

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MEDA AND EMD CONSOLIDATED PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MEDA PHARMACEUTICALS INC.</u></p> <p><u>C/O MYLAN INC.</u> <u>1000 MYLAN</u> <u>BOULEVARD, PA 15317</u></p>	<p>1c Effective date of plan <u>04/01/1960</u></p> <p>2b Employer Identification Number (EIN) <u>13-4986583</u></p> <p>2c Plan Sponsor's telephone number <u>732-564-2200</u></p> <p>2d Business code (see instructions) <u>325410</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	ERIC WESTBROOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	1026
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)	17
	6a(2)	11
	6b	387
	6c	466
	6d	864
	6e	131
	6f	995
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 1I 1A 3H

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

9a Plan funding arrangement (check all that apply)	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

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan <u>MEDA AND EMD CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MEDA PHARMACEUTICALS INC.</u>	D Employer Identification Number (EIN) <u>13-4986583</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>66535776</u>
	b Actuarial value	2b	<u>70553527</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>505</u>	<u>35783864</u>
	b For terminated vested participants	<u>515</u>	<u>27242123</u>
	c For active participants	<u>17</u>	<u>1026484</u>
	d Total	<u>1037</u>	<u>64052471</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.01</u> %
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>320000</u>
	c Target normal cost	6c	<u>320000</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.

SIGN HERE		
	Signature of actuary	<u>09/03/2025</u> Date
	<u>JAMES F. TROTIER</u> Type or print name of actuary	<u>23-08425</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>216-830-8027</u> Telephone number (including area code)
	<u>200 PUBLIC SQUARE, SUITE 3760 CLEVELAND, OH 44114</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

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

Schedule SB (Form 5500) 2024 v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.63</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.14 %
15	Adjusted funding target attainment percentage	15	110.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	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
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 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				
26 Demographic and benefit information				
a 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 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				
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):				
a Target normal cost (line 6c)				31a 320000
b Excess assets, if applicable, but not greater than line 31a				31b 320000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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	
35 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)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

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

A Name of plan MEDA AND EMD CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDA PHARMACEUTICALS INC.	D Employer Identification Number (EIN) 13-4986583	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SEI INVESTMENTS COMPANY

23-1707341

(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 15 19 21 24 25 28 33 49 50 51 52 62	NONE	294513	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER

13-2834414

(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 17 50	NONE	97710	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)

BUCK GLOBAL, LLC

13-3954297

(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?
27 50 11	NONE	18750	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"/>

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 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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MEDA AND EMD CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDA PHARMACEUTICALS INC.	D Employer Identification Number (EIN) 13-4986583

Part I	Asset and Liability Statement
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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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	0
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	257865
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(2) U.S. Government securities	1c(2)	10804316
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	50824114
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	66612385	61886295
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	170782	109256
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	131919
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	170782	241175
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	66441603	61645120

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7926	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	2445269	
(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)	107713990	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	108259703	
(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)	0	
(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)		
(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)		-409016
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1498466

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5709554	
(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)		5709554
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	227821	
(6) Bank or trust company trustee/custodial fees	2i(6)	75562	
(7) Actuarial fees	2i(7)	116460	
(8) Legal fees	2i(8)	53376	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	112176	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		585395
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6294949

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-4796483
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: SCHNEIDER DOWNS & CO. INC.

(2) EIN: 25-1408703

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		30000000
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.)			
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 552051.

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

A Name of plan <u>MEDA AND EMD CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDA PHARMACEUTICALS INC.</u>	D Employer Identification Number (EIN) <u>13-4986583</u>	

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): <u>23-1707341</u>		
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	16

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: 9.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 91.0 %
 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 _____.

Meda and EMD Consolidated Pension Plan

Employer ID No: 13-4986583

Plan Number: 001

Financial Statements as of and for the Years Ended December 31, 2024 and 2023, Supplemental Schedules as of and for the Year Ended December 31, 2024 and Independent Auditor's Report

**MEDA AND EMD CONSOLIDATED PENSION PLAN
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DECEMBER 31, 2024 AND 2023**

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditor's Report

To the Investment Committee
Meda and EMD Consolidated Pension Plan
Canonsburg, Pennsylvania

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

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

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 Meda and EMD Consolidated Pension 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 Meda and EMD Consolidated Pension 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or 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 information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Schneider Downs & Co, Inc.

Pittsburgh, Pennsylvania

October 7, 2025

**MEDA AND EMD CONSOLIDATED PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023**

	December 31, 2024	December 31, 2023
ASSETS		
Investments, at fair value	\$ 61,628,430	\$ 66,356,699
Receivables:		
Receivable from Mylan Inc.	76,282	76,282
Accrued interest and dividends	181,583	179,404
Total receivables	257,865	255,686
 Total assets	 61,886,295	 66,612,385
LIABILITIES		
Payable to Mylan Inc.	109,256	109,256
Accrued expenses	131,919	61,526
 Total liabilities	 241,175	 170,782
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ 61,645,120	 \$ 66,441,603

See Notes to Financial Statements

**MEDA AND EMD CONSOLIDATED PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>Year Ended</u> <u>December 31, 2024</u>	<u>Year Ended</u> <u>December 31, 2023</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	—	\$ 1,572,542
Dividends and interest income	<u>\$ 2,453,195</u>	<u>2,297,525</u>
Net investment income	<u>2,453,195</u>	<u>3,870,067</u>
Total additions	2,453,195	3,870,067
DEDUCTIONS		
Investment loss:		
Net depreciation in fair value of investments	954,729	—
Deductions from net assets attributed to:		
Benefits paid directly to participants	5,709,554	5,438,478
Administrative expenses	<u>585,395</u>	<u>368,356</u>
Total deductions	<u>7,249,678</u>	<u>5,806,834</u>
NET DECREASE	(4,796,483)	(1,936,767)
NET ASSET TRANSFER	—	10,106,541
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	66,441,603	58,271,829
End of year	<u>\$ 61,645,120</u>	<u>\$ 66,441,603</u>

See Notes to Financial Statements

**MEDA AND EMD CONSOLIDATED PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2024 AND 2023 AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

1. DESCRIPTION OF THE PLAN

The following brief description of the Meda and EMD Consolidated Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General—The Plan is a noncontributory defined benefit plan sponsored by Meda Pharmaceuticals Inc. (the “Company”), which is also the Plan’s administrator (“Plan Administrator”). The Company is wholly owned subsidiary of Viatriis Inc. (“Viatriis”). On December 31, 2023, the EMD, Inc. Employees’ Retirement Plan (EMD), which was another defined benefit plan sponsored by a subsidiary of Viatriis, merged into the Plan. The combined plan was renamed the Meda and EMD Consolidated Pension Plan. The Plan Administrator has overall responsibility for the operation and administration of the Plan, and determines the appropriateness of the Plan’s investment offerings and monitors investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective January 31, 2003, a resolution was approved to freeze the legacy Meda Plan, such that (i) no employee can first become a participant after December 31, 2002, (ii) no Plan participant shall accrue any additional benefits and (iii) all Plan participants are fully vested in their accrued benefit under the Plan. This amendment caused a cessation of any and all benefit accruals by any participant with respect to all periods after January 31, 2003. However, service completed after January 31, 2003 will be taken into account for purposes of determining eligibility for early retirement benefits.

In May 2003, the legacy Meda Plan was amended which changed the time for determining final average compensation under the Plan, for purposes of calculating the frozen benefit amount as required under the previously enacted amendment to cease benefit accruals effective January 31, 2003. This amendment provides that for the computation of the Pension Equity Plan portion of the benefit that only compensation earned during Plan year 2002 and January 2003 will be used in the determination of final average compensation. This amendment only applies to participants that were active employees on January 31, 2003 and completed at least one hour of service between January 1, 2003 and January 31, 2003. For all other participants final average compensation is defined below.

