

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	308
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	129
	6a(2)	74
	6b	9
	6c	182
	6d	265
	6e	1
	6f	266
	6g(1)	304
	6g(2)	262
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2T 3C

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan TEVA PR LLC SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEVA PR LLC	D Employer Identification Number (EIN) 66-0638938	

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

BENEFIT PLANS ADMIN SERVICES, INC.

16-1503696

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

COLUMBIA THREADNEEDLE INVESTMENTS **245 SUMMER STREET**
3RD FLOOR
BOSTON, MA 02110

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

DELAWARE SERVICE COMPANY, INC. **500 ROSS STREET, 154-0520**
PITTSBURG, PA 15262

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

GUGGENHEIM INVESTMENTS, INC. **9601 BLACKWELL ROAD**
SUITE 500
ROCKVILLE, MD 20850

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

PGIM INVESTMENTS (PRUDENTIAL)

PRUDENTIAL FUND SERVICES
2101 WELSH ROAD
DRESHER, PA 19025

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

PRINCIPAL FUNDS DISTRIBUTOR, INC.

620 COOLIDGE DRIVE
SUITE 300
FOLSOM, CA 95630

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

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

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

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

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

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

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

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

BENEFIT PLAN ADMIN SERVICES, INC.

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 60 64	NONE	62312	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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"/>

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>TEVA PR LLC SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEVA PR LLC</u>	D Employer Identification Number (EIN) <u>66-0638938</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEUBERGER BERMAN SMALL CAP GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4139860-637</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>249638</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US LARGE CAP GROWTH CIT P-2</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN</u>		
c EIN-PN <u>38-4116831-509</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4796389</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&T BLACKROCK LARGE CAP EQUITY IND</u>		
b Name of sponsor of entity listed in (a): <u>HAND BENEFITS & TRUST COMPANY</u>		
c EIN-PN <u>74-1977743-202</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&T BLACKROCK MID CAP EQUITY INDEX</u>		
b Name of sponsor of entity listed in (a): <u>HAND BENEFITS & TRUST COMPANY</u>		
c EIN-PN <u>74-1977743-198</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&T BLACKROCK SMALL CAP EQUITY IND</u>		
b Name of sponsor of entity listed in (a): <u>HAND BENEFITS & TRUST COMPANY</u>		
c EIN-PN <u>74-1977743-201</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&T BLACKROCK U.S. AGGREGATE BOND</u>		
b Name of sponsor of entity listed in (a): <u>HAND BENEFITS & TRUST COMPANY</u>		
c EIN-PN <u>74-1977743-197</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&T BLACKROCK MSCI ACWI EX-US INDE</u>		
b Name of sponsor of entity listed in (a): <u>HAND BENEFITS & TRUST COMPANY</u>		
c EIN-PN <u>74-1977743-200</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PR CAPITAL PRESERVATION FUND

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

c EIN-PN 66-0929359-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4698998
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE PLUS BOND CIF R2

b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY

c EIN-PN 95-2705767-113	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TEVA PR LLC SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEVA PR LLC	D Employer Identification Number (EIN) 66-0638938

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	403487
(9) Value of interest in common/collective trusts	1c(9)	302358
(10) Value of interest in pooled separate accounts	1c(10)	24949931
(11) Value of interest in master trust investment accounts	1c(11)	9745025
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6744328
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	24308562
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	32097746	34355945
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32097746	34355945

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	615125	
(B) Participants.....	2a(1)(B)	871292	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1486417
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	24049	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24049
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	809300	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2583235
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1043369
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5946370

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3625859	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3625859
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	38377	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	23935	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		62312
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3688171

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2258199
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **YANIRA ROSARIO CPA LLC**

(2) EIN: **66-1059703**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan TEVA PR LLC SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEVA PR LLC	D Employer Identification Number (EIN) 66-0638938	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 66-0795542

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

Teva PR LLC Savings Plan (In Liquidation)

**Financial Statements
As of December 31, 2024
Together with Independent Auditors' Report**



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

Independent Auditors' Report

To the Plan Administrator of **Teva PR LLC Savings Plan** (In Liquidation):

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

We have performed audits of the financial statements of **Teva PR LLC Savings Plan** (In Liquidation), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 (in liquidation) and December 31, 2023 (ongoing), the related statement of changes in net assets available for benefits for the year ended December 31, 2024 and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, as of December 31, 2024 (in liquidation) and as of December 31, 2023 (ongoing), are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **Teva PR LLC Savings Plan (In Liquidation)** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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.

