

Accrued normal retirement benefit multiplied by the vesting percentage and payable at age Social Security normal retirement age or as early as age 55 with 10 years of service. The benefit is reduced by the following schedule:

Number of Years Before Social Security Normal Retirement Age	Percent Reduction
1	10.1%
2	18.9%
3	26.6%
4	33.5%
5	39.6%
6	45.0%
7	49.8%
8	54.1%
9	58.0%
10	61.4%
11	64.6%
12	67.4%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
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**Preretirement Spouse's Benefit**

Eligibility	Spouses of active participants who die after becoming vested and spouses of vested terminated participants who die before benefits commence.
Benefit	<p>If death occurs on or after earliest retirement age, an annual benefit equal to 50% of the benefit the participant would have received had he retired on the day preceding his death having elected a 50% joint and survivor annuity.</p> <p>If death occurs prior to earliest retirement age, an annual benefit equal to 50% of the benefit the participant would have received had he terminated his employment on the day preceding his death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.</p>

**Disability Retirement**

Eligibility	Any participant who becomes disabled as defined by the plan.
Benefit	An annual benefit equal to the accrued normal retirement benefit payable at normal retirement age or in a reduced amount if paid earlier.

**Normal Form of Benefit**

Life annuity, if single. 50% joint and survivor annuity, if married.

**Optional Forms**

Five year certain and life, 10 year certain and life, 20 year certain and life, 50% joint and survivor, 75% joint and survivor, or 100% joint and survivor. Effective February 2015, the plan offers a lump sum.

**Definitions**

Annual Compensation	Compensation as reported on income tax form W-2 plus IRC section 125 and section 401(k) deferrals.
Covered Compensation	Thirty-five year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security retirement age.
Actuarial Equivalence	Optional forms of payment are calculated based on 6% interest and the RP-2000 CH mortality table. Prior to January 1, 2005, the actuarial equivalence definition was based on 6% interest (5.5% for former Gen Rad, Inc. participants) and the Unisex Pension 1984 mortality table.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
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**Social Security Normal Retirement Age**

- (1) Age 65 for participants whose year of birth is before 1938.
- (2) Age 66 for participants whose year of birth is after 1937 and before 1955.
- (3) Age 67 for participants whose year of birth is after 1954.

**Former Participants in the GenRad, Inc.  
Pension Plan**

Entitled to accrued benefit as of December 31, 2001 according to the terms of the former GenRad, Inc. Pension Plan.

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets from 5.20 percent to 5.10 percent to better reflect future expectations.
- A change in the salary increase assumption from 2.40 percent inflation plus merit increases to 2.30 percent inflation plus merit increases.
- A change in the Social Security Wage Base increase assumption from 2.40 percent inflation plus 0.5 percent (i.e. 2.90 percent) to 2.30 percent inflation plus 0.50 percent (i.e. 2.80 percent).
- A change in the optional payment form election percentage for actives electing a lump sum from 30 percent to 35 percent.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall by more than the thresholds stated in Income Revenue Code Section 430(h)(5). As such, approval by the Commissioner is not required.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
 EIN: 04-2272148 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49		2	31 \$197,207	2		1	4			
50-54			25 \$159,408	40 \$207,549	1		4			
55-59			28 \$190,899	22 \$169,173	18	4	3	3	2	1
60-64		1	26 \$194,553	21 \$189,230	14	20 \$201,313	3	2	13	12
65-69			4	7	3	3	6	1	1	14
70+	1	1		2			2	1		3

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Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

