

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN
1b Three-digit plan number (PN): 040
1c Effective date of plan: 01/03/2017
2a Plan sponsor's name (employer, if for a single-employer plan): ELANCO US INC.
2b Employer Identification Number (EIN): 56-2002553
2c Plan Sponsor's telephone number: 317-431-3297
2d Business code (see instructions): 541700

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

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

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

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

Form 5500 (2024) v. 240311

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>FINANCIAL ADVISORY COUNCIL OF ELANCO US INC.</p> <p>2500 INNOVATION WAY GREENFIELD, IN 46140</p>	<p><b>3b</b> Administrator's EIN 56-2002553</p>
	<p><b>3c</b> Administrator's telephone number 317-431-3297</p>
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name <b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p>
	<p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 195</p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(1)</b> 169</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>6a(2)</b> 149</p> <p><b>b</b> Retired or separated participants receiving benefits ..... <b>6b</b> 1</p> <p><b>c</b> Other retired or separated participants entitled to future benefits ..... <b>6c</b> 29</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b> ..... <b>6d</b> 179</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>6e</b> 3</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>6f</b> 182</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>6g(1)</b></p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>6g(2)</b></p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... <b>6h</b> 13</p>	
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B

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

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

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

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

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

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>040</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ELANCO US INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2002553</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>5069014</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>5148202</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>3</u>	<u>42916</u>
	<b>b</b> For terminated vested participants .....	<u>23</u>	<u>297696</u>
	<b>c</b> For active participants .....	<u>169</u>	<u>3521590</u>
	<b>d</b> Total .....	<u>195</u>	<u>3862202</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>746819</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>46695</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>793514</u>

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

<b>SIGN HERE</b>	
Signature of actuary	<u>09/26/2025</u> Date
<u>SANNIDH AMBERKAR</u> Type or print name of actuary	<u>23-07276</u> Most recent enrollment number
<u>AON CONSULTING</u> Firm name	<u>847-295-5000</u> Telephone number (including area code)
<u>MSC# 17755 PO BOX 551343 ATLANTA, GA 30355</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....		
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of <u>15.65</u> %.....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....		

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	110.67 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	110.67 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	123.46 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
09/09/2025	323276						
			<b>Totals ▶</b>	<b>18(b)</b>	323276	<b>18(c)</b>	

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	297102

**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:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 61

**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**

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

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

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	793514
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	496656

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		
<b>b</b> Waiver amortization installment.....		

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

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	296858
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		Total balance
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	296858
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	297102

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	244
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

**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

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

<b>A</b> Name of plan <b>ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>040</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELANCO US INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>56-2002553</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**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)

FORVIS MAZARS LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29219	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)

SHEPHERD FINC INV ADVISORY, LLC

82-0759826

(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	NONE	15000	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)

AON CONSULTING

22-2232264

(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	NONE	97773	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

36-1561860

(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	NONE	8530	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>040</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ELANCO US INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2002553</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT TERM INVT FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>159520</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFB NORTHERN TRUST COLLECTIVE LONG</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-094</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>684524</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLLECTIVE ALL COUNT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-134</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4037399</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>040</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELANCO US INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>56-2002553</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	323276
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5069014	4881443
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	5069014	5204719
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5069014	5204719

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	323276	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		323276
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		577483
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		900759

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	614532	
(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)		614532
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)	29219	
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)	97773	
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	23530	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		150522
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		765054

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		135705
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555959.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>040</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ELANCO US INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2002553</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

**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): 20-2387942

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	9
--	---	---

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

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	0
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	0
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

<p><b>Structured Attachment</b></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: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Schedule SB, line 26a</b></p> <p><b>Schedule of Active Participant Data</b></p>	<p><b>2024</b></p> <hr/> <p>This Form is Open to Public Inspection</p>
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<b>Name of Plan</b>	ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	56-2002553	<b>PN</b>	040

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	56-2002553	<b>PN</b>	040

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES' PENSION PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	56-2002553	<b>PN</b>	040

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						




# **Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**

**EIN 56-2002553    PN 040**

**Independent Auditor's Report, Financial Statements,  
and Supplemental Schedules**

December 31, 2024 and 2023



**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Contents**  
**December 31, 2024 and 2023**

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## Independent Auditor's Report

Financial Advisory Council, Plan Administrator, and Plan Management  
Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan  
Greenfield, Indiana

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

We have performed audits of the financial statements of Elanco US Inc. Fort Dodge Local 1155 Employees' Pension 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 then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Elanco US Inc. Fort Dodge Local 1155 Employees' 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and 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 Elanco US Inc. Fort Dodge Local 1155 Employees' 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 Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan's ability to continue as a going concern one year after the date that these financial statements are 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 the Elanco US Inc. Fort Dodge Local 1155 Employees' 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 Elanco US Inc. Fort Dodge Local 1155 Employees' 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements 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 listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Financial Advisory Council, Plan Administrator, and Plan Management  
Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan

In our opinion:

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

**Forvis Mazars, LLP**

**Indianapolis, Indiana**

**September 29, 2025**

Federal Employer Identification Number: 44-0160260

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan  
 Statements of Net Assets Available for Benefits  
 December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
<b>Investments</b> , at fair value	\$ 4,881,443	\$ 5,069,014
<b>Employer's Contributions Receivable</b>	<u>323,276</u>	<u>-</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 5,204,719</u>	<u>\$ 5,069,014</u>

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
<b>Investment Income</b>		
Net appreciation in fair value of investments	\$ 577,483	\$ 619,677
<b>Employer Contributions</b>		
Total additions	<u>323,276</u>	<u>-</u>
	<u>900,759</u>	<u>619,677</u>
<b>Deductions</b>		
Benefits paid to participants	614,532	189,572
Administrative expenses	150,522	12,990
Total deductions	<u>765,054</u>	<u>202,562</u>
<b>Net Increase</b>	135,705	417,115
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>5,069,014</u>	<u>4,651,899</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ 5,204,719</u>	<u>\$ 5,069,014</u>

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Note 1. Description of the Plan**

The following description of Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator. The Plan became effective January 3, 2017.