Emphasis of a Matter – Basis of Accounting

As discussed in Notes 1 and 6 to the financial statements – Plan Description and Subsequent Events, respectively – during 2024, Teva Pharmaceutical Industries Ltd. announced that, as part of the company's reorganization agenda to optimize its global operations and better serve customers, Teva PR LLC and Forest Laboratories, Inc., Plan's Sponsors' manufacturing operations located in Fajardo, Puerto Rico will be closed. In August 2025, the Plan's Sponsors approved that the Plan be terminated effective September 1, 2025, with no further contributions to be made under the Plan. Participants would be entitled to receive their vested accrued benefits as of the date of the Plan's termination in conformity with the Plan's terms and the Trust Agreement. Accordingly, the Plan changed its basis of accounting from the going-concern basis (2023) to the liquidation basis (2024). Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

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

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



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements taken as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore there 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 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 **Teva PR LLC Savings 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.

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

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

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



YANIRA ROSARIO CPA LLC

Certified Public Accountants
and Business Advisors

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets held for investment purposes for December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Yanira Rosario
San Juan, Puerto Rico,
September 19, 2025.



D5523-6

TEVA PR LLC Savings Plan

**Teva PR LLC Savings Plan
(In Liquidation)**

**Statements of Net Assets Available for Benefits
December 31, 2024 (In Liquidation) and 2023 (Ongoing)**

	<u>2024</u>	<u>2023</u>
Assets:		
Investments:		
Registered Investment Companies		
Collective Investment Trust Funds	\$ 9,745,025	\$24,949,931
Mutual Funds-		
Equity	17,316,983	2,100,557
Bonds	2,986,648	197,983
Balanced	4,004,931	4,445,788
	-----	-----
	34,053,587	31,694,259
Notes Receivable from Participants	302,358	403,487
	-----	-----
Net Assets Available for Benefits	\$34,355,945	\$32,097,746
	=====	=====

The accompanying notes are an integral part of these statements.

**Teva PR LLC Savings Plan
(In Liquidation)**

**Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024**

Additions to Net Assets Available for Benefits

Attributed to:

Contributions -

Employer

\$ 615,125

Participants

871,292

1,486,417

Dividend and interest income

833,349

Net appreciation in fair value of investments

3,626,604

Total additions

5,946,370

Deductions from Net Assets Available for Benefits

Attributed to:

Withdrawals and benefits paid to participants

3,625,859

Administrative expenses

62,312

Total deductions

3,688,171

Net Increase in Net Assets Available for Benefits

2,258,199

Net Assets Available for Benefits, beginning of year

32,097,746

Net Assets Available for Benefits, end of year

\$34,355,945
=====

The accompanying notes are an integral part of this statement.

Teva PR LLC Savings Plan (In Liquidation)

Notes to Financial Statements December 31, 2024

1. Plan Description:

The following description of the Teva PR LLC Savings Plan (formerly, Warner Chilcott Puerto Rico Savings Plan) (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a Puerto Rico only qualified defined contribution plan covering substantially all employees of Teva PR LLC (formerly Warner Chilcott Company, LLC) and Forest Laboratories, Inc. (the Companies and Plan Sponsors). The Companies are indirectly wholly owned by Teva Pharmaceutical Industries Ltd., which acquired their direct parent companies during August 2016.

During 2024, Teva Pharmaceutical Industries Ltd. announced that, as part of the company's reorganization agenda to optimize its global operations and better serve customers, Teva PR LLC and Forest Laboratories, Inc., Plan's Sponsors' manufacturing operations located in Fajardo, Puerto Rico will be closed. In August 2025, the Plan's Sponsors approved that the Plan be terminated effective September 1, 2025, with no further contributions to be made under the Plan. Participants would be entitled to receive their vested accrued benefits as of the date of the Plan's termination in conformity with the Plan's terms and the Trust Agreement. Accordingly, the Plan changed its basis of accounting from the going-concern basis (2023) to the liquidation basis (2024). Refer to Note 6 – Subsequent Events – for additional details on Plan's termination developments.