Schedule SB, line 26b – Schedule of Projection of Expected  
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	453,394	2,146,749	1,386,161	3,986,304
2025	928,385	2,476,102	1,390,649	4,795,136
2026	1,267,371	2,682,382	1,379,063	5,328,816
2027	1,671,584	2,859,107	1,363,255	5,893,946
2028	2,004,103	3,068,725	1,349,138	6,421,966
2029	2,270,583	2,969,267	1,287,514	6,527,364
2030	2,459,252	2,988,553	1,266,725	6,714,530
2031	2,663,581	3,019,079	1,242,224	6,924,884
2032	2,752,221	3,037,155	1,218,501	7,007,877
2033	2,813,825	3,041,521	1,191,241	7,046,587
2034	2,830,281	3,018,618	1,161,171	7,010,070
2035	2,831,517	3,005,659	1,128,245	6,965,421
2036	2,813,164	2,981,359	1,092,280	6,886,803
2037	2,782,706	2,931,544	1,053,162	6,767,412
2038	2,738,947	2,878,794	1,010,853	6,628,594
2039	2,691,500	2,811,403	965,081	6,467,984
2040	2,649,296	2,742,519	915,506	6,307,321
2041	2,582,176	2,660,405	864,636	6,107,217
2042	2,500,868	2,572,394	816,923	5,890,185
2043	2,407,464	2,477,182	759,592	5,644,238
2044	2,302,092	2,374,227	701,287	5,377,606
2045	2,193,317	2,263,293	641,599	5,098,209
2046	2,072,493	2,145,237	581,173	4,798,903
2047	1,943,185	2,020,463	520,804	4,484,452
2048	1,809,704	1,889,659	461,377	4,160,740
2049	1,673,372	1,753,855	403,828	3,831,055
2050	1,535,597	1,614,417	349,062	3,499,076
2051	1,397,943	1,473,014	297,882	3,168,839
2052	1,262,092	1,331,558	250,939	2,844,589
2053	1,129,754	1,192,081	208,686	2,530,521
2054	1,002,556	1,056,591	171,365	2,230,512
2055	881,983	926,970	139,020	1,947,973
2056	769,289	804,849	111,513	1,685,651
2057	665,425	691,521	88,552	1,445,498
2058	571,013	587,936	69,730	1,228,679

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
 EIN: 04-2272148 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	486,312	494,656	54,566	1,035,534
2060	411,259	411,859	42,541	865,659
2061	345,511	339,401	33,136	718,048
2062	288,500	276,856	25,859	591,215
2063	239,509	223,576	20,266	483,351
2064	197,730	178,773	15,981	392,484
2065	162,330	141,561	12,692	316,583
2066	132,503	111,022	10,150	253,675
2067	107,499	86,246	8,162	201,907
2068	86,633	66,367	6,585	159,585
2069	69,303	50,589	5,313	125,205
2070	54,985	38,196	4,274	97,455
2071	43,223	28,561	3,419	75,203
2072	33,631	21,145	2,710	57,486
2073	25,872	15,496	2,122	43,490

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
 EIN: 04-2272148 PN: 002

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100 percent retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	6.00%	0.9025	3.11
58.5	6.00%	0.8484	2.98
59.5	7.00%	0.7974	3.32
60.5	8.00%	0.7416	3.59
61.5	9.00%	0.6823	3.78
62.5	10.00%	0.6209	3.88
63.5	11.00%	0.5588	3.90
64.5	12.50%	0.4973	4.01
65.5	15.00%	0.4352	4.28
66.5	25.00%	0.3699	6.15
67.5	25.00%	0.2774	4.68
68.5	25.00%	0.2081	3.56
69.5	40.00%	0.1560	4.34
70	100.00%	0.0936	6.55
		Weighted Average	63.59

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
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Schedule SB, line 26b – Schedule of Projection of Expected  
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Schedule SB Attachment (Form 5500) –2024 Plan Year  
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 EIN: 04-2272148 PN: 002

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

## Schedule SB, Part V — Summary of Plan Provisions

<b>Effective Date</b>	January 1, 1980. Restated effective January 1, 2013. As amended through December 31, 2018.
<b>Eligibility</b>	Effective December 31, 1999, the plan was closed to new participants. Existing participants elected to continue to accrue benefits in the Retirement Plan or to freeze their accrued benefit. Effective December 31, 2009 the accrued benefit for Final Average Pay Supplemental Plan members was frozen.
<b>Normal Retirement</b>	
Eligibility	Later of (1) or (2):  (1) Age 65.  (2) Five years of service.
Benefit	Participant's benefit equals (1) + (2) + (3). The accrued benefit is reduced if commencement is prior to Social Security normal retirement age (see Early Retirement).  (1) An accrued benefit based upon 1995–1999 average compensation and service prior to December 31, 1999 using 1999 covered compensation as specified by the plan.  (2) For each year of service after December 31, 1999 (total service not to exceed 35 years) the sum of (a) and (b).  (a) 0.75% of annual compensation less than covered compensation.  (b) 1.5% of annual compensation greater than covered compensation.  (3) For each year of service in excess of 35 years, 1.0% of annual compensation.  Subject to minimum accrued benefits as of December 31, 1988, December 31, 1993 and December 31, 1999.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Retirement Plan for Employees of Teradyne, Inc.  
 EIN: 04-2272148 PN: 002

**Early Retirement**

Eligibility

Age 55 and 10 years of service.