**General**

The Plan is a noncontributory defined-benefit plan that applies to all employees who have worked one hour of service who are covered under the collective bargaining agreement between Elanco US Inc. (Company) and the United Food and Commercial Workers Local 6 at Fort Dodge, Iowa and provides eligible participants with retirement and survivor benefits and is subject to the provisions of the *Employee Retirement Income Security Act of 1974*, as amended (ERISA), as well as applicable tax code requirements. Effective April 1, 2023, the United Food and Commercial Workers Local 6 merged with and into United Food and Commercial Workers Local 1155, with Local 1155 continuing as the surviving union. Northern Trust Company serves as trustee of the Plan.

Effective April 24, 2024, the Plan was frozen with respect to eligibility for any Employee hired on or after April 24, 2024. In the event a former Union Employee is rehired on or after April 24, 2024, such former Union Employee will not be eligible to accrue additional benefits under the terms of the Plan following rehire and will only have additional service after April 24, 2024, recognized for vesting purposes.

The Financial Advisory Council of the Company serves as the Plan Administrator of the Plan.

**Contributions**

The minimum required contribution is determined under Section 430(a) of the Internal Revenue Code (Code). The minimum contribution is actuarially determined as of the beginning of the Plan year and is equal to the sum of the target normal cost and the shortfall amortization charge, less any credit for excess assets for the Plan year. Interest adjustments are made between the beginning of the Plan year and the dates that contributions are made.

All or a portion of any funding standard carryover balance or prefunding balance may be used by the Company to offset the minimum required contribution for a plan year if the Plan's funded percentage for the prior plan year exceeds a certain threshold.

If the Company makes cash contributions in excess of the minimum required amount (determined with regard to any election to offset the minimum funding balances), such excess contributions (adjusted for interest) may be added to the prefunding balance for the following plan year. The Plan has met the minimum funding requirement as established by ERISA.

**Pension Benefits**

Benefits under the Plan are based on employees' years of credited service multiplied by a basic monthly benefit rate ranging from \$37.50 to \$41.25 before age 25 and \$50.00 to \$57.00 after age 25 per year of credited service. Effective April 1, 2023, basic monthly benefit rates will increase by \$2.00 each year on December 31<sup>st</sup> until December 31, 2027. Maximum annual accrued benefit is \$25,000. Normal retirement age for Plan benefits is the later of age 65 or the date on which the participant completes five years of service. Early retirement age is age 55 with ten years of service and disability benefits also have a ten years of service requirement.

Accrued benefits are payable as an annuity over the participant's lifetime, a qualified joint one-half survivor annuity, a qualified joint one-hundred percent survivor annuity, or equal installments payable regularly. Participants may also elect to receive their accrued benefit in the form of a lump-sum payment.

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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***Death and Disability Benefits***

After the death of a participant if the accrued benefit is nonforfeitable, but before the participant's annuity starting date, the spouse of the participant will receive a 50% survivor annuity, as defined in the Plan. The surviving spouse annuity is equal to 50% of the participant's monthly benefit. This benefit is immediately payable to the spouse if the participant was not already receiving benefits. If the participant was already receiving benefits, the spouse will receive benefits based on the distribution type selected.

An active participant who becomes disabled and has ten years of service will receive a single life annuity starting on their disability date – that is, the latest of (a) the first day of the month after six months of continuous total disability, (b) the first day of the month after the date on which you are determined to be totally disabled, or (c) the first day of the month after you file a written application for disability. A participant shall be entitled to a monthly disability benefit calculated on the basis of 45% of the participant's aggregate weekly base wage.

***Vesting***

Upon completion of five years of vesting service, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. Eligible employees are fully vested upon completion of five years of continuous service or upon reaching normal retirement age of age 65.

***Plan Termination***

The Company has the right to terminate the Plan. In general, in the event the Plan is terminated, each participant's interest in benefits accrued under the Plan to the date of termination, to the extent then funded, shall be fully vested and nonforfeitable, and the net assets, after provision of payment of expenses of liquidation, are to be set aside for the payment of benefits to the participants in the following order of priority and on a pro rata basis within each category: (1) participants or beneficiaries receiving, or eligible to receive, benefits under the respective plan; (2) participants whose benefits are guaranteed under ERISA; (3) participants with other nonforfeitable benefits.

Should the Plan terminate at any future time, the net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time.

**Note 2. Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting.

***Use of Estimates***

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

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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***Valuation of Investments and Income Recognition***

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. The Plan's interest in the common collective trust is valued based on information reported by the investment advisor using the audited financial statements of the collective trust at year end. The value of the interests in the common collective trusts represents interests in pooled investment vehicles designed primarily for collective investment of employee benefit trusts. The fair value of the investment in this class has been estimated using the net asset value (NAV) per unit provided by the fund managers. Redemption restrictions range from 1 to 30 days.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Administrative Expenses***

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

***Accumulated Plan Benefits***

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Benefits under the Plan are based on employee's age and years of credited service with the Company. Benefits payable under all circumstances — retirement, death, disability and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

***Plan Tax Status***

The Plan obtained its latest determination letter on September 20, 2012, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since the Plan received its favorable opinion letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Note 3. Certification of Plan Trustee**

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust Company, a qualified institution, has certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023
- Investment information included in the accompanying schedule of assets (held at year end) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

**Note 4. Investments Measured Using the Net Asset Value per Share Practical Expedient**

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<u>2024</u>	<u>2023</u>
Investment valued at NAV (A):		
Value of interest in common collective trusts	<u>\$ 4,881,443</u>	<u>\$ 5,069,014</u>

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliations of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

	<u>Fair Value</u>		<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
	<u>2024</u>	<u>2023</u>	<u>Commitments</u>	<u>Frequency, if</u>	<u>Notice Period</u>
				<u>Eligible</u>	
Investments:					
Value of interest in common collective trusts	<u>\$ 4,881,443</u>	<u>\$ 5,069,014</u>	<u>\$ -</u>	Daily-Monthly	Daily-30 Calendar Days

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Note 5. Accumulated Plan Benefits**

An actuary from Aon Consulting, Inc. determines the actuarial present value of accumulated plan benefits, which is the 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.