General

The Plan became effective January 1, 2004. The Plan was established for the purpose of providing retirement benefits to employees and to encourage and assist those employees in adopting a regular savings program by means of payroll deductions through a plan that qualifies under Sections 1081.01(a) and (d) of the Puerto Rico Internal Revenue Code of 2011, as amended. The Plan is subject to the provisions of the Employees' Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan was amended and restated to conform to the requirements of the Puerto Rico Internal Revenue Code of 2011 (PR Code), as amended. Refer to Note 6 – Subsequent Events – for additional details on the amendment and restatement of the Plan made effective January 1, 2025.

Effective on January 1, 2020, the Savings Plan Committee authorized an entire restatement of the Plan adopting the BPAS Master Trust Defined Contribution Cash or Deferred Arrangement Profit Sharing Plan. The Plan name was changed to Teva Puerto Rico LLC Savings Plan (formerly, Warner Chilcott Puerto Rico Savings Plan) and the plan sponsor to Teva PR LLC (formerly, Warner Chilcott Company, LLC). On such a date, the Savings Plan Committee appointed BPAS Trust Company of Puerto Rico as successor trustee to replace UBS Trust Company of Puerto Rico, and as recordkeeper of the Plan.

Due to the disaster declarations issued by the Governor of Puerto Rico and the President of the United States of America in 2020 resulting from the earthquakes that struck Puerto Rico in January 2020 and the novel coronavirus pandemic which commenced in late 2019 (COVID-19 Pandemic), the Plan Administrative Committee authorized disaster distributions from the Plan, known as "Special Disaster Distributions", whether as an in-service withdrawal or total distribution in cash, effective from April 6, 2020 through December 31, 2020, to affected participants, beneficiaries, or alternatives payees, as applicable, in conformity with guidance issued by the Puerto Rico Treasury Department Internal Revenue Circular Letters No. 20-09, No. 20-23, No. 20-24, and No. 20-29, and subject to the rules and procedures established by the Plan's Administrator.

As a result of the disaster declarations issued by the Governor of Puerto Rico and the President of the United States of America because of Hurricane Fiona, on October 24, 2022, the Plan Administrator authorized Special Disaster Distributions from the Plan to affected participants, beneficiaries, or alternatives payees, as applicable, in conformity with guidance issued by the Puerto Rico Treasury Department Internal Revenue Circular Letter No. 22-13, and subject to the rules and procedures established by the Plan's Administrator.

Eligibility

An employee became a member of the Plan on the first pay period of the month immediately following the date of employment.

Contributions

The participants of the Plan may authorize the Companies to make contributions to the Plan from pre-tax and after-tax payroll deductions of their monthly compensation before amounts paid for insurance or other welfare benefits, if any. The Companies match 100% of participants' contributions up to 8% of eligible compensation. At no time may participant pre-tax contributions exceed the \$15,000 limit imposed as per Section 1081.01(d) of the PR Code. Participants may also contribute amounts representing rollovers from other qualified defined benefit or contribution plans. Additionally, the Companies may make supplemental discretionary contributions to the Plan in such amount as it is determined by the Board of Directors. No supplemental discretionary contributions were made during Plan's year 2024.

Participants' Accounts

Individual accounts are maintained for each Plan's participant. Each participant's account is credited with the participant's applicable pre-tax, after-tax, and/or rollover contributions and allocations of (a) the Companies' matching and supplemental contributions, and (b) plan earnings. Allocations are based on participant's share of the Plan's income (losses) and any related expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The change in the value of the Plan's invested assets is posted to the participant's account daily.

Investment Alternatives

Upon enrollment in the Plan, a participant may direct their contributions, along with the Companies' matching contribution, in (a) entirely in any one of the available funds; or (b) divided between any two or more of these investment funds in increments of 1%.