On November 18, 2008, a resolution was approved to freeze participation in EMD effective as of December 31, 2008. Effective December 31, 2008, EMD was frozen to prohibit participation for any individual who first became an employee after December 31, 2008 and froze the participant’s accrual of benefits. Individuals who were employed prior to December 31, 2008 and who are at least 20-1/2 years old with 6 months of service, as defined, who have received pay for 1,000 hours of service during the year, are eligible to participate in the Plan. Temporary employees are not eligible. Service used to determine eligibility and benefits will not be counted after December 31, 2008; however, service used to determine eligibility for early or disability retirement and vesting percentages will continue to be counted after December 31, 2008.

Pension Benefits—The legacy Meda Plan provides that employees become eligible for membership upon reaching age 21 with a minimum of 1,000 hours of service with the Company. Benefits are computed at 2% of final average compensation, as defined, multiplied by years of credited service, less 2% of primary Social Security benefits multiplied by years of credited service, as defined, up to 25 years. Members aged 55 or older at October 1, 1980 receive the greater of the benefits as computed above or 1-1/2% of the first \$7,800 of final average compensation plus 2% of the excess of \$7,800, multiplied by years of credited service. Final average compensation is defined as the average regular remuneration for the highest five consecutive years of the last ten years of service or for the years of service, if the participant has completed less than five years of service. Members on disability continue to accrue benefits with credited service during the period of disability.

The legacy Meda Plan provides cost-of-living adjustments for members hired by the Company prior to April 1, 1977 upon normal or early retirement (terminated vested employees are not eligible). In general, the normal or early retirement benefit attributable to service prior to October 1, 1980 is adjusted each April 1 in accordance with the change in the Consumer Price Index in the prior calendar year. The maximum increase in one year is limited to 10%. The benefits paid will never be reduced below the initial amount paid at retirement.

Under EMD’s normal retirement age of the later of age 65 or completion of five years of plan participation, as defined, a participant is eligible to receive a normal retirement benefit equal to 32% of average compensation, as defined, up to the employee’s covered compensation level, as defined, plus 45% of compensation, as defined, in excess of covered compensation, reduced for less than 20 years of service, as defined.

a) *Average Compensation* — the highest average of the basic pay during any five consecutive calendar years through December 31, 2008.

b) *Service* — All employment from January 1, 1979 for employees of Liplha Pharmaceuticals, Inc., Rhodia Inc. and Chempar Chemical Co., Inc.; from January 1, 1983 for employees of Nitragin Company, Inc. through August 2007; from January 1, 1989 for employees of Dey, L.P.; and from July 1, 1997 for employees of Center Laboratories, Inc.

The normal benefit form under EMD is a lifetime annuity with ten years guaranteed for a single participant and 50% qualified joint and survivor annuity for a married participant. Other optional benefits forms are permitted.

In addition to normal retirement benefits, EMD, under certain conditions, also provides for early retirement, disability and death benefits.

Trustee and Recordkeeper — SEI Private Trust Company (“SEI”) is the trustee, U.S. Bank National Association (“U.S. Bank”) is the custodian and CBIZ Benefits & Insurance Services, Inc. and Buck Consultants are the recordkeepers.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied by the Plan Administrator in the preparation of the accompanying statements of net assets available for benefits and related statements of changes in net assets available for benefits and the related notes to the financial statements (financial statements) follows:

Basis of Accounting — The accompanying financial statements are prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates — The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan and recorded when incurred or paid by the Company as defined in the Plan document or by the Plan Administrator. The Plan is charged with expenses related to investment advisors and managers and certain other fees. These expenses were paid from Plan assets for the years ended December 31, 2024 and 2023. All other administrative expenses are paid by the Company or the Plan Administrator. Expenses paid by the Company and the Plan Administrator are not material.

Valuation of Investments — The Plan’s investments are stated at fair value. For information related to the Plan’s valuation methodologies, see Note 5 of the financial statements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year. Acquisition costs are included in the cost of investments, and sales are recorded net of selling expenses.

Actuarial Present Value of Accumulated Plan Benefits — Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions to the service participants have rendered while members of this Plan. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated participants or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits under the legacy Meda Plan were frozen as of January 31, 2003, and benefits under EMD were frozen as of December 31, 2008. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included under the legacy Meda Plan to the extent they are deemed attributable to participants’ service rendered to the earlier of termination or January 31, 2003, and under EMD to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefits under EMD for retired or terminated vested employees or their beneficiaries are based on employees’ highest average of basic pay during any five consecutive calendar years through December 31, 2008. The accumulated plan benefits for active vested employees are based on his or her highest average compensation during any five consecutive calendar years of the ten calendar years preceding December 31, 2008. Benefits under EMD to be provided to the named beneficiaries (eligible

employees or their widows) via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

Payment of Benefits — Benefit payments to participants are recorded upon distribution. Payments to beneficiaries include lump sum distributions and monthly benefit payments. The Plan allows lump sum distributions if the actuarial present value of a spouse or beneficiary's death benefit is less than \$5,000.

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

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

3. FUNDING POLICY

The contributions of the Company are designed to satisfy the minimum funding requirements of ERISA and the Internal Revenue Code ("the Code") but not be in excess of the deductible limits of the Code. Additionally, discretionary contributions may be made from time to time. During the years ended December 31, 2024 and 2023, the Company met the minimum funding requirements.

The minimum funding requirement rules of ERISA and the Code and the rules for deductible limits of the Code on employer contributions for defined benefit pension plans require that unfunded defined benefit plans become fully funded within seven years and prescribe key actuarial assumptions and methods.

On July 17, 2025, the Investment Committee approved the termination of the Plan with an anticipated effective date of December 31, 2025 (See Note 10).

4. INFORMATION CERTIFIED BY TRUSTEE AND CUSTODIAN (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation and depreciation in fair value of investments, and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by SEI and U.S. Bank, the trustee and custodian of the Plan's assets.

U.S. Bank certified certain investments as of December 31, 2023 as a result of the merger of EMD on December 31, 2023. SEI certified the remaining assets and net (depreciation) appreciation in fair value of investments, and dividends and interest income as of and for the years ended December 31, 2024 and 2023.

5. FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date. Entities are required to use a fair value hierarchy which maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value.

There is a three-level valuation hierarchy based upon observable and nonobservable inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions. The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1 — Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 — Inputs other than quoted prices included in Level 1 that are observable either directly or indirectly; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data, for substantially the full term of the assets or liabilities.

Level 3 — Significant inputs to the valuation model that are unobservable, typically based on a Plan’s own assumptions, as there is little, if any, related market activity. None of the Plan’s financial assets measured on a recurring basis are valued using Level 3 inputs.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

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

The following tables summarize, by level, within the fair value hierarchy, the Plan’s investment assets at fair value as of December 31, 2024 and 2023:

	December 31, 2024		
	Level 1	Level 2	Total
Fixed income securities	\$ —	\$ 10,804,316	\$ 10,804,316
Mutual funds	50,824,114	—	50,824,114
Total investments	\$ 50,824,114	\$ 10,804,316	\$ 61,628,430

	December 31, 2023	
	Level 1	Total
Interest bearing cash and cash equivalents	\$ 109,623	\$ 109,623
Mutual funds	66,247,076	66,247,076
Total investments	\$ 66,356,699	\$ 66,356,699

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest bearing cash and cash equivalents — The Company considers cash and cash equivalents to be all highly liquid investments and demand deposits in banks and financial institutions with an initial maturity of 90 days or less. Accordingly, they are categorized in Level 1 of the fair value hierarchy.

Fixed income securities — Valued at the quoted market prices from broker or dealer quotations or transparent pricing sources at the reporting date. Fixed income securities consist of U.S. treasury securities. Accordingly, they are categorized in Level 2 of the fair value hierarchy.