The accumulated plan benefits information as of the beginning of the Plan year was as follows:

	<b>January 1, 2024</b>
	<u>                    </u>
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	\$ 35,016
Participants with deferred benefits	280,538
Other participants	3,400,076
	<u>3,715,630</u>
Nonvested benefits	<u>540,435</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 4,256,065</u></u>

Change in the actuarial present value of accumulated plan benefits was as follows:

	<b>January 1, 2024</b>
	<u>                    </u>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 3,427,250
Increase (decrease) during the year attributable to	
Benefit accruals and actuarial experience	467,590
Interest accumulation	233,385
Benefit payments	(189,572)
Assumption changes (PBGC immediate annuity rate changes)	317,412
Net increase	<u>828,815</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 4,256,065</u></u>

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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Significant assumptions underlying the actuarial computations are:

- Interest rate: 7.0%
- Mortality basis: Pri-2012 Blue Collar table and Pri-2012 disabled retiree rates, with generational mortality projected by scale MP-2021 projection
- Retirement: Actuarial tables of probabilities of retirement among retirement-eligible participants based on age and service at decrement, including the following:

<u>Age</u>	<u>Probabilities</u>
55	7%
56 - 57	5
58	7
59	8
60 - 61	13
62 - 64	23
65 - 69	28
70+	100

- Actuarial method: The Standard Unit Credit Cost Method
- Asset valuation: Smoothed fair market value

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**Note 6. Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

Certain Plan investments are managed by Northern Trust Company who is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan has a number of service providers. Such providers are parties in interest under ERISA. Investment advisory fees paid to Shepherd Financial Investment Advisory, LLC totaled \$15,000 and \$5,000 during 2024 and 2023, respectively. Actuarial fees paid by the Plan to Aon Consulting, Inc. totaled \$97,773 and \$0 during 2024 and 2023, respectively. Individually nonmaterial expenses paid to parties in interest for other professional fees aggregated \$37,749 and \$7,990 during 2024 and 2023, respectively.

The Company provides certain administrative services at no cost to the Plan.

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Note 7. Significant Estimates and Concentrations**

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

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

**Note 8. Subsequent Events**

Subsequent events have been evaluated through September 29, 2025, which is the date the financial statements were available to be issued.

## ***Supplemental Schedules***

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**EIN 56-2002553 PN 040**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
<b>Common Collective Trust Funds</b>			
*Northern Trust Collective All Country World Investable Market Index Fund	12,386 units	\$ 2,722,074	\$ 4,037,399
*Northern Trust Collective Long-Term Government/Credit Bond Index Fund	5,277 units	814,999	684,524
*Northern Trust Short-Term Investment Fund	159,520 units	<u>159,520</u>	<u>159,520</u>
		<u>\$ 3,696,593</u>	<u>\$ 4,881,443</u>

\*Party-in-interest

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**EIN 56-2002553 PN 040**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**(Transactions in Excess of 5% of Plan Assets at Beginning of Year)**  
**Year Ended December 31, 2024**

(a) Identity	(b) Description	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	Northern Trust Short-Term Investment Fund Purchases Sales	\$ 27,662	\$ 762,652	\$ 27,662 762,652	\$ 27,662 762,652	\$ -

## Authorization for FORVIS MAZARS to Electronically Sign Form 5500

Please note the following terms and conditions if you choose to authorize FORVIS MAZARS to electronically sign Form 5500 on your behalf:

1. The plan administrator and/or plan sponsor must provide FORVIS MAZARS with a signed copy of pages one through three of Form 5500, with the manual signature of the plan administrator and/or plan sponsor on page one.
2. In addition to any other required schedules and attachments, the electronic filing includes a copy of pages one through three of Form 5500 bearing the manual signature of the plan administrator and/or plan sponsor under penalties of perjury.
3. An image of the plan administrator's and/or plan sponsor's manual signature will be included with the rest of Form 5500. The complete Form 5500, including an image of the signature, will be posted on the Internet for public disclosure by the DOL.
4. FORVIS MAZARS will communicate to the plan administrator and/or plan sponsor any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return.

Please mark one selection:

- I authorize FORVIS MAZARS to electronically sign Form 5500 on behalf of the plan named below.
- I do not authorize FORVIS MAZARS to electronically sign Form 5500 on behalf of the plan named below. I am registered to sign Form 5500 electronically using the following email address:

\_\_\_\_\_.

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Elanco US Inc. Fort Dodge Local Employees' Pension Plan (#040)

*Barbara Bardos*

10/10/20-25

\_\_\_\_\_  
Signature of Plan Administrator

\_\_\_\_\_  
Date

Barbara Bardos

barbara.bardos@elancoah.com

\_\_\_\_\_  
Name of Plan Administrator

\_\_\_\_\_  
Email Address

Please return the signed authorization form to FORVIS MAZARS.