Vesting

Participant's contributions and the Companies' matching and supplemental contributions are vested at all times and shall not be subject to forfeitures for any reason.

Payment of Benefits and Withdrawals

Payment will be made as soon as practicable after the date of termination of employment and not later than sixty days (60) after the end of the plan year in which:

- the participant attains age 65, or if later;
- employment terminates.

Distribution of participant accounts may be made in: (a) one lump-sum cash payment, or (b) cash installments over a predetermined period. In the case of a participant termination because of death or disability, the entire account balance amount is paid to the person or persons legally entitled thereto regardless of the years of service.

If, at the time of distribution, the value of a participant's vested benefit is \$5,000 or less, the Plan administrator will immediately distribute such benefit without the participant's consent. However, a participant's vested benefit may not be paid without written consent if the value exceeds \$5,000.

A participant shall be entitled to withdraw at any time up to the full value of his account, except for pre-tax contributions, and supplemental Companies' contributions and earnings thereon.

Notes Receivable from Participants

Notes receivable from participants should not exceed 50% of the participant's vested account balance. In no event will the amount of any loan granted to a participant exceed \$50,000 or be less than \$1,000.

Loans to participants under the Plan may be repaid within five years of the date on which the loan is made, except loans used to acquire a principal residence of the participant which may be repaid within twenty-five years. The notes receivable from participants are secured by the balance in the participant's account and will bear an interest rate as determined by the Plan administrator. Principal and interest are repaid to the Plan ratably through payroll deductions or manual loan repayments.

2. Summary of Significant Accounting Policies:

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting. The Plan will be terminated effective September 1, 2025, as a standard termination and, due to the approval of a formal plan for liquidation, the Plan has changed its basis of accounting from the ongoing, used in presenting the 2023 financial statements, to the liquidation basis, used in presenting the 2024 financial statements. Refer to Note 6 – Subsequent Events – for additional details on Plan's termination developments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

Investments and Notes Receivable from Participants Valuation

The Plan's investments are stated at fair market value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices are used to value investments, which represent the net asset value of units held by the Plan at year-end. Notes receivable from participants are valued at their outstanding principal amount, plus accrued but unpaid interest. Refer to Note 3 – Fair Value Measurements – for more information.

Purchases and sales of investment units are reflected on a trade date basis. Income is recorded as earned on an accrual basis.

In accordance with the policy of stating investments at fair market value, net unrealized appreciation (depreciation) of investments for the year is reflected in the statement of changes in net assets available for benefits. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

Management fees and certain operating expenses charged to the Plan for investments are deducted from income earned daily and are not separately reflected. Consequently, these management fees and operating expenses are reflected as a reduction in the investment return for such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded.

If a participant does not make repayments and the Plan administrator considers the participant to be in default, the balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. Notes receivable from participants are considered in default if any scheduled payment remains unpaid beyond the last day of the calendar quarter following the calendar quarter in which the participant missed the scheduled payment.

Outstanding notes receivable from participants on December 31, 2024 have final maturities ranging from January 2025 to November 2029, for general purpose loans, and from June 2040 to January 2045 for principal residence acquisition loans and carry an interest rate ranging from 3.25% to 8.50%.

Contributions

Participant contributions and employer matching contributions are recorded in the period in which the Companies makes the payroll deductions from the participant's compensation. Discretionary contributions are posted to Participant accounts annually.

Payment of Benefits

Benefits payments to participants are recorded upon distributions.

Administrative Expenses

Certain expenses for the administration of the Plan are paid by the Companies and amount to approximately \$69,900 during plan year 2024.

3. Fair Value Measurements:

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. Valuation techniques used by the Plan are based upon observable and unobservable inputs.

Observable or market inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's assumptions about market participant assumptions based on the best information available.

Assets and liabilities are classified in the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 – Quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the asset or liabilities.
- Level 3 – Unobservable inputs for the asset or liability.