Mutual funds — Mutual funds are valued using net asset values quoted on active markets. Accordingly, they are categorized in Level 1 of the fair value hierarchy. Investments in mutual funds generally may be redeemed daily.

While the Plan believes its valuation methods used to assess the classification of financial instruments within the hierarchy are appropriate, the use of different methodologies or assumptions could result in a change in a financial instrument’s fair value tier from year to year. In such instances, a transfer would be reported at the beginning of the reporting period.

6. ACCUMULATED PLAN BENEFITS

The computations of the actuarial present value of accumulated benefits were made as of January 1, 2024, the beginning of the plan year. The accumulated plan benefits of the EMD, Inc. Employees' Retirement Plan were transferred to the Plan on December 31, 2023. Changes from the January 1, 2023 to the January 1, 2024 valuation reports include updated mortality tables and updated lump sum conversion rates as disclosed below.

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. On July 17, 2025, the Investment Committee approved the termination of the Plan with an anticipated effective date of December 31, 2025 (See Note 10). Termination assumptions were not included in the valuation performed as of January 1, 2024 as the decision to terminate the Plan was made in July 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

The actuarial present values of the accumulated plan benefits as of January 1, 2024 is as follows:

Vested benefits	
Participants currently receiving benefits	\$ 37,439,708
Other participants	29,800,261
	<u>67,239,969</u>
Nonvested benefits	
	2,410
Total actuarial present value of accumulated plan benefits	<u>\$ 67,242,379</u>

Statement of Changes in the Actuarial Present Value of Accumulated Plan Benefits from January 1, 2023 to January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 61,112,074
Increase (Decrease) attributable to:	
Benefits paid	(5,438,478)
Increase for interest due to decrease in discount period	2,627,678
Assumption changes	(2,928,186)
Plan transfer	10,578,614
Other (including benefits accumulated)	1,290,677
Net increase	<u>6,130,305</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 67,242,379</u>

The assumption changes for the Meda and EMD Consolidated Pension Plan include: 1) the lump sum conversion rates were 5.09%, 5.60%, and 5.41% for January 1, 2023 compared to applicable conversion rates defined below for January 1, 2024, 2) the lump sum conversion mortality and interest rates were updated from 2023 to 2024 in accordance with IRS 417(e), 3) cost of living assumptions were updated to reflect inflationary data for the current year, and 4) form of payment and deferred vested benefit commencement age assumptions were updated as a result of the experience study conducted in 2023.

Significant assumptions underlying the actuarial computations are as follows:

Return on investments	4.50%
Lump sum conversion rates	5.50%, 5.76% and 5.83%
Lump sum interest (EMD participants)	3.30%
Mortality (healthy)	Pri-2012 separate employee, annuitant, and contingent survivor healthy table(s) for male and female with no collar adjustment and projected generational based on MP-2021
Lump sum mortality	417(e) unisex mortality
Retirement	Retirement rates used for participants are 55 to 65
Normal benefit form	Life annuity if single, reduced 50% joint & survivor if married. Normal form for participants of the Trenton Bargaining Unit Retirement Plan if single, 5 year certain and life annuity

7. PLAN TERMINATION

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

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the legacy Meda 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”) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).

When the Plan terminates, the actuary will calculate the allocation of EMD's assets in accordance with EMD's priorities and certify the calculations to fiduciaries. The net assets of EMD will be allocated as prescribed under ERISA, which provides the following general order of priorities:

- a. Other vested benefits insured by the PBGC up to the applicable limitations,
- b. All other benefits (that is, vested benefits not insured by the PBGC),
- c. All nonvested benefits.

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

However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during the years ended December 31, 2024 and 2023, that ceiling is \$7,108 and \$6,750 per month, respectively. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For older and younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted.

8. TAX STATUS

The IRS has determined and informed the Company by a letter dated February 15, 2017 that the Plan is qualified and that the trust established under the Plan is tax-exempt under the appropriate sections of the Code. The Plan has been amended since receiving the determination letter. The Company and Plan management continue to believe that the Plan is designed and is currently being operated in compliance with applicable requirements of the Code.

U.S. GAAP requires 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. As the Plan is tax-exempt, the Plan Administrator has concluded that as of December 31, 2024 and 2023, there are no uncertain tax 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. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments are shares of mutual funds or a money market fund managed by SEI Investments, an affiliate of SEI, the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Certain investments were also managed by U.S. Bank, the custodian of EMD until the merger on December 31, 2023. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid for investment management services were included as a reduction of the return earned on each fund. At December 31, 2023, the Plan held \$109,577 of interest bearing cash and cash equivalents at First American. U.S Bancorp Asset Management serves as an investment advisor to First American. U.S. Bancorp Asset Management is a subsidiary of U.S Bank.

At December 31, 2024 and 2023, the Plan owes \$109,256 to the Company for a payment to the PBGC which was paid by the Company on behalf of EMD in a prior year, and the Plan has a receivable of \$76,282 from the Company related to a payment for administrative expenses paid by EMD on behalf of the Company in 2023. Certain administrative functions are performed by officers or employees of the Company and Viatrix at no cost to the Plan.

10. SUBSEQUENT EVENTS

Subsequent events are defined as events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are issued or are available to be issued. Management has evaluated subsequent events through October 7, 2025, the date that the financial statements were issued and determined that there have been no events that have occurred that would require adjustments to the disclosures in the financial statements except as disclosed in the paragraph below.

On July 17, 2025, the Investment Committee approved the termination of the Plan with an anticipated effective date of December 31, 2025. The Company intends to prepare and file appropriate notices and documents related to the Plan's termination and wind-down with the PBGC.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25											
25-29											
30-34											
35-39											
40-44		1									1
45-49		4	2								6
50-54		2									2
55-59			4			1					5
60-64				1	2						3
65-69											
70 & up											
Total		7	6	1	2	1					17

In each cell, the top number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	3.62%
• Next 15 years	4.87%	4.46%
• Over 20 years	5.59%	4.52%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvement beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2021.	
• 417(e) lump sums	Meda: Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is based on funding interest rates (rather than 417(e) rates) and current year 417(e) unisex mortality. EMD: N/A	
Non-417(e) lump sums		
• Interest rate	Meda: N/A EMD: 3.30% per year	
• Mortality table	Meda: N/A EMD: 417(e) unisex mortality	
Other economic assumptions		
• Cost of Living Adjustments	Meda: 4.10% for 2024, 3.10% for 2025, and then 2.00% per year thereafter EMD: N/A	
• Expected investment return	4.50% per year for 2023 and for 2024	
• Expected administrative Expenses	\$320,000 added to current year normal cost	

Rationale for economic assumptions

- **Expected investment return** – The expected rate of return on plan asset was developed based on a blend of the hypothetical past performance of plan’s target asset mix, adjusted for current inflation and market conditions, and the median simulated investment return outlook using capital markets assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s target asset mix.

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

- **Expected administrative expenses** – The administrative expense load is determined based on the prior year’s expenses paid from the Trust adjusted for expected changes in PBGC premiums (since PBGC premiums make up the majority of plan administrative expenses), rounded to the nearest \$10,000.
- **Lump sum interest rate** – Based on the long-term expectation of the annual rate of interest on 30-year Treasury securities from Mercer Investment Consulting’s Capital Markets Outlook report from January 2024.