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

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_

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><b>1a</b> Name of plan</p> <p>ELANCO US INC. FORT DODGE LOCAL 1155 EMPLOYEES ' PENSION PLAN</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>040</u></p>
<p><b>2a</b> 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)</p> <p>ELANCO US INC.</p> <p>2500 INNOVATION WAY GREENFIELD, IN 46140</p>	<p><b>1c</b> Effective date of plan <u>01/03/2017</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>56-2002553</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>317-431-3297</u></p> <p><b>2d</b> Business code (see instructions) <u>541700</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	Barbara Bardos	10/10/2025	Barbara Bardos
	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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor FINANCIAL ADVISORY COUNCIL OF ELANCO US INC.  2500 INNOVATION WAY GREENFIELD, IN 46140	<b>3b</b> Administrator's EIN 56-2002553 <hr/> <b>3c</b> Administrator's telephone number 317-431-3297
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	<b>4b</b> EIN
<b>a</b> Sponsor's name	<b>4d</b> PN
<b>c</b> Plan Name	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 195
<b>6</b> 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).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<b>6a(1)</b> 169
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . .	<b>6a(2)</b> 149
<b>b</b> Retired or separated participants receiving benefits . . . . .	<b>6b</b> 1
<b>c</b> Other retired or separated participants entitled to future benefits. . . . .	<b>6c</b> 29
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . . . . .	<b>6d</b> 179
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . .	<b>6e</b> 3
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . . . . .	<b>6f</b> 182
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(1)</b> 0
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(2)</b> 0
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<b>6h</b> 13
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . . . . .	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1B

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**EIN 56-2002553 PN 040**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
<b>Common Collective Trust Funds</b>			
*Northern Trust Collective All Country World Investable Market Index Fund	12,386 units	\$ 2,722,074	\$ 4,037,399
*Northern Trust Collective Long-Term Government/Credit Bond Index Fund	5,277 units	814,999	684,524
*Northern Trust Short-Term Investment Fund	159,520 units	<u>159,520</u>	<u>159,520</u>
		<u>\$ 3,696,593</u>	<u>\$ 4,881,443</u>

\*Party-in-interest

**Elanco US Inc. Fort Dodge Local 1155 Employees' Pension Plan**  
**EIN 56-2002553 PN 040**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**(Transactions in Excess of 5% of Plan Assets at Beginning of Year)**  
**Year Ended December 31, 2024**

(a) Identity	(b) Description	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Issuer	Northern Trust Short-Term Investment Fund Purchases Sales	\$ 27,662	\$ 762,652	\$ 27,662 762,652	\$ 27,662 762,652	\$ -

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

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

<b>A</b> Name of plan UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1155 PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	040
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ELANCO US INC.	<b>D</b> Employer Identification Number (EIN) 56-2002553	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	5,069,014
	<b>b</b> Actuarial value .....	<b>2b</b>	5,148,202
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	3	42,916
	<b>b</b> For terminated vested participants .....	23	297,696
	<b>c</b> For active participants .....	169	3,521,590
	<b>d</b> Total .....	195	3,862,202
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.13%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	746,819
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	46,695
	<b>c</b> Target normal cost .....	<b>6c</b>	793,514

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Sannidh Amberkar <u>S.A.</u>	09/26/2025
	Signature of actuary	Date
	Sannidh Amberkar	2307276
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	847-295-5000
	Firm name	Telephone number (including area code)
	MSC# 17755 PO BOX 551343	
	ATLANTA GA 30355	
	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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	793,514	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	496,656	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	296,858	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	296,858	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	297,102	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	244	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Schedule SB Attachment (Form 5500) –2024 Plan Year  
 UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1155  
 PENSION PLAN  
 EIN: 56-2002553 PN: 040

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.13%</b>	<b>Interest Adjusted Contribution</b>
September 9, 2025	\$ <u>323,276</u>	617	\$ <u>297,102</u>
Total Contribution	\$ 323,276		\$ 297,102

Schedule SB Attachment (Form 5500) –2024 Plan Year  
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Schedule SB, line 22 – Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	11.00%	1.0000	6.11
56.5	7.00%	0.8900	3.52
57.5	7.00%	0.8277	3.33
58.5	9.00%	0.7698	4.05
59.5	12.00%	0.7005	5.00
60.5	13.00%	0.6164	4.85
61.5	13.00%	0.5363	4.29
62.5	22.00%	0.4666	6.42
63.5	22.00%	0.3639	5.08
64.5	22.00%	0.2839	4.03
65.5	40.00%	0.2214	5.80
66.5	40.00%	0.1328	3.53
67.5	40.00%	0.0797	2.15
68.5	40.00%	0.0478	1.31
69.5	40.00%	0.0287	0.80
70	100.00%	0.0172	1.21
Weighted Average			61.48

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1155  
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Schedule SB, Part V — Statement of Actuarial  
 Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Salary Increases</b>	3.00% for 2023+
<b>Shift Premium/Over Time Pay</b>	17% of Annualized Base Pay
<b>Optional Payment Form Election Percentage</b>	15% Straight Life Annuity/85% Lump Sum
<b>Optional Payment Form Conversion Interest Rate</b>	Same as funding interest rates above for lump sums
<b>Optional Payment Form Conversion Mortality</b>	Current IRC Section 417(e) table for lump sums
<b>Retirement Age</b>	
Active Participants	See Table 1
Terminated Vested Participants	62
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500) —2024 Plan Year  
UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1155  
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For ERISA Requirements

<b>Decrement Timing</b>	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
<b>Surviving Spouse Benefit</b>	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
<b>Expected Return on Assets</b>	
2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.00% limited to 5.74%
2024 Plan Year	7.00% limited to 5.59%
<b>Trust Expenses Included in Target Normal Cost</b>	\$27,000 plus expected PBGC premium
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	January 1, 2024