The fair value hierarchy gives the highest priority to observable inputs and lowest priority to unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities:

Registered Investment Companies

- Collective investment/common collective trusts: Valued at the net asset value, established by the fund's sponsor on the last business day of the plan year, based on the fair value of the assets underlying the funds. There are no redemption restrictions or future commitments on these investments. Because the Plan owns and transacts at units of these collective trust funds, not the mutual fund underlying assets, the unit of account is at the fund level, not at the underlying investments level therefore are valued at net asset value per share, as a practical expedient, consequently no longer included within the fair value hierarchy.
- Mutual funds: Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The following are the major categories of assets measured at fair value on a recurring basis:

2024 (In Liquidation)				
<i>Description</i>	<i>Total</i>	<i>Level 1: Quoted Prices in Active Markets for Identical Assets</i>	<i>Level 2: Significant Other Observable Inputs</i>	<i>Level 3: Significant Unobservable Inputs</i>
Collective Investment Trust				
Funds, at NAV	\$ 9,745,025	\$ -	\$ -	\$ -
Mutual Funds	24,308,562	24,308,562	-	-
Total	<u>\$34,053,587</u>	<u>\$24,308,562</u>	<u>\$ -</u>	<u>\$ -</u>
2023 (Ongoing)				
<i>Description</i>	<i>Total</i>	<i>Level 1: Quoted Prices in Active Markets for Identical Assets</i>	<i>Level 2: Significant Other Observable Inputs</i>	<i>Level 3: Significant Unobservable Inputs</i>
Collective Investment Trust				
Funds, at NAV	\$24,949,931	\$ -	\$ -	\$ -
Mutual Funds	6,744,328	6,744,328	-	-
Total	<u>\$31,694,259</u>	<u>\$6,744,328</u>	<u>\$ -</u>	<u>\$ -</u>

4. Plan Termination:

The Plan will be terminated effective September 1, 2025, with no further contributions to be made under the Plan, as indicated in Note 1.

Based on the Plan's provisions, the Companies have the right to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, participants shall be fully vested and nonforfeitable in their accrued benefits as of the date of termination or discontinuance. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits.

Refer to Note 6 – Subsequent Events – for additional details on Plan's termination developments.

5. Tax Status:

The Plan obtained its latest favorable determination letter on November 16, 2020, wherein the Puerto Rico Treasury Department stated that the Plan, as designed, continues to meet the qualifications requirements under Sections 1081.01(a) and (d) of the PR Code, and that the trust established thereunder continues to be exempt from Puerto Rico income tax. Under Section 1022(i)(1) of ERISA, the trust funding the Plan is intended to be exempt from federal income tax under Section 501(a) of the United States Internal Revenue Code of 1986, as amended. The Plan has not been amended since receiving the November 16, 2020 determination letter. Based on the best of knowledge and belief, the Plan Administrator understands that the Plan, as currently being designed and operated, meets the applicable requirements of the PR Code, ERISA, and the regulations issued thereunder.

Generally accepted accounting principles in the United States of America requires the Plan to evaluate uncertain tax positions. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the tax authorities. The Plan has concluded that as of December 31, 2024 and 2023, there were no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions and regulators; however, there are currently no audits for any tax periods in progress.

6. Subsequent Events:

The Plan Administrator has evaluated subsequent events through September 19, 2025, the date the Plan's financial statements were available to be issued.

Effective January 1, 2025, the Plan was most recently amended and restated to incorporate certain provisions required by the SECURE 2.0 Act. BPAS Trust Company of Puerto Rico is in the process of finalizing the amendments to the BPAS Master Trust Defined Contribution Cash or Deferred Arrangement Profit Sharing Plan, as the deadline for adopting the formal amendments is December 31, 2026.

Thereafter, in the year 2025, it was resolved that effective September 1, 2025, the Plan will be terminated due to the Fajardo, Puerto Rico manufacturing operations closure during Plan's year 2024, with no further contributions to be made under the Plan. The accounts of the participants in the Plan shall be 100% vested as of the date of the Plan's termination and the benefits held under the Plan shall be distributed to participants as soon as administratively feasible pursuant to the terms of the Plan.

