

<p style="text-align: center;"><b>Form 5500</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: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>THE TERUMO RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</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) <u>TERUMO AMERICAS HOLDING INC.</u></p> <p><u>265 DAVIDSON AVENUE</u> <u>SUITE 320</u> <u>SOMERSET, NJ 08873</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1977</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>34-1112331</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>732-302-4900</u></p> <p><b>2d</b> Business code (see instructions) <u>339110</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	JANET HELLWIG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1666
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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>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>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	527
	<b>6a(2)</b>	459
	<b>6b</b>	675
	<b>6c</b>	464
	<b>6d</b>	1598
	<b>6e</b>	52
	<b>6f</b>	1650
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

**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 <u>0</u>
(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)

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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>THE TERUMO RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TERUMO AMERICAS HOLDING INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1112331</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>61235957</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>67359552</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>694</u>	<u>42304461</u>	<u>42304461</u>
<b>b</b> For terminated vested participants .....	<u>445</u>	<u>13209789</u>	<u>13209789</u>
<b>c</b> For active participants .....	<u>527</u>	<u>14449525</u>	<u>14449525</u>
<b>d</b> Total .....	<u>1666</u>	<u>69963775</u>	<u>69963775</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>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>1160000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>1160000</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>10/07/2025</u>	Date
	<u>MONA AUJI</u>	<u>23-08935</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>610-230-0849</u>	Telephone number (including area code)
	<u>MSC #17833 AON, PO BOX 7505 FORT WASHINGTON, PA 19034</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	15157001
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	2319052
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	12837949
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.96</u> % .....	0	1021901
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	2471318
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	11388532

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	80.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	80.00 %
<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>	82.23 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

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

**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> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**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>	1160000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	13992755	1336903	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	2496903	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	2496903	2496903
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**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 checked="" type="checkbox"/> 2021
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<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>THE TERUMO RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TERUMO AMERICAS HOLDING INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1112331</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

**AON TRUST COMPANY, LLC**

**37-6543784**

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

**THE BANK OF NEW YORK MELLON**

**25-6078093**

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

**NISA COLLECTIVE INVESTMENT TRUST**

**88-6547562**

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

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

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**(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)

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 17 50	NONE	306303	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 INVESTMENTS USA, INC.

98-1090818

(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?
28 50	NONE	107469	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)

BANK OF NEW YORK MELLON

13-5160382

(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?
21 50	NONE	53254	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)

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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	51875	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)

EISNERAMPER LLP

87-1363769

(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	37650	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)

BALLARD SPAHR, LLP

1735 MARKET STREET  
PHILADELPHIA, PA 19103-7599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

<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: J DANIEL GANSZ JR	<b>b</b> EIN: 22-2232264
<b>c</b> Position: ENROLLED ACTUARY	
<b>d</b> Address: MSC #17833 AON, PO BOX 7505 FORT WASHINGTON, PA 19034	<b>e</b> Telephone: 610-834-2187

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <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>THE TERUMO RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TERUMO AMERICAS HOLDING INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1112331</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>EB TEMP INV FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-023</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>809846</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HIGH YIELD PLUS CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-007</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>239933</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON GLOBAL REAL ESTATE CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-006</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>647492</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON GLOBAL EQUITY CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-004</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>3716113</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON NON-US EQUITY CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-005</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>2036678</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-002</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>2949303</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON US LONG GOVERNMENT INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-042</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>1821039</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON US INTERMEDIATE GOVERNMENT		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-043	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5212349
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL CAP EQUITY INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-045	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1002171
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-US EQUITY INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-044	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2033568
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON LARGE CAP EQUITY INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-046	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3012584
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CR BD		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-040	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15380985
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI ASSET CREDIT FUND		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-041	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3858410
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON RETURN ENHANCING ALTER		
<b>b</b> Name of sponsor of entity listed in (a): AON INVESTMENTS USA, INC.		
<b>c</b> EIN-PN 98-1419542-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3488671
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-037	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4774696
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY		
<b>b</b> Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
<b>c</b> EIN-PN 88-6547562-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1892346
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY		
<b>b</b> Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST		
<b>c</b> EIN-PN 88-6547562-002	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2378923



**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of  
plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>THE TERUMO RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TERUMO AMERICAS HOLDING INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1112331</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	2217
<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>	57989540
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	62108398	57991757
<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>	33000	34600
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	33000	34600
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	62075398	57957157

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1286251
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1286251

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3932776	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3932776
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	39250	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	159344	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	53254	
(7) Actuarial fees .....	<b>2i(7)</b>	306303	
(8) Legal fees .....	<b>2i(8)</b>	6223	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	907342	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1471716
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		5404492

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-4118241
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **EISNERAMPER LLP**

(2) EIN: **87-1363769**

**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		6000000
<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 560382.