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1155  
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Actuarial Assumptions and Methods

Table 1

**Retirement Rates**

Age	Rate
55	11.00%
56	7.00%
57	7.00%
58	9.00%
59	12.00%
60	13.00%
61	13.00%
62	22.00%
63	22.00%
64	22.00%
65	40.00%
66	40.00%
67	40.00%
68	40.00%
69	40.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1155  
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Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	4.80%	45	1.10%
16	4.80%	46	1.00%
17	4.80%	47	1.00%
18	4.80%	48	1.00%
19	4.80%	49	1.00%
20	4.80%	50	1.00%
21	4.80%	51	1.00%
22	4.50%	52	1.00%
23	4.30%	53	1.00%
24	4.00%	54	1.00%
25	3.80%	55	1.00%
26	3.60%	56	1.00%
27	3.30%	57	1.00%
28	3.10%	58	1.00%
29	2.90%	59	1.00%
30	2.80%	60	1.00%
31	2.60%	61	1.00%
32	2.40%	62	1.00%
33	2.20%	63	1.00%
34	2.10%	64	1.00%
35	1.90%	65+	1.00%
36	1.80%		
37	1.70%		
38	1.60%		
39	1.50%		
40	1.40%		
41	1.30%		
42	1.20%		
43	1.20%		
44	1.10%		

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**Table 3**  
**Disability Rates**

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%			
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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

**Effective Date**

January 3, 2017.

**Eligibility for Participation**

Employees covered under the collective bargaining agreement between Elanco US, Inc. (“Elanco”) and the United Food and Commercial Workers International Union, Local 6 (“Fort Dodge Union Employee”), who were former Boehringer Ingelheim Vetmedica, Inc. (“BIVI”) employees who became Eli Lilly and Company (“Lilly”) employees on January 3, 2017 became participants in the Plan on the Plan’s effective date, January 3, 2017. Fort Dodge Union Employees who are not former BIVI employees begin participating in the Plan on the first day of the month coinciding with or next following the date they complete an hour of service (or January 3, 2017 if later). The plan was closed to new entrants effective April 1, 2023.

**Vesting Service**

The service used to determine eligibility for benefits is equal to the sum of (1), (2), and (3):

- (1) BIVI Service as defined prior to January 3, 2017 for employees who were former BIVI employees who became Lilly employees on January 3, 2017 as part of the acquisition.
- (2) Lilly Service as defined beginning January 3, 2017 and prior to January 1, 2019 for employees who were former Lilly employees who became Elanco employees on January 1, 2019 as part of the spin-off.
- (3) Service on and after January 1, 2019 will be credited with a year of vesting service for each twelve-month period as an active employee.

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**Credited Service**

The service used to determine benefits is equal to the sum of (1), (2) and (3):

- (1) For employees who were former BIVI employees who became Lilly employees on January 3, 2017 as part of the acquisition, month of January 2017.
- (2) Service after January 3, 2017 and prior to January 1, 2019 will be credited with a year of credited service for each twelve-month period as an active employee, starting on the first day of the month coincident with or immediately following the hire date at Lilly (or January 3, 2017 if active at the time of the acquisition); years of credited service shall be stated in completed full years and months.
- (3) Service after January 1, 2019 will be credited with a year of credited service for each twelve-month period as an active employee, starting on the first day of the month coincident with or immediately following the hire date at Elanco (or January 1, 2019 if active at the time of the spin-off); years of credited service shall be stated in completed full years and months.

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**Normal Retirement**

Eligibility

Normal retirement after attainment of age 65.

Normal Retirement Benefit

The monthly accrued benefit is equal to the sum of the applicable rates before or after age 25 reflected in the table below multiplied by the participant's benefit service (in years) during the period reflected in the table below.

Period of Credited Service	Before Age 15	On or after Attainment of Age 25
After December 31, 2022	\$ 41.25	\$ 55.00
After December 31, 2023	\$ 43.25	\$ 57.00
After December 31, 2024	\$ 45.25	\$ 59.00
After December 31, 2025	\$ 47.25	\$ 61.00
After December 31, 2026	\$ 49.25	\$ 63.00
After December 31, 2027	\$ 51.25	\$ 65.00

The maximum annual accrued benefit is \$25,000.

The rate of monthly accrued benefit reflected in the table above only applies if the participant was actively working on or after the last day of the year prior to the Plan year indicated.

Deferred Retirement Benefit

Same as Normal Retirement Benefit, but based on Credited Service to Deferred Retirement Date.

Normal Form of Benefit

Monthly annuity payable for life (payable as a reduced qualified Joint and 50% Survivor benefit if married at retirement). If the lump-sum value of the vested Accrued Benefit does not exceed \$1,000, such vested Accrued Benefit is distributed in a single lump-sum payment.

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Optional Forms of Payment

25%, 50%, 75%, or 100% Contingent Annuitant Option, Level Income Option, 10 Year Certain and Life Option, Guaranteed Death Benefit Option, or Lump Sum Option. All optional forms are actuarially equivalent. For purposes of this section, actuarial equivalence is based on the mortality tables and interest assumptions defined as follows:

For the calculation of the annuity options, the actuarial equivalence basis is the 1994 Group Annuity Reserving Table projected to 2002 using scale AA weighted 50% male and 50% female ("GAR 94") and an interest rate of 7.50%. For calculation of the Level Income Option, the amount of the benefit shall be subject to the requirements of Code Section 417(e) to value immediate single life annuities.