Demographic assumptions

• Withdrawal	See table of sample rates.		
• Disability incidence	MEDA: N/A EMD: See table of sample rates.		
• Retirement age	Attained age	MEDA Percentage	EMD Percentage
	55	5.00%	3.20%
	56	2.00%	3.30%
	57	2.00%	3.40%
	58	2.00%	3.50%
	59	2.00%	3.60%
	60	5.00%	3.70%
	61	2.00%	3.80%
	62	10.00%	20.00%
	63	5.00%	5.60%
	64	5.00%	6.00%
	65 and above	100.00%	100.00%
• Benefit commencement age for			
– Future vested deferred	MEDA: 65 EMD: 65 or 55 with at least 10 years of service		
– Current vested deferred	MEDA: 63 EMD: 55		

Spouse assumptions

	Male participants	Female participants
– Percentage married	MEDA: 80% EMD: 100%	MEDA: 80% EMD: 100%
– Spouse age difference	MEDA: 3 years younger EMD: 3 years younger	MEDA: 3 years older EMD: 3 years older

Form of payment

	Lump sum	Single Life	100% J&S
• Active retirements	MEDA: 60% EMD: 80%	MEDA: 20% EMD: 10%	MEDA: 20% EMD: 10%

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

• Future vested deferred	MEDA: 60% EMD: 80%	MEDA: 20% EMD: 10%	MEDA: 20% EMD: 10%
• Future disabilities	MEDA: N/A EMD: 100%	MEDA: N/A EMD: 0%	MEDA: N/A EMD: 0%
• Future deaths	0%	MEDA: 0% EMD: 0%	MEDA: 100% take 50% J&S EMD: 100% take 50% J&S
• Current vested deferred	MEDA: 60% EMD: 80%	MEDA: 20% EMD: 10%	MEDA: 20% EMD: 10%
Unpredictable contingent event assumptions	Not applicable		

Rationale for demographic assumptions

- **Withdrawal and retirement rates** – Assumptions provided by the prior actuary and the expectation that the future withdrawal and retirement rates will not differ significantly. The plan sponsor believes these assumptions continue to be representative of anticipated future experience.
- **Form of payment and deferred vested benefit commencement age** – assumptions were developed on results of an experience study conducted in 2023 using data from January 1, 2017 through January 1, 2022 valuations for each legacy subgroup. The plan sponsor believes that this period will be representative of anticipated future experience.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained Age	MEDA Withdrawal	EMD		
		Withdrawal		Disability incidence
		Male	Female	
20	18.91%	17.95%	17.95%	0.10%
25	14.58%	17.24%	17.95%	0.11%
30	10.47%	16.22%	17.24%	0.12%
35	7.45%	14.88%	16.22%	0.13%
40	5.49%	13.13%	14.88%	0.15%
45	4.57%	10.88%	13.13%	0.20%
50	4.17%	7.97%	10.88%	0.36%
55	0.00%	4.45%	7.97%	0.68%
60	0.00%	1.22%	4.45%	1.38%

Actuarial methods for funding**Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they

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

accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

MEDA AND EMD CONSOLIDATED PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 13-4986583, PLAN 001
YEAR ENDED DECEMBER 31, 2024

(a) Identity of Part Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred w/transaction	(g) Cost of Assets	(h) Current Value on Transaction Date	(i) Net Gain (Loss)
Single transaction in excess of 5%								
SEI	Daily Income Trust Government Fund* ***	\$ 10,074,478	\$ —	\$ —	\$ —	\$ 10,074,478	\$ 10,074,478	\$ —
SEI	Daily Income Trust Government Fund* ***	—	10,074,478	—	—	10,074,478	10,074,478	—
SEI	Daily Income Trust Government Fund* ***	14,290,005	—	—	—	14,290,005	14,290,005	—
SEI	Daily Income Trust Government Fund* ***	—	10,248,439	—	—	10,248,439	10,248,439	—
SEI	Daily Income Trust Government Fund* ***	—	4,041,250	—	—	4,041,250	4,041,250	—
SEI	Core Fixed Income Fund* ***	7,691,212	—	—	—	7,691,212	7,691,212	—
SEI	Core Fixed Income Fund* ***	—	49,703,906	—	—	56,841,814	49,703,906	(7,137,908)
U.S. Treasury	U.S. Treasury Strips Z-CPN 11/15/34*	3,521,334	—	—	—	3,521,334	3,521,334	—
SEI	Intermediate Duration Credit A* ***	35,413,901	—	—	—	35,413,901	35,413,901	—
Series of transactions in excess of 5%								
SEI	Core Fixed Income Fund** *** (a)	\$ 8,179,931	\$ —	\$ —	\$ —	\$ 8,179,931	\$ 8,179,931	\$ —
SEI	Core Fixed Income Fund** *** (b)	—	49,874,031	—	—	57,011,552	49,874,031	(7,137,521)
SEI	Global MGD Volatility FD** *** (c)	4,219,242	—	—	—	4,219,242	4,219,242	—
SEI	Global MGD Volatility FD** *** (d)	—	3,958,618	—	—	3,924,826	3,958,618	33,792
SEI	Intermediate Duration Credit A** *** (e)	41,271,990	—	—	—	41,271,990	41,271,990	—
SEI	Intermediate Duration Credit A** *** (f)	—	3,845,407	—	—	3,797,042	3,845,407	48,365
U.S. Treasury	U.S. Treasury Strips Z-CPN 11/15/34** (g)	3,521,334	—	—	—	3,521,334	3,521,334	—
U.S. Treasury	U.S. Treasury Strips Z-CPN 11/15/34** (h)	—	212,175	—	—	209,294	212,175	2,881

* Single transaction in excess of 5% of the current value of the Plan's assets as of January 1, 2024 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

** Series of transactions in excess of 5% of the current value of the Plan's assets as of January 1, 2024 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*** Party-in-interest as defined by ERISA.

(a) Includes 2 purchases and 4 reinvests

(b) Includes 3 sales

(c) Includes 13 purchases and 2 reinvests

(d) Includes 28 sales

(e) Includes 5 purchases and 12 reinvests

(f) Includes 7 sales

(g) Includes 1 purchase

(h) Includes 4 sales

See independent auditor's report

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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.

A Name of plan Meda and EMD Consolidated Pension Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MEDA PHARMACEUTICALS INC.		D Employer Identification Number (EIN) 13-4986583	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F 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

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	66,535,776	
b Actuarial value	2b	70,553,527	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	505	35,783,864	35,783,864
b For terminated vested participants	515	27,242,123	27,242,123
c For active participants	17	1,026,484	1,030,654
d Total	1,037	64,052,471	64,056,641
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.01%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	320,000	
c Target normal cost	6c	320,000	

Statement by Enrolled Actuary

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

SIGN HERE	<u>JFT</u>	<u>9/3/2025</u>
	Signature of actuary	Date
<u>JAMES F. TROTIER</u>	Type or print name of actuary	<u>2308425</u>
		Most recent enrollment number
<u>MERCER</u>	Firm name	<u>216-830-8027</u>
		Telephone number (including area code)
<u>200 PUBLIC SQUARE, SUITE 3760</u>		
<u>CLEVELAND OH 44114</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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.63%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage.....	14	110.14 %
15	Adjusted funding target attainment percentage.....	15	110.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	118.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	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):

a Target normal cost (line 6c).....	31a	320,000
b Excess assets, if applicable, but not greater than line 31a	31b	320,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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
35 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)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... 39 0

40 Unpaid minimum required contributions for all years

40	40	0
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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, line 22 — Description of Weighted Average Retirement Age

MEDA

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.00%	10,000	500	27,500
56	2.00%	9,500	190	10,640
57	2.00%	9,310	186	10,613
58	2.00%	9,124	182	10,584
59	2.00%	8,941	179	10,551
60	5.00%	8,762	438	26,287
61	2.00%	8,324	166	10,156
62	10.00%	8,158	816	50,579
63	5.00%	7,342	367	23,128
64	5.00%	6,975	349	22,320
65	100.00%	6,626	6,626	430,706
Total			10,000	633,063
Average				63.30