<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>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	--

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>THE TERUMO RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TERUMO AMERICAS HOLDING INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1112331</u>	

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

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

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 75-6398238

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

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

3		3
---	--	---

<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) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<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).....	<b>6c</b>	

**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>	

**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: 25.4 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 50.6 %  
 High-Yield Debt: 7.0 % Real Assets: 9.5 % Cash or Cash Equivalents: 1.4 % Other: 6.1 %

**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 \_\_\_\_\_.

# THE TERUMO RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023  
(with supplemental information)

# THE TERUMO RETIREMENT PLAN

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## **INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator, Participants and Beneficiaries of  
The Terumo Retirement Plan

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

We have performed audits of the financial statements of The Terumo Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (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 each of the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 year then ended December 31, 2024, stating that the certified investment information, as described in Note C 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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 *Auditors’ Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the Plan’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

### ***Auditors’ Responsibilities for the Audit of the Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.



- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 Schedule Required by ERISA*

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

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

*EisnerAmper LLP*

EISNERAMPER LLP  
Iselin, New Jersey  
October 11, 2025

EISNERAMPER  
LLP



# THE TERUMO RETIREMENT PLAN

## Statements of Net Assets Available for Benefits

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments at fair value:		
Common/commingled trust funds	<b>\$ 57,989,540</b>	\$ 59,602,834
Receivable for units issued	-	2,500,000
Interest receivable	<u>2,217</u>	<u>5,564</u>
 Total assets	 <b>57,991,757</b>	 62,108,398
<b>LIABILITIES</b>		
Administrative expense payable	<u>34,600</u>	<u>33,000</u>
 <b>Net assets available for benefits</b>	 <b><u>\$ 57,957,157</u></b>	 <b><u>\$ 62,075,398</u></b>

## THE TERUMO RETIREMENT PLAN

### Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	<u>2024</u>	<u>2023</u>
<b>Additions:</b>		
Investment income:		
Net realized/unrealized appreciation in fair value of investments	\$ 1,218,409	\$ 6,653,645
Interest and dividend income	<u>67,842</u>	<u>299,451</u>
 Total additions	 <u>1,286,251</u>	 <u>6,953,096</u>
 <b>Deductions:</b>		
Benefits paid to participants	3,932,776	19,096,696
Administrative fees	<u>1,471,716</u>	<u>2,257,926</u>
 Total deductions	 <u>5,404,492</u>	 <u>21,354,622</u>
 <b>Net decrease</b>	 <b>4,118,241</b>	 14,401,526
Net assets available for benefits - beginning	<u>62,075,398</u>	<u>76,476,924</u>
 <b>Net assets available for benefits - end</b>	 <b><u>\$ 57,957,157</u></b>	 <b><u>\$ 62,075,398</u></b>

## THE TERUMO RETIREMENT PLAN

### Statement of Accumulated Plan Benefits December 31, 2023

#### Actuarial present value of accumulated plan benefits:

##### Vested benefits:

Participants currently receiving benefits

\$ 39,818,278

Other participants

25,389,453

65,207,731

Nonvested benefits

-

#### Total actuarial present value of accumulated plan benefits

\$ 65,207,731

## THE TERUMO RETIREMENT PLAN

### Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2023

<b>Actuarial present value of accumulated plan benefits - beginning</b>	<b>\$ 74,444,359</b>
Increase (decrease) during the year attributable to:	
Interest accumulation	4,130,228
Benefits paid	(19,096,696)
Change in actuarial assumptions	2,911,038
Other changes and plan experience	<u>2,818,802</u>
 Net decrease	 <u>(9,236,628)</u>
 <b>Actuarial present value of accumulated plan benefits - end</b>	 <b><u><u>\$ 65,207,731</u></u></b>