The Plan is in the process of requesting a new determination letter to the Puerto Rico Treasury Department regarding its continued tax qualified status under Sections 1081.01(a) and (d) of the PR Code. Based on the best of knowledge and belief, the Plan's Administrator understands that the amendments and restatements made to the Plan and the termination action to be effective on 2025 falls within the meaning of a "qualification amendments" under the Puerto Rico Treasury Department Tax Policy Circular Letter No. 16-08 of December 23, 2016, and the Plan complies in form with the applicable qualification requirements under Sections 1081.01(a) and (d) of the PR Code.

Schedule

Teva PR LLC Savings Plan
(In Liquidation)

EIN: 66-0638938

PN: 001

Schedule of Assets Held for Investment Purposes
Schedule H (Form 5500) - Item 4(i)

December 31, 2024

(a) Borrower, Lessor, or Similar Party	(b) Identity of issue,	(c) Description of Investment	(d) Number of Units	(e) Current Value
Registered Investment Companies:				
Stable Value Fund				
	AB US Large Cap Growth CIT (W Series) Class P-2	Collective Investment Trust Funds	205,210	\$ 4,796,389
	Neuberger Berman Small Cap Growth Trust Founders Class	Collective Investment Trust Funds	25,114	249,638
	PR Capital Preservation Fund R1	Collective Investment Trust Funds	420,304	4,698,998
				<u>9,745,025</u>
Equity Fund				
	Vanguard Equity-Income Fund Admiral Shares	Mutual Fund	4,243	374,126
	Victory Sycamore Established Value Fund Class R6	Mutual Fund	7,726	355,336
	American Century Small Cap Value Fund R6 Class	Mutual Fund	3,058	32,297
	American Funds EuroPacific Growth Fund Class R6	Mutual Fund	604	32,453
	DFA Real Estate Securities Portfolio Institutional Class	Mutual Fund	954	38,368
	DFA Emerging Markets Core Equity 2 Portfolio Institutional Class	Mutual Fund	2,330	54,241
	iShares MSCI Total International Index Fund Class K	Mutual Fund	232,299	2,355,509
	iShares Russell 2000 Small-Cap Index Fund Class K	Mutual Fund	996	24,384
	iShares Russell Mid-Cap Index Fund Class K	Mutual Fund	388,092	5,767,053
	iShares S&P 500 Index Fund Class K	Mutual Fund	11,698	8,049,143
	Macquarie Mid-Cap Growth Fund Class I	Mutual Fund	7,900	231,781
	Principal Diversified International Fund Institutional Class	Mutual Fund	174	2,292
				<u>17,316,983</u>
Bonds Fund				
	Columbia High Yield Bond Fund Institutional Class	Mutual Fund	786	8,586
	Guggenheim Macro Opportunities Fund Institutional Class	Mutual Fund	742	18,304
	Dodge & Cox Income Fund Class X	Mutual Fund	226,676	2,808,516
	iShares US Aggregate Bond Index Fund Class K	Mutual Fund	15,992	142,332
	PGIM Global Total Return Fund - Class Z	Mutual Fund	1,771	8,910
				<u>2,986,648</u>
Balanced Fund				
	American Balanced Fund Class R-6	Mutual Fund	8,689	298,474
	BlackRock LifePath Index Retirement Fund Class K Shares	Mutual Fund	69,447	955,604
	BlackRock LifePath Index 2030 Fund Class K Shares	Mutual Fund	54,006	921,878
	BlackRock LifePath Index 2035 Fund Class K Shares	Mutual Fund	18,650	351,918
	BlackRock LifePath Index 2040 Fund Class K Shares	Mutual Fund	45,944	939,093
	BlackRock LifePath Index 2045 Fund Class K Shares	Mutual Fund	10,629	236,080
	BlackRock LifePath Index 2050 Fund Class K Shares	Mutual Fund	8,311	193,158
	BlackRock LifePath Index 2055 Fund Class K Shares	Mutual Fund	2,488	59,913
	BlackRock LifePath Index 2060 Fund Class K Shares	Mutual Fund	827	17,848
	BlackRock LifePath Index 2065 Fund Class K Shares	Mutual Fund	2,040	30,965
				<u>4,004,931</u>
Total investments, at fair value				<u>\$ 34,053,587</u>
* Notes Receivable from Participants		Interest rates ranging from 3.25% to 8.50% and maturity dates through January 2045		<u>\$ 302,358</u> **

*Party-in-interest to the Plan.