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

EMD

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.20%	10,000	320	17,600
56	3.30%	9,680	319	17,889
57	3.40%	9,361	318	18,141
58	3.50%	9,042	316	18,356
59	3.60%	8,726	314	18,534
60	3.70%	8,412	311	18,674
61	3.80%	8,100	308	18,777
62	20.00%	7,793	1,559	96,629
63	5.60%	6,324	349	21,994
64	6.00%	5,885	353	22,598
65	100.00%	5,532	5,532	359,574
Total			10,000	628,764
Average				62.88

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	3.62%
• Next 15 years	4.87%	4.46%
• Over 20 years	5.59%	4.52%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvement beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2021.	
• 417(e) lump sums	Meda: Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is based on funding interest rates (rather than 417(e) rates) and current year 417(e) unisex mortality. EMD: N/A	
Non-417(e) lump sums		
• Interest rate	Meda: N/A EMD: 3.30% per year	
• Mortality table	Meda: N/A EMD: 417(e) unisex mortality	
Other economic assumptions		
• Cost of Living Adjustments	Meda: 4.10% for 2024, 3.10% for 2025, and then 2.00% per year thereafter EMD: N/A	
• Expected investment return	4.50% per year for 2023 and for 2024	
• Expected administrative Expenses	\$320,000 added to current year normal cost	

Rationale for economic assumptions

- **Expected investment return** – The expected rate of return on plan asset was developed based on a blend of the hypothetical past performance of plan’s target asset mix, adjusted for current inflation and market conditions, and the median simulated investment return outlook using capital markets assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s target asset mix.

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

- **Expected administrative expenses** – The administrative expense load is determined based on the prior year’s expenses paid from the Trust adjusted for expected changes in PBGC premiums (since PBGC premiums make up the majority of plan administrative expenses), rounded to the nearest \$10,000.
- **Lump sum interest rate** – Based on the long-term expectation of the annual rate of interest on 30-year Treasury securities from Mercer Investment Consulting’s Capital Markets Outlook report from January 2024.

Demographic assumptions

• Withdrawal	See table of sample rates.		
• Disability incidence	MEDA: N/A EMD: See table of sample rates.		
• Retirement age	Attained age	MEDA Percentage	EMD Percentage
	55	5.00%	3.20%
	56	2.00%	3.30%
	57	2.00%	3.40%
	58	2.00%	3.50%
	59	2.00%	3.60%
	60	5.00%	3.70%
	61	2.00%	3.80%
	62	10.00%	20.00%
	63	5.00%	5.60%
	64	5.00%	6.00%
	65 and above	100.00%	100.00%
• Benefit commencement age for			
– Future vested deferred	MEDA: 65 EMD: 65 or 55 with at least 10 years of service		
– Current vested deferred	MEDA: 63 EMD: 55		

Spouse assumptions	Male participants	Female participants
--------------------	-------------------	---------------------

– Percentage married	MEDA: 80% EMD: 100%	MEDA: 80% EMD: 100%
– Spouse age difference	MEDA: 3 years younger EMD: 3 years younger	MEDA: 3 years older EMD: 3 years older

Form of payment	Lump sum	Single Life	100% J&S
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• Active retirements	MEDA: 60% EMD: 80%	MEDA: 20% EMD: 10%	MEDA: 20% EMD: 10%
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Future vested deferred	MEDA: 60% EMD: 80%	MEDA: 20% EMD: 10%	MEDA: 20% EMD: 10%
• Future disabilities	MEDA: N/A EMD: 100%	MEDA: N/A EMD: 0%	MEDA: N/A EMD: 0%
• Future deaths	0%	MEDA: 0% EMD: 0%	MEDA: 100% take 50% J&S EMD: 100% take 50% J&S
• Current vested deferred	MEDA: 60% EMD: 80%	MEDA: 20% EMD: 10%	MEDA: 20% EMD: 10%
Unpredictable contingent event assumptions	Not applicable		

Rationale for demographic assumptions

- **Withdrawal and retirement rates** – Assumptions provided by the prior actuary and the expectation that the future withdrawal and retirement rates will not differ significantly. The plan sponsor believes these assumptions continue to be representative of anticipated future experience.
- **Form of payment and deferred vested benefit commencement age** – assumptions were developed on results of an experience study conducted in 2023 using data from January 1, 2017 through January 1, 2022 valuations for each legacy subgroup. The plan sponsor believes that this period will be representative of anticipated future experience.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained Age	MEDA Withdrawal	EMD		
		Withdrawal		Disability incidence
		Male	Female	
20	18.91%	17.95%	17.95%	0.10%
25	14.58%	17.24%	17.95%	0.11%
30	10.47%	16.22%	17.24%	0.12%
35	7.45%	14.88%	16.22%	0.13%
40	5.49%	13.13%	14.88%	0.15%
45	4.57%	10.88%	13.13%	0.20%
50	4.17%	7.97%	10.88%	0.36%
55	0.00%	4.45%	7.97%	0.68%
60	0.00%	1.22%	4.45%	1.38%

Actuarial methods for funding**Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
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- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they

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

accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

MEDA	
Effective date and plan year	Original plan: April 1, 1960 Restated plan: January 1, 2016 Plan year: January 1 - December 31
Status of the plan	The plan was amended effective January 31, 2003, to be closed to new employees hired on or after that date and to freeze benefit accruals.
Significant events that occurred during the year	The EMD, Inc. Employees' Retirement Plan was merged into the Meda Pension Equity Plan effective December 31, 2023.
Definitions	
• Covered employees	All employees
• Participation	Age 21 with 1 year of service and 1,000 hours in a Plan Year.
• Vesting service	A year of service is credited for 12 calendar months of employment or credited absence on completion of 1,000 hours in a Plan Year.
• Credited service	A year of service is credited on completing 1,000 hours in a Plan Year. Credited Service was frozen on January 31, 2003.
• Covered Compensation	Base pay plus overtime, bonus and commissions; including 401(k) and 125 deferrals. Exclude bonus or commission for Plan Year Beginning prior to January 1, 2002. No compensation after 1/31/2003 is considered.
• Final average Compensation	Highest 5 consecutive years in the last 10 years (through 12/31/2001).
• Accrued benefit	Greater of (i) and (ii): (i) Accrued benefit as of 12/31/2001 plus Pension Equity Benefit for the period 1/1/2002 through 1/31/2003. The Pension Equity Benefit accrues interest credits of 4% per year through the Annuity Starting Date. (ii) Grandfathered benefit through 1/31/2003 for those age 53 with 8 years as of 12/31/2001.
Normal retirement	
• Eligibility	Age 65
• Benefit	Accrued Benefit
Early retirement	
• Eligibility	Age 55 and 10 years of service.
• Benefit	(i) Accrued and Grandfathered Benefit reduced by 3% for each year between 60 and 65 and reduced 6% prior to age 60. (ii) Pension Equity Benefit: Based on balance at retirement date. Pension Equity Benefit prior to NRD: Single Sum Benefit is projected with 4% interest from earlier of (i) termination or (ii) 1/31/2003 to distribution date and converted to annuity payable at distribution date using Plan's actuarial equivalent immediate annuity factors.
Late retirement	
• Eligibility	Continued employment beyond normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued benefit as of the date of actual retirement.
Deferred vested	
• Eligibility	5 years of vesting service.
• Benefit	Accrued Benefit at Normal Retirement Age. The Pension Equity Benefit can be taken at any time following termination based on the then existing balance. The accrued benefit as of 12/31/2001 can be taken as an actuarially equivalent at any time after age 55, if participant had 10 years of Continuous Service at termination
Pre-retirement death	
• Eligibility	5 years of vesting service.
• Benefit	12/31/2001 Accrued Benefit or Grandfathered Benefit: Benefit spouse would have been entitled to, had the employee retired on the day prior to death or just prior to age 55 if death occurred before age 55 and elected a reduced 50% Joint & Survivor optional form of benefit with his spouse as beneficiary, and then died. The spouse can elect to defer commencement of the death benefit, but no later than employee’s normal retirement date. Pension Equity Benefit: This benefit is payable to the beneficiary as of the employee’s date of death. If the beneficiary is the spouse, he or she can defer commencement to the date when the 12/31/2001 Accrued Benefit or Grandfathered Benefit commences if later.
Form of benefits	
• Automatic form for unmarried participants	Single Life Annuity. For Trenton Bargaining Unit Retirement Plan: 5 year Certain and Life Annuity.
• Automatic form for married participants	50% Joint & Survivor annuity
• Optional forms	An employee who retires under the Plan may elect to convert his pension into any one of the following actuarially equivalent forms: (a) Straight life annuity (b) 100% Joint & Survivor annuity (c) 75% Joint & Survivor annuity (d) 50% Joint & Survivor annuity (e) Lump sum payment For Trenton Bargaining Unit Retirement Plan: (a) 10 year certain and life benefits (b) 15 year certain and life benefits
Optional form conversion factors	
• For annuities	Interest rate of 8% per year, compounded annually, and mortality rates in accordance with unisex 1971 Group Annuity mortality (90% male/10% female).
• For lump sum	Mortality: 417(e) mortality table applicable to the year of determination Interest: PPA segment lump sum rates for the second calendar month preceding the first day of the Plan Year quarter in which date the calculation falls; COLA = 4.00%