# THE TERUMO RETIREMENT PLAN

## Notes to Financial Statements December 31, 2024 and 2023

### NOTE A - DESCRIPTION OF PLAN

The following brief description of The Terumo Retirement Plan (the "Plan") is provided for general information purposes only. On December 31, 2015, the Terumo Hourly Retirement Plan and the Terumo Salaried Retirement Plan were merged into one Plan and restated on January 1, 2016. The restated Plan preserves all the rights accrued and not forfeited by participants under the terms of the original plans. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### [1] General:

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Terumo Americas Holding, Inc. (the "Company") who, prior to the Plan being frozen, were age 21 or older and had one year of service (1,000 hours). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The trustee of the Plan is The Bank of New York Mellon/BNY Mellon, N.A., and the actuary is Aon.

The Plan is administered by the Plan Administrative Committee of Terumo Americas Holding, Inc. (the "Committee"). The Committee has overall responsibility for Plan governance and the operation and administration of the Plan. In addition, the Committee determines the appropriateness of the Plan's investments, monitors investment performance and assesses fair value measurements.

Effective December 31, 2009, participation and benefit accruals were frozen under the Plan. A participant that was employed by the Company as of December 31, 2009 with one or more years of service was 100% vested automatically.

#### [2] Pension benefits:

Participants employed as of December 31, 2009 are entitled to annual pension benefits beginning on the first day of the month following the day the employee reaches normal retirement age (65). The Plan also permits early retirement (age 55 and ten years of service), late retirement, disability and death benefits. Upon retirement, employees may elect to receive their benefits as a life annuity or a joint and survivor annuity payable monthly from their retirement date. Participants that have terminated and have a vested benefit of greater than \$1,000 and less than \$5,000 may request a lump-sum distribution. Effective January 1, 2025, participants that have terminated and have a vested benefit of greater than \$1,000 and less than \$7,000 shall be paid in a single lump-sum distribution without the consent of the participant as soon as is practical after the participant's termination. Prior to January 1, 2025, participants that have terminated and have a vested benefit greater than \$5,000 are not permitted to receive a lump-sum distribution. Effective January 1, 2025, if a participant's vested benefit does not exceed \$25,000, the participant may elect to be paid their benefit in a single lump-sum payment.

The pension benefit for participants originally in the Terumo Salaried Retirement Plan is calculated as a percentage of the employee's final average earnings, as defined, and is prorated based upon the employee's credited years of service. This amount is reduced by 50% of the employee's Social Security benefit. In no event will the benefit be less than \$18.00 per month, per year of credited service.

The applicable benefit rate for participants originally in the Terumo Hourly Retirement Plan is based on the wage classification in which a participant was employed on the earlier of the determination date or December 31, 2009, or, if higher, the highest wage classification during any 12 consecutive months of the 120 months immediately preceding the earlier of the participant's termination of employment or December 31, 2009.

## THE TERUMO RETIREMENT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE A - DESCRIPTION OF PLAN (CONTINUED)

##### [3] Death and disability benefits:

If a participant dies before distributions begin, the participant's vested interest will be distributed to the surviving spouse in a monthly amount equal to 50% of the benefit for his or her remaining lifetime. Active employees with at least ten years of vesting service who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the later of the time they terminate or begin receiving disability benefits under the Federal Social Security Act.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### [1] Basis of accounting:

The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

##### [2] Subsequent events:

The Plan has evaluated subsequent events through October 11, 2025, the date the financial statements were available to be issued.

##### [3] 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 assets, liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein. Actual results may differ from those estimates.

##### [4] Investment valuation and income recognition:

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized/unrealized appreciation in fair value of investments include the Plan's gains and losses on investments bought and sold as well as held during the year.

##### [5] Actuarial present value of accumulated plan benefits:

The benefit information presented in the statements of accumulated plan benefits and changes in accumulated plan benefits is as of the beginning of the year. The benefits under the Plan are determined using the Standard Unit Credit Cost Method.