**Notes receivable from participants are valued at their outstanding principal amount, plus accrued but unpaid interest.

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

Name of Plan:

► **Teva PR LLC Savings Plan**

Employer Identification Number: ► **66-0638938**
For plan year (beginning/ending): ► **1/1/2024 - 12/31/2024** Plan number: ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AB US Large Cap Growth CIT (W Series) Class P-2	Common Collective Trust		4,796,389
	American Century Small Cap Value Fund R6 Class	Mutual Fund		32,297
	American Funds American Balanced Fund Class R-6	Mutual Fund		298,474
	American Funds EuroPacific Growth Fund Class R-6	Mutual Fund		32,453
	BlackRock LifePath Index 2025 Fund Class K Shares	Mutual Fund		-
	BlackRock LifePath Index 2030 Fund Class K Shares	Mutual Fund		921,878
	BlackRock LifePath Index 2035 Fund Class K Shares	Mutual Fund		351,918
	BlackRock LifePath Index 2040 Fund Class K Shares	Mutual Fund		939,093
	BlackRock LifePath Index 2045 Fund Class K Shares	Mutual Fund		236,080
	BlackRock LifePath Index 2050 Fund Class K Shares	Mutual Fund		193,158
	BlackRock LifePath Index 2055 Fund Class K Shares	Mutual Fund		59,913
	BlackRock LifePath Index 2060 Fund Class K Shares	Mutual Fund		17,848
	BlackRock LifePath Index 2065 Fund Class K Shares	Mutual Fund		30,965
	BlackRock LifePath Index Retirement Fund Class K Shares	Mutual Fund		955,604
	Columbia High Yield Bond Fund Advisor Class	Mutual Fund		-
	Columbia High Yield Bond Fund Institutional Class	Mutual Fund		8,586
	DFA Emerging Markets Core Equity 2 Portfolio Institutional Class	Mutual Fund		54,241
	DFA Real Estate Securities Portfolio Institutional Class	Mutual Fund		38,368
	Dodge & Cox Income Fund Class X	Mutual Fund		2,808,516
	Guggenheim Macro Opportunities Fund Institutional Class	Mutual Fund		18,304
	HB&T BlackRock Large Cap Equity Index R	Common Collective Trust		-
	HB&T BlackRock Mid Cap Equity Index R	Common Collective Trust		-
	HB&T BlackRock MSCI ACWI ex-US Index R	Common Collective Trust		-
	HB&T BlackRock Small Cap Equity Index R	Common Collective Trust		-
	HB&T BlackRock U.S. Aggregate Bond Index R	Common Collective Trust		-
	iShares MSCI Total International Index Fund Class K	Mutual Fund		2,355,509
	iShares Russell 2000 Small-Cap Index Fund Class K	Mutual Fund		24,384
	iShares Russell Mid-Cap Index Fund Class K	Mutual Fund		5,767,053
	iShares S&P 500 Index Fund Class K	Mutual Fund		8,049,143
	iShares U.S. Aggregate Bond Index Fund Class K	Mutual Fund		142,332
	Macquarie Mid Cap Growth Fund Class I	Mutual Fund		231,781
	Macquarie Systematic Emerging Markets Equity Fund Class R6	Mutual Fund		-
	MyPlanLoan Traditional Loans	Participant Loans		302,358
	Neuberger Berman Small Cap Growth Trust Founders Class	Common Collective Trust		249,638
	PGIM Global Total Return Fund - Class Z	Mutual Fund		8,910
	PR Capital Preservation Fund R1	Common Collective Trust		4,698,998
	Principal Diversified International Fund Institutional Class	Mutual Fund		2,292
	T. Rowe Price Inflation Protected Bond Fund I Class	Mutual Fund		-
	Vanguard Equity-Income Fund Admiral Shares	Mutual Fund		374,126
	Victory Sycamore Established Value Fund Class R6	Mutual Fund		355,336
	Western Asset Core Plus Bond CIF R2	Common Collective Trust		-