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous

-
- **Maximum compensation** Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
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- **Maximum benefits** Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.
-

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

EMD	
Effective date and plan year	Original plan: January 1, 1980 Restated plan: January 1, 2013 Plan year: January 1 – December 31
Status of the plan	The plan was amended effective December, 31, 2008, to be closed to new employees hired on or after that date and to freeze benefit accruals.
Significant events that occurred during the year	The EMD, Inc. Employees' Retirement Plan was merged into the Meda Pension Equity Plan effective December 31, 2023.
Definitions	
Covered employees	All employees of Dey, L.P.
Participation	Employees who are 20-1/2 years old with six months of service; must receive pay for 1,000 hours during year.
Vesting service	A year of service is credited for 12 calendar months of employment or credited absence. All participants are fully vested as a result of a partial plan termination that occurred in 2013 due to the plant shutdowns of the Dey NAPA and Dey Allen facilities.
Credited service	Credited Service includes all Continuous Service rendered from January 1 of the calendar year an employee becomes a member, except for periods of employment: (a) with Lipha Pharmaceutical, Inc., Rhodia Inc. and Chempar Chemical Co., Inc. prior to January 1, 1979; (b) with the EMD Crop BioScience prior to January 1, 1983; (c) with Dey Laboratories, Inc. prior to January to January 1, 1989; (d) with Center Laboratories, Inc. prior to July 1, 1997 Credited Service was frozen on December 31, 2008.
Normal retirement	
Eligibility	Age 65, or 5 years of participation, if later.
Benefit	32% of average pay up to employee's Social Security covered compensation level plus 45% of such pay in excess of employee's Social Security covered compensation level, reduced by 1/240 for each month of service less than 240 months.
Early retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	100% of accrued pension benefit. Benefit determined under same formulas as for normal retirement based on service and average pay to early retirement date, reduced for fewer years of service. Benefit further reduced by 2/3 of 1% for each of the first 36 months and 1/3 of 1% for each of the next 84 months by which the commencement of benefits precedes normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement															
Eligibility	Continued employment beyond normal retirement date.														
Benefit	Accrued benefit increased actuarially to the date of actual retirement.														
Deferred vested															
Eligibility	Upon termination of employment prior to retirement with vesting based on service:														
	<table border="1"> <thead> <tr> <th>Years of Service</th> <th>Vesting Percentage</th> </tr> </thead> <tbody> <tr> <td>Less than 3</td> <td>0%</td> </tr> <tr> <td>3</td> <td>20%</td> </tr> <tr> <td>4</td> <td>40%</td> </tr> <tr> <td>5</td> <td>60%</td> </tr> <tr> <td>6</td> <td>80%</td> </tr> <tr> <td>7</td> <td>100%</td> </tr> </tbody> </table>	Years of Service	Vesting Percentage	Less than 3	0%	3	20%	4	40%	5	60%	6	80%	7	100%
Years of Service	Vesting Percentage														
Less than 3	0%														
3	20%														
4	40%														
5	60%														
6	80%														
7	100%														
Benefit	An employee is entitled to a benefit commencing at his normal retirement date or reduced benefit after age 55 if 10 years of service before termination. The annual normal retirement pension determined at the date of termination.														
Disability															
Eligibility	10 years of service and eligible for Social Security disability benefits														
Benefit	100% of accrued pension benefit. Benefit determined under same formula as for normal retirement, reduced for fewer years of service and earlier commencement. Payment deferred if benefits payable under Company insured disability plan would be reduced.														
Pre-retirement death															
Eligibility	Once vested, the surviving spouse of a vested employee who dies is entitled to a pension commencing not earlier than the date the employee would have been eligible to retire early or the employee's death, if later.														
Benefit prior to early retirement	<p>The pension payable to the spouse is equal to the greater of</p> <ul style="list-style-type: none"> (i) The benefit the spouse would have received reduced for a 50% survivor annuity option and further reduced for early commencement, if applicable; or, (ii) The lump sum value of 50% of accrued benefit converted to life annuity. <p>When eligible for normal retirement, active member may elect a 100% Survivor or 15 Year Certain death benefit. If no election, default is 100% Survivor Annuity to surviving spouse and 15 Year Certain Annuity to designated beneficiary.</p>														
Form of benefits															
Automatic form for unmarried participants	10 year Certain and Life Annuity														

Schedule SB, Part V — Summary of Plan Provisions

Automatic form for married participants	50% survivor annuity
Optional forms	An employee who retires under the Plan may elect to convert his pension into any one of the following actuarially equivalent forms: (a) Straight life annuity (b) 100% survivor annuity (c) 75% survivor annuity (d) 50% survivor annuity (e) 15-year certain and continuous (f) Lump sum
Optional form conversions	
For annuities	Interest rate of 8% per year, compounded annually, and mortality rates in accordance with UP84 shall be used.
For lump sums	417(e) mortality and annual rate of interest on 30-year Treasury securities published in the first month preceding the Anniversary Date preceding or coincident with the date selected for payment.
Miscellaneous	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation:

- **Most recent plan amendments included:**
 - **MEDA:** Effective September 1, 2017 the plan was amended to provide a lump sum window to deferred vested participants who as of December 1, 2017 were not otherwise eligible for a lump sum.
 - **EMD:** The plan amended as of January 1, 2013 with subsequent “Amendment for Qualification” executed as of November 11, 2014 is included.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* late retirement actuarial increases apply to participants who defer retirement beyond normal retirement age for EMD. Suspension of benefits notices are provided to Meda actives who work beyond normal retirement.

Schedule SB, Part V — Summary of Plan Provisions

- *Deferred vested participants*: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations**: The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans**: We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants. Therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest rates were updated from 2023 to 2024 in accordance with ARPA. Mortality rates were updated from 2023 to 2024 in accordance with PPA.
- The expense component of normal cost changed from \$210,000 to \$320,000 to reflect expectations for the current plan year.
- Cost of living assumptions were updated to reflect inflationary data for the current year.
- The lump sum conversion mortality was updated from 2023 to 2024 in accordance with IRS 417(e).
- Form of payment and deferred vested benefit commencement age assumptions were updated as a result of the experience study conducted in 2023.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25											
25-29											
30-34											
35-39											
40-44		1									1
45-49		4	2								6
50-54		2									2
55-59			4			1					5
60-64				1	2						3
65-69											
70 & up											
Total		7	6	1	2	1					17

In each cell, the top number is the count of active participants for each age/service combination.