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which 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) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan were calculated as of December 31, 2009, the date benefit accruals were frozen. No further benefit accruals are earned subsequent to that date. Benefits payable under all circumstances including retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

## THE TERUMO RETIREMENT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### [5] Actuarial present value of accumulated plan benefits: (continued)

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

The significant actuarial assumptions used in the valuation as of December 31, 2023 and 2022 were:

- (A) Life expectancy of participants – the PRI-2012 mortality table for employees and annuitants projected generationally from the central year using Scale MP-2021 for 2023 and 2022.
- (B) Interest rate – 5.90% for 2023 and 6.35% for 2022.

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.

The computation of the actuarial present value of accumulated Plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

##### [5] Payment of benefits:

Benefits are recorded when paid.

##### [6] Administrative expenses:

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from the Plan's financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Total administrative expenses paid by the Plan for the years ended December 31, 2024 and 2023 were \$1,471,716 and \$2,257,926, respectively. In addition, certain investment related expenses are included in net realized/unrealized appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

#### NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statements of changes in net assets available for benefits for each of the years then ended, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2024.

## THE TERUMO RETIREMENT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE D - FUNDING POLICY

No contributions are required from any employee under the Plan. The Company pays the full cost of the Plan in such amount as the Committee considers necessary to meet the actuarial requirements of the Plan pursuant to the actuarial calculations under the Standard Unit Credit Cost Method. The minimum funding requirements of ERISA were met for the years ended December 31, 2024 and 2023. The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. There was no minimum required contribution for the year ended December 31, 2024. The Company made no contributions for the Plan years ended December 31, 2024 and 2023.

#### NOTE E - ADJUSTED FUNDING TARGET ATTAINMENT PERCENTAGE ("AFTAP")

The Pension Protection Act (the "Act") included many provisions and numerous revisions to rules surrounding defined benefit plans, including rules that govern Plan funding. The Act established minimum funding standards for defined benefit plans and limited benefit increases and accruals for underfunded plans. Pursuant to the Act, each year the actuaries are required to certify to the Plan's funded percentage. The Plan received such certification for the 2024 Plan year for the AFTAP, which is one way of measuring the funded status of a plan using actuarial assumptions mandated by the Internal Revenue Service ("IRS"), and the actuary determined that the 2024 AFTAP for the Plan is 80.00%.

#### NOTE F - FAIR VALUE MEASUREMENTS

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

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

*Level 2* – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

## THE TERUMO RETIREMENT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE F - FAIR VALUE MEASUREMENTS (CONTINUED)

*Common/commingled trust funds* – Common/commingled trust funds are comprised of shares or units in commingled funds that are not publicly traded. For 2024, ten of the funds invested primarily in domestic and foreign common stock and similar equity instruments; and eight of the funds invested primarily in domestic and foreign high-yield bonds, notes and similar instruments. For these investments there are no unfunded commitments, other restrictions or redemption notice periods other than a 2-day, 15-day or 95-day notice clause for some of these funds. For 2023, nine of the funds invested primarily in domestic and foreign common stock and similar equity instruments; and eight of the funds invested primarily in domestic and foreign high-yield bonds, notes and similar instruments. They are valued at their net asset value (“NAV”), as a practical expedient, that is calculated by the investment manager or sponsor of the fund. For these investments there are no unfunded commitments, other restrictions or redemption notice periods other than a 2-day or 15-day notice clause for some of these funds. All common/commingled trust funds can be redeemed daily.

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

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

#### **Investment Assets at Fair Value as of December 31, 2024**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Common/commingled trust funds (A)	\$ -	\$ -	\$ -	\$ 57,989,540
Total investment assets at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 57,989,540</u>

#### **Investment Assets at Fair Value as of December 31, 2023**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Common/commingled trust funds (A)	\$ -	\$ -	\$ -	\$ 59,602,834
Total investment assets at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 59,602,834</u>

(A) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

#### **Changes in Fair Value Levels**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

## THE TERUMO RETIREMENT PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE G - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (A) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (B) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency), up to the applicable limitations.
- (C) All other vested benefits (that is, vested benefits not insured by the PBGC).

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

#### NOTE H - MUTUAL FUND FEES

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the investment earnings activity, and thus not separately identifiable as an expense.

#### NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such 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 prepared 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 estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

## **THE TERUMO RETIREMENT PLAN**

### **Notes to Financial Statements December 31, 2024 and 2023**

#### **NOTE J - TAX STATUS**

The IRS has determined and informed the Plan by a letter dated November 1, 2017, that the Plan is qualified under the Internal Revenue Code and, therefore, the related trust is exempt from taxation.