Benefit

Effective January 1, 1993 the accrued normal retirement benefit is reduced by the following schedule:

Number of Years Before Social Security Normal Retirement Age	Percent Reduction
1	6.67%
2	13.33%
3	20.00%
4	26.67%
5	33.33%
6	36.67%
7	40.00%
8	43.33%
9	46.67%
10	50.00%
11	54.13%
12	57.87%

**Vested Retirement**

Eligibility

Three years of service; vesting at 20% per year until 100% vested at the end of seven years.

Benefit

Accrued normal retirement benefit multiplied by the vesting percentage and payable at age Social Security normal retirement age or as early as age 55 with 10 years of service. The benefit is reduced by the following schedule:

Number of Years Before Social Security Normal Retirement Age	Percent Reduction
1	10.1%
2	18.9%
3	26.6%
4	33.5%
5	39.6%
6	45.0%
7	49.8%
8	54.1%
9	58.0%
10	61.4%
11	64.6%
12	67.4%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

**Preretirement Spouse's Benefit**

Eligibility	Spouses of active participants who die after becoming vested and spouses of vested terminated participants who die before benefits commence.
Benefit	<p>If death occurs on or after earliest retirement age, an annual benefit equal to 50% of the benefit the participant would have received had he retired on the day preceding his death having elected a 50% joint and survivor annuity.</p> <p>If death occurs prior to earliest retirement age, an annual benefit equal to 50% of the benefit the participant would have received had he terminated his employment on the day preceding his death, survived to earliest retirement age, and elected a 50% joint and survivor annuity.</p>

**Disability Retirement**

Eligibility	Any participant who becomes disabled as defined by the plan.
Benefit	An annual benefit equal to the accrued normal retirement benefit payable at normal retirement age or in a reduced amount if paid earlier.

**Normal Form of Benefit**

Life annuity, if single. 50% joint and survivor annuity, if married.

**Optional Forms**

Five year certain and life, 10 year certain and life, 20 year certain and life, 50% joint and survivor, 75% joint and survivor, or 100% joint and survivor. Effective February 2015, the plan offers a lump sum.

**Definitions**

Annual Compensation	Compensation as reported on income tax form W-2 plus IRC section 125 and section 401(k) deferrals.
Covered Compensation	Thirty-five year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security retirement age.
Actuarial Equivalence	Optional forms of payment are calculated based on 6% interest and the RP-2000 CH mortality table. Prior to January 1, 2005, the actuarial equivalence definition was based on 6% interest (5.5% for former Gen Rad, Inc. participants) and the Unisex Pension 1984 mortality table.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
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**Social Security Normal Retirement Age**

- (1) Age 65 for participants whose year of birth is before 1938.
- (2) Age 66 for participants whose year of birth is after 1937 and before 1955.
- (3) Age 67 for participants whose year of birth is after 1954.

**Former Participants in the GenRad, Inc.  
Pension Plan**

Entitled to accrued benefit as of December 31, 2001 according to the terms of the former GenRad, Inc. Pension Plan.

## Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

<b>Plan Name</b>	<b>Retirement Plan For Employees of Teradyne, Inc.</b>
<b>Plan Sponsor EIN</b>	<b>04-2272148</b>
<b>ERISA Plan No.</b>	<b>002</b>
<b>Plan Year End</b>	<b>12/31/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Retirement Plan for Employees of Teradyne, Inc.  
EIN: 04-2272148 PN: 002

## Schedule SB, line 24 — Change in Actuarial Assumptions

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- A change in the expected return on assets from 5.20 percent to 5.10 percent to better reflect future expectations.
- A change in the salary increase assumption from 2.40 percent inflation plus merit increases to 2.30 percent inflation plus merit increases.
- A change in the Social Security Wage Base increase assumption from 2.40 percent inflation plus 0.5 percent (i.e. 2.90 percent) to 2.30 percent inflation plus 0.50 percent (i.e. 2.80 percent).
- A change in the optional payment form election percentage for actives electing a lump sum from 30 percent to 35 percent.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall by more than the thresholds stated in Income Revenue Code Section 430(h)(5). As such, approval by the Commissioner is not required.