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	14,557	10,255,792	3,799,028	14,069,377
2025	16,169	1,910,997	3,650,759	5,577,925
2026	17,017	1,463,771	3,500,979	4,981,767
2027	70,490	2,563,947	3,350,762	5,985,199
2028	84,772	1,269,013	3,201,610	4,555,395
2029	83,533	1,271,991	3,053,307	4,408,831
2030	83,965	1,433,201	2,906,172	4,423,338
2031	140,848	1,491,908	2,760,353	4,393,109
2032	129,391	1,053,026	2,614,923	3,797,340
2033	130,715	1,170,406	2,469,299	3,770,420
2034	69,644	1,100,940	2,324,919	3,495,503
2035	67,247	897,795	2,180,795	3,145,837
2036	63,050	925,436	2,036,772	3,025,258
2037	71,493	957,951	1,893,832	2,923,276
2038	66,555	1,002,627	1,752,162	2,821,344
2039	68,334	766,188	1,612,339	2,446,861
2040	63,198	782,465	1,475,037	2,320,700
2041	81,184	710,048	1,340,985	2,132,217
2042	53,329	688,256	1,210,956	1,952,541
2043	56,475	665,002	1,085,740	1,807,217
2044	52,528	640,263	966,100	1,658,891
2045	48,512	614,037	852,766	1,515,315
2046	44,498	586,359	746,415	1,377,272
2047	42,231	557,299	647,628	1,247,158
2048	39,813	526,959	556,858	1,123,630
2049	37,252	495,487	474,417	1,007,156
2050	34,560	463,077	400,449	898,086
2051	31,756	429,985	334,894	796,635
2052	28,872	396,509	277,515	702,896
2053	25,951	362,980	227,906	616,837
2054	23,046	329,758	185,520	538,324
2055	20,213	297,213	149,723	467,149
2056	17,506	265,703	119,833	403,042
2057	14,969	235,555	95,150	345,674
2058	12,636	207,057	74,969	294,662
2059	10,534	180,439	58,631	249,604
2060	8,673	155,872	45,520	210,065

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
2061	7,055	133,466	35,084	175,605
2062	5,675	113,268	26,844	145,787
2063	4,517	95,264	20,381	120,162
2064	3,560	79,392	15,347	98,299
2065	2,783	65,552	11,454	79,789
2066	2,160	53,612	8,469	64,241
2067	1,667	43,421	6,200	51,288
2068	1,280	34,816	4,494	40,590
2069	979	27,628	3,226	31,833
2070	747	21,689	2,295	24,731
2071	568	16,838	1,619	19,025
2072	430	12,922	1,134	14,486
2073	325	9,797	789	10,911

Schedule SB, line 22 — Description of Weighted Average Retirement Age

MEDA

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.00%	10,000	500	27,500
56	2.00%	9,500	190	10,640
57	2.00%	9,310	186	10,613
58	2.00%	9,124	182	10,584
59	2.00%	8,941	179	10,551
60	5.00%	8,762	438	26,287
61	2.00%	8,324	166	10,156
62	10.00%	8,158	816	50,579
63	5.00%	7,342	367	23,128
64	5.00%	6,975	349	22,320
65	100.00%	6,626	6,626	430,706
Total			10,000	633,063
Average				63.30

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

EMD

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.20%	10,000	320	17,600
56	3.30%	9,680	319	17,889
57	3.40%	9,361	318	18,141
58	3.50%	9,042	316	18,356
59	3.60%	8,726	314	18,534
60	3.70%	8,412	311	18,674
61	3.80%	8,100	308	18,777
62	20.00%	7,793	1,559	96,629
63	5.60%	6,324	349	21,994
64	6.00%	5,885	353	22,598
65	100.00%	5,532	5,532	359,574
Total			10,000	628,764
Average				62.88

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	14,557	10,255,792	3,799,028	14,069,377
2025	16,169	1,910,997	3,650,759	5,577,925
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2071	568	16,838	1,619	19,025
2072	430	12,922	1,134	14,486
2073	325	9,797	789	10,911

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

MEDA	
Effective date and plan year	Original plan: April 1, 1960 Restated plan: January 1, 2016 Plan year: January 1 - December 31
Status of the plan	The plan was amended effective January 31, 2003, to be closed to new employees hired on or after that date and to freeze benefit accruals.
Significant events that occurred during the year	The EMD, Inc. Employees' Retirement Plan was merged into the Meda Pension Equity Plan effective December 31, 2023.
Definitions	
• Covered employees	All employees
• Participation	Age 21 with 1 year of service and 1,000 hours in a Plan Year.
• Vesting service	A year of service is credited for 12 calendar months of employment or credited absence on completion of 1,000 hours in a Plan Year.
• Credited service	A year of service is credited on completing 1,000 hours in a Plan Year. Credited Service was frozen on January 31, 2003.
• Covered Compensation	Base pay plus overtime, bonus and commissions; including 401(k) and 125 deferrals. Exclude bonus or commission for Plan Year Beginning prior to January 1, 2002. No compensation after 1/31/2003 is considered.
• Final average Compensation	Highest 5 consecutive years in the last 10 years (through 12/31/2001).
• Accrued benefit	Greater of (i) and (ii): (i) Accrued benefit as of 12/31/2001 plus Pension Equity Benefit for the period 1/1/2002 through 1/31/2003. The Pension Equity Benefit accrues interest credits of 4% per year through the Annuity Starting Date. (ii) Grandfathered benefit through 1/31/2003 for those age 53 with 8 years as of 12/31/2001.
Normal retirement	
• Eligibility	Age 65
• Benefit	Accrued Benefit
Early retirement	
• Eligibility	Age 55 and 10 years of service.
• Benefit	(i) Accrued and Grandfathered Benefit reduced by 3% for each year between 60 and 65 and reduced 6% prior to age 60. (ii) Pension Equity Benefit: Based on balance at retirement date. Pension Equity Benefit prior to NRD: Single Sum Benefit is projected with 4% interest from earlier of (i) termination or (ii) 1/31/2003 to distribution date and converted to annuity payable at distribution date using Plan's actuarial equivalent immediate annuity factors.
Late retirement	
• Eligibility	Continued employment beyond normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued benefit as of the date of actual retirement.
Deferred vested	
• Eligibility	5 years of vesting service.
• Benefit	Accrued Benefit at Normal Retirement Age. The Pension Equity Benefit can be taken at any time following termination based on the then existing balance. The accrued benefit as of 12/31/2001 can be taken as an actuarially equivalent at any time after age 55, if participant had 10 years of Continuous Service at termination
Pre-retirement death	
• Eligibility	5 years of vesting service.
• Benefit	12/31/2001 Accrued Benefit or Grandfathered Benefit: Benefit spouse would have been entitled to, had the employee retired on the day prior to death or just prior to age 55 if death occurred before age 55 and elected a reduced 50% Joint & Survivor optional form of benefit with his spouse as beneficiary, and then died. The spouse can elect to defer commencement of the death benefit, but no later than employee’s normal retirement date. Pension Equity Benefit: This benefit is payable to the beneficiary as of the employee’s date of death. If the beneficiary is the spouse, he or she can defer commencement to the date when the 12/31/2001 Accrued Benefit or Grandfathered Benefit commences if later.
Form of benefits	
• Automatic form for unmarried participants	Single Life Annuity. For Trenton Bargaining Unit Retirement Plan: 5 year Certain and Life Annuity.
• Automatic form for married participants	50% Joint & Survivor annuity
• Optional forms	An employee who retires under the Plan may elect to convert his pension into any one of the following actuarially equivalent forms: (a) Straight life annuity (b) 100% Joint & Survivor annuity (c) 75% Joint & Survivor annuity (d) 50% Joint & Survivor annuity (e) Lump sum payment For Trenton Bargaining Unit Retirement Plan: (a) 10 year certain and life benefits (b) 15 year certain and life benefits
Optional form conversion factors	
• For annuities	Interest rate of 8% per year, compounded annually, and mortality rates in accordance with unisex 1971 Group Annuity mortality (90% male/10% female).
• For lump sum	Mortality: 417(e) mortality table applicable to the year of determination Interest: PPA segment lump sum rates for the second calendar month preceding the first day of the Plan Year quarter in which date the calculation falls; COLA = 4.00%