For calculation of the Guaranteed Death Benefit option and Lump Sum option, the amount of the benefit shall be equal to the greater of (1), (2), or (3):

- (1) The present value of the single life annuity as of the Participant's Normal Retirement Date, or current age if later, determined using the applicable mortality table under Code Section 417(e)(3)(B) and the applicable interest rate described by Code Section 417(e).
- (2) The present value of an immediate single life annuity using the 1994 Group Annuity Reserving Table projected to 2002 using scale AA weighted 50% male and 50% female (GAR 94") and the Applicable PBGC Interest Rate.
- (3) The present value of an immediate single life annuity determined using the applicable mortality table under Code Section 417(e)(3)(B) and interest rate described by Code Section 417(e).

With respect to lump sum payments of \$25,000 or less, the Applicable PBGC Interest Rate is the interest rate used by the PBGC to value immediate annuities. With respect to lump sum payments over \$25,000, the interest rate used is 120% of the Applicable PBGC Interest Rate, however, in no event shall the resulting amount of lump sum payment be less than \$25,000 determined by use of the 120% Applicable PBGC Interest Rate.

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**Deferred Retirement Benefit**

Same as Normal Retirement Benefit, but based on Credited Service to Deferred Retirement Date.

**Deferred Vested Benefit**

A participant's Accrued Benefit will become 100% vested after completing five years of Vesting Service, or upon the attainment of Normal Retirement Age, if earlier. He may elect to receive a reduced Deferred Vested Benefit beginning on the first day of any month coincident with or immediately following his attainment of age 55. The amount of such reduced Deferred Vested Benefit shall be the Actuarial Equivalent as of the Annuity Starting Date of the amount which the participant would otherwise commence receiving at his Normal Retirement Date. Actuarial Equivalence is defined under the plan as 7.50% interest and 1994 Group Annuity Reserving Table projected to 2002 using scale AA weighted 50% male and 50% female.

**Early Retirement**

Eligibility

Early retirement after attainment of age 55 and ten years of Vesting Service.

Early Retirement Benefit

The Normal Retirement Benefit based on Credited Service at date of Retirement or Termination reduced by 3% for each year benefit commencement precedes Normal Retirement Date. However, there is no reduction if the participant takes Early Retirement after attaining age 62.

**Disability Benefits**

Eligibility

Totally disabled and completed ten years of Vesting Service.

Disability Retirement Date

The Disability Retirement Date is the latest of the following:

- (1) The first day of the month following six months of continuous disability
- (2) The first day of the month following the date on which the participant is determined to be totally disabled as determined by Lilly, or
- (3) The first day of the month in which the participant files a written application for Disability Retirement Benefit.

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**Disability Retirement Benefit**

The monthly benefit is the sum of the applicable disability benefit rates reflected in the table below multiplied by the participant's benefit service (in years) during the period reflected in the table below.

Period of Benefit Service	Disability Benefit Rate (regardless of age)
After December 31, 2016	\$ 46.00

However, the monthly Disability Retirement Benefit will not be less than the amount reflected in the table below, provided that (a) the participant has at least ten years of Vesting Service excluding years of Vesting Service for periods before becoming a BIVI Fort Dodge Union Employee and (b) the participant is actively at work on or after the last working day of the Plan Year prior to the Plan Year indicated.

If Disability Begins	Minimum Monthly Benefit is
After December 31, 2016	\$ 435.00

Effective for Disability Retirement Dates after April 1, 2023, a Participant shall be entitled to a monthly Disability Retirement Benefit calculated on the basis of 75% of the Participant's aggregate weekly base wage (i.e., base pay, shift premiums and overtime) per month.

**Eligible Spouse Death Benefit**

Eligibility

Completion of five years of Vesting Service

Death Benefit

Death after Early but before Normal Retirement

The amount payable to the spouse had the participant retired immediately prior to death and had elected to commence a Joint & 50% Survivor benefit as soon as the plan allowed.

Death after Termination of Employment

Payable to the spouse on the first of the month coincident with or next following the later of the participant's (a) 55th birthday or (b) date of death. The amount payable equals 50% Deferred Vested Benefit that would have been paid to the participant, assuming he elected to commence a Joint & 50% Survivor spouse benefit on such date.

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Form of Payment

Monthly annuity for spouse's lifetime, beginning when the employee would have first been eligible to commence payments upon termination immediately prior to death.

## Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations reflect the following plan changes:

- The compensation limit under Section 401(a)(17) of the Internal Revenue Code changed from \$317,000 to \$330,000.
- The dollar limit under Section 415(b) of the Internal Revenue Code changed from \$265,000 to \$275,000.

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year  
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## Schedule SB, line 24 – Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2022 to segment rates as of September 2023, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the assumed expenses payable from the trust from \$84,000 to \$27,000 plus expected PBGC premium.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	5								
25-29	5	12	2							
30-34	2	9	2							
35-39	7	5	4							
40-44	5	3	9							
45-49		6	7							
50-54	1	7	9							
55-59	5	2	29							
60-64		2	21				1			
65-69			6				1			
70+			1							

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	11.00%	1.0000	6.11
56.5	7.00%	0.8900	3.52
57.5	7.00%	0.8277	3.33
58.5	9.00%	0.7698	4.05
59.5	12.00%	0.7005	5.00
60.5	13.00%	0.6164	4.85
61.5	13.00%	0.5363	4.29
62.5	22.00%	0.4666	6.42
63.5	22.00%	0.3639	5.08
64.5	22.00%	0.2839	4.03
65.5	40.00%	0.2214	5.80
66.5	40.00%	0.1328	3.53
67.5	40.00%	0.0797	2.15
68.5	40.00%	0.0478	1.31
69.5	40.00%	0.0287	0.80
70	100.00%	0.0172	1.21
Weighted Average			61.48

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

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2022 to segment rates as of September 2023, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the assumed expenses payable from the trust from \$84,000 to \$27,000 plus expected PBGC premium.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	5								
25-29	5	12	2							
30-34	2	9	2							
35-39	7	5	4							
40-44	5	3	9							
45-49		6	7							
50-54	1	7	9							
55-59	5	2	29							
60-64		2	21				1			
65-69			6				1			
70+			1							

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

**Effective Date**

January 3, 2017.