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous

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- **Maximum compensation** Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
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Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

EMD	
Effective date and plan year	Original plan: January 1, 1980 Restated plan: January 1, 2013 Plan year: January 1 – December 31
Status of the plan	The plan was amended effective December, 31, 2008, to be closed to new employees hired on or after that date and to freeze benefit accruals.
Significant events that occurred during the year	The EMD, Inc. Employees' Retirement Plan was merged into the Meda Pension Equity Plan effective December 31, 2023.
Definitions	
Covered employees	All employees of Dey, L.P.
Participation	Employees who are 20-1/2 years old with six months of service; must receive pay for 1,000 hours during year.
Vesting service	A year of service is credited for 12 calendar months of employment or credited absence. All participants are fully vested as a result of a partial plan termination that occurred in 2013 due to the plant shutdowns of the Dey NAPA and Dey Allen facilities.
Credited service	Credited Service includes all Continuous Service rendered from January 1 of the calendar year an employee becomes a member, except for periods of employment: (a) with Lipha Pharmaceutical, Inc., Rhodia Inc. and Chempar Chemical Co., Inc. prior to January 1, 1979; (b) with the EMD Crop BioScience prior to January 1, 1983; (c) with Dey Laboratories, Inc. prior to January to January 1, 1989; (d) with Center Laboratories, Inc. prior to July 1, 1997 Credited Service was frozen on December 31, 2008.
Normal retirement	
Eligibility	Age 65, or 5 years of participation, if later.
Benefit	32% of average pay up to employee's Social Security covered compensation level plus 45% of such pay in excess of employee's Social Security covered compensation level, reduced by 1/240 for each month of service less than 240 months.
Early retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	100% of accrued pension benefit. Benefit determined under same formulas as for normal retirement based on service and average pay to early retirement date, reduced for fewer years of service. Benefit further reduced by 2/3 of 1% for each of the first 36 months and 1/3 of 1% for each of the next 84 months by which the commencement of benefits precedes normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement															
Eligibility	Continued employment beyond normal retirement date.														
Benefit	Accrued benefit increased actuarially to the date of actual retirement.														
Deferred vested															
Eligibility	Upon termination of employment prior to retirement with vesting based on service:														
	<table border="1"> <thead> <tr> <th>Years of Service</th> <th>Vesting Percentage</th> </tr> </thead> <tbody> <tr> <td>Less than 3</td> <td>0%</td> </tr> <tr> <td>3</td> <td>20%</td> </tr> <tr> <td>4</td> <td>40%</td> </tr> <tr> <td>5</td> <td>60%</td> </tr> <tr> <td>6</td> <td>80%</td> </tr> <tr> <td>7</td> <td>100%</td> </tr> </tbody> </table>	Years of Service	Vesting Percentage	Less than 3	0%	3	20%	4	40%	5	60%	6	80%	7	100%
Years of Service	Vesting Percentage														
Less than 3	0%														
3	20%														
4	40%														
5	60%														
6	80%														
7	100%														
Benefit	An employee is entitled to a benefit commencing at his normal retirement date or reduced benefit after age 55 if 10 years of service before termination. The annual normal retirement pension determined at the date of termination.														
Disability															
Eligibility	10 years of service and eligible for Social Security disability benefits														
Benefit	100% of accrued pension benefit. Benefit determined under same formula as for normal retirement, reduced for fewer years of service and earlier commencement. Payment deferred if benefits payable under Company insured disability plan would be reduced.														
Pre-retirement death															
Eligibility	Once vested, the surviving spouse of a vested employee who dies is entitled to a pension commencing not earlier than the date the employee would have been eligible to retire early or the employee's death, if later.														
Benefit prior to early retirement	<p>The pension payable to the spouse is equal to the greater of</p> <ul style="list-style-type: none"> (i) The benefit the spouse would have received reduced for a 50% survivor annuity option and further reduced for early commencement, if applicable; or, (ii) The lump sum value of 50% of accrued benefit converted to life annuity. <p>When eligible for normal retirement, active member may elect a 100% Survivor or 15 Year Certain death benefit. If no election, default is 100% Survivor Annuity to surviving spouse and 15 Year Certain Annuity to designated beneficiary.</p>														
Form of benefits															
Automatic form for unmarried participants	10 year Certain and Life Annuity														

Schedule SB, Part V — Summary of Plan Provisions

Automatic form for married participants	50% survivor annuity
Optional forms	An employee who retires under the Plan may elect to convert his pension into any one of the following actuarially equivalent forms: (a) Straight life annuity (b) 100% survivor annuity (c) 75% survivor annuity (d) 50% survivor annuity (e) 15-year certain and continuous (f) Lump sum
Optional form conversions	
For annuities	Interest rate of 8% per year, compounded annually, and mortality rates in accordance with UP84 shall be used.
For lump sums	417(e) mortality and annual rate of interest on 30-year Treasury securities published in the first month preceding the Anniversary Date preceding or coincident with the date selected for payment.
Miscellaneous	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation:

- **Most recent plan amendments included:**
 - **MEDA:** Effective September 1, 2017 the plan was amended to provide a lump sum window to deferred vested participants who as of December 1, 2017 were not otherwise eligible for a lump sum.
 - **EMD:** The plan amended as of January 1, 2013 with subsequent “Amendment for Qualification” executed as of November 11, 2014 is included.
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* late retirement actuarial increases apply to participants who defer retirement beyond normal retirement age for EMD. Suspension of benefits notices are provided to Meda actives who work beyond normal retirement.

Schedule SB, Part V — Summary of Plan Provisions

- *Deferred vested participants*: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations**: The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans**: We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants. Therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

MEDA AND EMD CONSOLIDATED PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 13-4986583, PLAN 001
DECEMBER 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual Funds:			
* SEI	Intermediate Duration Credit A	\$ 45,164,067	\$ 44,999,255
* SEI	Global MGD Volatility FD	6,275,036	5,824,859
U.S. Government Agencies:			
U.S. Treasury	U.S. Treasury Strips Z-CPN 11/15/26	2,363,983	2,454,789
U.S. Treasury	U.S. Treasury Strips Z-CPN 8/15/29	610,644	623,655
U.S. Treasury	U.S. Treasury Strips Z-CPN 11/15/30	1,532,331	1,548,851
U.S. Treasury	U.S. Treasury Strips Z-CPN 11/15/34	3,312,040	3,274,955
U.S. Treasury	U.S. Treasury Strips Z-CPN 11/15/39	2,512,041	2,432,055
U.S. Treasury	U.S. Treasury Strips Z-CPN 5/15/44	487,884	470,011
		<u>\$ 62,258,026</u>	<u>\$ 61,628,430</u>

* Party-in-interest

See independent auditor's report

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest rates were updated from 2023 to 2024 in accordance with ARPA. Mortality rates were updated from 2023 to 2024 in accordance with PPA.
- The expense component of normal cost changed from \$210,000 to \$320,000 to reflect expectations for the current plan year.
- Cost of living assumptions were updated to reflect inflationary data for the current year.
- The lump sum conversion mortality was updated from 2023 to 2024 in accordance with IRS 417(e).
- Form of payment and deferred vested benefit commencement age assumptions were updated as a result of the experience study conducted in 2023.