**Eligibility for Participation**

Employees covered under the collective bargaining agreement between Elanco US, Inc. (“Elanco”) and the United Food and Commercial Workers International Union, Local 6 (“Fort Dodge Union Employee”), who were former Boehringer Ingelheim Vetmedica, Inc. (“BIVI”) employees who became Eli Lilly and Company (“Lilly”) employees on January 3, 2017 became participants in the Plan on the Plan’s effective date, January 3, 2017. Fort Dodge Union Employees who are not former BIVI employees begin participating in the Plan on the first day of the month coinciding with or next following the date they complete an hour of service (or January 3, 2017 if later). The plan was closed to new entrants effective April 1, 2023.

**Vesting Service**

The service used to determine eligibility for benefits is equal to the sum of (1), (2), and (3):

- (1) BIVI Service as defined prior to January 3, 2017 for employees who were former BIVI employees who became Lilly employees on January 3, 2017 as part of the acquisition.
- (2) Lilly Service as defined beginning January 3, 2017 and prior to January 1, 2019 for employees who were former Lilly employees who became Elanco employees on January 1, 2019 as part of the spin-off.
- (3) Service on and after January 1, 2019 will be credited with a year of vesting service for each twelve-month period as an active employee.

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**Credited Service**

The service used to determine benefits is equal to the sum of (1), (2) and (3):

- (1) For employees who were former BIVI employees who became Lilly employees on January 3, 2017 as part of the acquisition, month of January 2017.
- (2) Service after January 3, 2017 and prior to January 1, 2019 will be credited with a year of credited service for each twelve-month period as an active employee, starting on the first day of the month coincident with or immediately following the hire date at Lilly (or January 3, 2017 if active at the time of the acquisition); years of credited service shall be stated in completed full years and months.
- (3) Service after January 1, 2019 will be credited with a year of credited service for each twelve-month period as an active employee, starting on the first day of the month coincident with or immediately following the hire date at Elanco (or January 1, 2019 if active at the time of the spin-off); years of credited service shall be stated in completed full years and months.

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**Normal Retirement**

Eligibility

Normal retirement after attainment of age 65.

Normal Retirement Benefit

The monthly accrued benefit is equal to the sum of the applicable rates before or after age 25 reflected in the table below multiplied by the participant's benefit service (in years) during the period reflected in the table below.

Period of Credited Service	Before Age 15	On or after Attainment of Age 25
After December 31, 2022	\$ 41.25	\$ 55.00
After December 31, 2023	\$ 43.25	\$ 57.00
After December 31, 2024	\$ 45.25	\$ 59.00
After December 31, 2025	\$ 47.25	\$ 61.00
After December 31, 2026	\$ 49.25	\$ 63.00
After December 31, 2027	\$ 51.25	\$ 65.00

The maximum annual accrued benefit is \$25,000.

The rate of monthly accrued benefit reflected in the table above only applies if the participant was actively working on or after the last day of the year prior to the Plan year indicated.

Deferred Retirement Benefit

Same as Normal Retirement Benefit, but based on Credited Service to Deferred Retirement Date.

Normal Form of Benefit

Monthly annuity payable for life (payable as a reduced qualified Joint and 50% Survivor benefit if married at retirement). If the lump-sum value of the vested Accrued Benefit does not exceed \$1,000, such vested Accrued Benefit is distributed in a single lump-sum payment.

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Optional Forms of Payment

25%, 50%, 75%, or 100% Contingent Annuitant Option, Level Income Option, 10 Year Certain and Life Option, Guaranteed Death Benefit Option, or Lump Sum Option. All optional forms are actuarially equivalent. For purposes of this section, actuarial equivalence is based on the mortality tables and interest assumptions defined as follows:

For the calculation of the annuity options, the actuarial equivalence basis is the 1994 Group Annuity Reserving Table projected to 2002 using scale AA weighted 50% male and 50% female ("GAR 94") and an interest rate of 7.50%. For calculation of the Level Income Option, the amount of the benefit shall be subject to the requirements of Code Section 417(e) to value immediate single life annuities.

For calculation of the Guaranteed Death Benefit option and Lump Sum option, the amount of the benefit shall be equal to the greater of (1), (2), or (3):

- (1) The present value of the single life annuity as of the Participant's Normal Retirement Date, or current age if later, determined using the applicable mortality table under Code Section 417(e)(3)(B) and the applicable interest rate described by Code Section 417(e).
- (2) The present value of an immediate single life annuity using the 1994 Group Annuity Reserving Table projected to 2002 using scale AA weighted 50% male and 50% female (GAR 94") and the Applicable PBGC Interest Rate.
- (3) The present value of an immediate single life annuity determined using the applicable mortality table under Code Section 417(e)(3)(B) and interest rate described by Code Section 417(e).

With respect to lump sum payments of \$25,000 or less, the Applicable PBGC Interest Rate is the interest rate used by the PBGC to value immediate annuities. With respect to lump sum payments over \$25,000, the interest rate used is 120% of the Applicable PBGC Interest Rate, however, in no event shall the resulting amount of lump sum payment be less than \$25,000 determined by use of the 120% Applicable PBGC Interest Rate.

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**Deferred Retirement Benefit**

Same as Normal Retirement Benefit, but based on Credited Service to Deferred Retirement Date.

**Deferred Vested Benefit**

A participant's Accrued Benefit will become 100% vested after completing five years of Vesting Service, or upon the attainment of Normal Retirement Age, if earlier. He may elect to receive a reduced Deferred Vested Benefit beginning on the first day of any month coincident with or immediately following his attainment of age 55. The amount of such reduced Deferred Vested Benefit shall be the Actuarial Equivalent as of the Annuity Starting Date of the amount which the participant would otherwise commence receiving at his Normal Retirement Date. Actuarial Equivalence is defined under the plan as 7.50% interest and 1994 Group Annuity Reserving Table projected to 2002 using scale AA weighted 50% male and 50% female.

**Early Retirement**

Eligibility

Early retirement after attainment of age 55 and ten years of Vesting Service.

Early Retirement Benefit

The Normal Retirement Benefit based on Credited Service at date of Retirement or Termination reduced by 3% for each year benefit commencement precedes Normal Retirement Date. However, there is no reduction if the participant takes Early Retirement after attaining age 62.

**Disability Benefits**

Eligibility

Totally disabled and completed ten years of Vesting Service.

Disability Retirement Date

The Disability Retirement Date is the latest of the following:

- (1) The first day of the month following six months of continuous disability
- (2) The first day of the month following the date on which the participant is determined to be totally disabled as determined by Lilly, or
- (3) The first day of the month in which the participant files a written application for Disability Retirement Benefit.

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**Disability Retirement Benefit**

The monthly benefit is the sum of the applicable disability benefit rates reflected in the table below multiplied by the participant's benefit service (in years) during the period reflected in the table below.

Period of Benefit Service	Disability Benefit Rate (regardless of age)
After December 31, 2016	\$ 46.00

However, the monthly Disability Retirement Benefit will not be less than the amount reflected in the table below, provided that (a) the participant has at least ten years of Vesting Service excluding years of Vesting Service for periods before becoming a BIVI Fort Dodge Union Employee and (b) the participant is actively at work on or after the last working day of the Plan Year prior to the Plan Year indicated.

If Disability Begins	Minimum Monthly Benefit is
After December 31, 2016	\$ 435.00

Effective for Disability Retirement Dates after April 1, 2023, a Participant shall be entitled to a monthly Disability Retirement Benefit calculated on the basis of 75% of the Participant's aggregate weekly base wage (i.e., base pay, shift premiums and overtime) per month.

**Eligible Spouse Death Benefit**

Eligibility

Completion of five years of Vesting Service

Death Benefit

Death after Early but before Normal Retirement

The amount payable to the spouse had the participant retired immediately prior to death and had elected to commence a Joint & 50% Survivor benefit as soon as the plan allowed.

Death after Termination of Employment

Payable to the spouse on the first of the month coincident with or next following the later of the participant's (a) 55th birthday or (b) date of death. The amount payable equals 50% Deferred Vested Benefit that would have been paid to the participant, assuming he elected to commence a Joint & 50% Survivor spouse benefit on such date.

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Form of Payment

Monthly annuity for spouse's lifetime, beginning when the employee would have first been eligible to commence payments upon termination immediately prior to death.

### Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations reflect the following plan changes:

- The compensation limit under Section 401(a)(17) of the Internal Revenue Code changed from \$317,000 to \$330,000.
- The dollar limit under Section 415(b) of the Internal Revenue Code changed from \$265,000 to \$275,000.

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

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

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

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Salary Increases</b>	3.00% for 2023+
<b>Shift Premium/Over Time Pay</b>	17% of Annualized Base Pay
<b>Optional Payment Form Election Percentage</b>	15% Straight Life Annuity/85% Lump Sum
<b>Optional Payment Form Conversion Interest Rate</b>	Same as funding interest rates above for lump sums
<b>Optional Payment Form Conversion Mortality</b>	Current IRC Section 417(e) table for lump sums
<b>Retirement Age</b>	
Active Participants	See Table 1
Terminated Vested Participants	62
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

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For ERISA Requirements

<b>Decrement Timing</b>	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
<b>Surviving Spouse Benefit</b>	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
<b>Expected Return on Assets</b>	
2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.00% limited to 5.74%
2024 Plan Year	7.00% limited to 5.59%
<b>Trust Expenses Included in Target Normal Cost</b>	\$27,000 plus expected PBGC premium
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	January 1, 2024

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Actuarial Assumptions and Methods

Table 1

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	11.00%
56	7.00%
57	7.00%
58	9.00%
59	12.00%
60	13.00%
61	13.00%
62	22.00%
63	22.00%
64	22.00%
65	40.00%
66	40.00%
67	40.00%
68	40.00%
69	40.00%
70+	100.00%

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Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	4.80%	45	1.10%
16	4.80%	46	1.00%
17	4.80%	47	1.00%
18	4.80%	48	1.00%
19	4.80%	49	1.00%
20	4.80%	50	1.00%
21	4.80%	51	1.00%
22	4.50%	52	1.00%
23	4.30%	53	1.00%
24	4.00%	54	1.00%
25	3.80%	55	1.00%
26	3.60%	56	1.00%
27	3.30%	57	1.00%
28	3.10%	58	1.00%
29	2.90%	59	1.00%
30	2.80%	60	1.00%
31	2.60%	61	1.00%
32	2.40%	62	1.00%
33	2.20%	63	1.00%
34	2.10%	64	1.00%
35	1.90%	65+	1.00%
36	1.80%		
37	1.70%		
38	1.60%		
39	1.50%		
40	1.40%		
41	1.30%		
42	1.20%		
43	1.20%		
44	1.10%		

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**Table 3**  
**Disability Rates**

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%			
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.13%</b>	<b>Interest Adjusted Contribution</b>
September 9, 2025	\$ <u>323,276</u>	617	\$ <u>297,102</u>
Total Contribution	\$ 323,276		\$ 297,102