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

#### **NOTE K - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

Certain investments are common/commingled trust funds with BNY Mellon, N.A. BNY Mellon, N.A. is the Plan trustee and, therefore, transactions related to these investments qualify as party-in-interest transactions. Fees paid by the Plan to BNY Mellon, N.A. were \$53,254 and \$43,349 for the years ended December 31, 2024 and 2023, respectively. The amounts of \$511,120 and \$530,829 were paid by the Plan to other parties-in-interest for actuarial services, investment advisory services and audit services for the years ended December 31, 2024 and 2023, respectively. The remaining amount paid was for PBGC fees. All expenses are allowable by the Plan.

## THE TERUMO RETIREMENT PLAN

Employer Identification No. 34-1112331, Plan No. 001  
 Schedule H, Part IV, Line 4(i) of Form 5500  
 Schedule of Assets (Held at End of Year)  
 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
<b>Common/commingled trust funds:</b>				
* BNY Mellon	EB TEMP INV FD	\$ 809,846	\$ 809,846	
* Aon	AON HIGH YIELD PLUS CL I	187,345	239,933	
* Aon	AON GLOBAL REAL ESTATE CL I	530,969	647,492	
* Aon	AON GLOBAL EQUITY CL I	2,665,591	3,716,113	
* Aon	AON NON-US EQUITY CL I	1,606,085	2,036,678	
* Aon	AON LARGE CAP EQUITY CL I	1,790,204	2,949,303	
* Aon	AON US LONG GOVERNMENT INDEX	1,895,101	1,821,039	
* Aon	AON US INTERMEDIATE GOVERNMENT	5,174,277	5,212,349	
* Aon	AON SMALL CAP EQUITY INDEX	671,751	1,002,171	
* Aon	AON NON-US EQUITY INDEX	1,542,549	2,033,568	
* Aon	AON LARGE CAP EQUITY INDEX	1,863,820	3,012,584	
* Aon	AON CORE REAL ESTATE	5,370,687	4,774,696	
* Aon	AON LONG CR BD	14,168,925	15,380,985	
* Aon	AON MULTI ASSET CREDIT FUND	3,060,942	3,858,410	
* Aon	AON RETURN ENHANCING ALTER POR	3,057,280	3,488,671	
* Aon	AON ENHANCED LIABILITY DRIVEN INVESTING FUND	2,500,000	2,734,433	
NISA	NISA ULTRA MID TREASURY CIF	2,039,790	1,892,346	
NISA	NISA ULTRA LONG TREASURY CIF	\$ 2,462,358	<u>2,378,923</u>	
			<u>\$ 57,989,540</u>	

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

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 The Terumo Retirement Plan  
 EIN: 34-1112331 PN: 001

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

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	3	23 \$55	6							
40-44	4	21 \$94	11	3						
45-49	1	36 \$180	14	11	1					
50-54	4	52 \$183	24 \$271	16	5	1				
55-59	2	52 \$128	20 \$363	9	7	18	1			
60-64	3	52 \$148	25 \$252	8	6	13	4	1		
65-69	3	31 \$125	14	2	2	2	2			
70+		9	4			1				

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
The Terumo Retirement Plan  
EIN: 34-1112331 PN: 001

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

For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Optional Payment Form Election Percentage (Salaried Participants)</b>	Life annuity: 60% Joint and 50% survivor annuity: 10% Joint and 75% survivor annuity: 5% Joint and 100% survivor annuity: 25%
<b>Optional Payment Form Election Percentage (Hourly Participants)</b>	Life annuity: 60% Joint and 50% survivor annuity: 15% Joint and 100% survivor annuity: 25%
<b>Optional Payment Form Conversion Interest Rate</b>	6.00%
<b>Optional Payment Form Conversion Mortality (Salaried Participants)</b>	1971 GAM Male Table with a two year setback for participants and a four year setback for beneficiaries
<b>Optional Payment Form Conversion Mortality (Hourly Participants)</b>	1971 GAM Male Table with a five year setback for both participants and beneficiaries
<b>Retirement Age</b>	
Active Participants	See Tables 1
Terminated Vested Participants	See Tables 2
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
<b>Withdrawal Rates</b>	See Tables 3

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

EIN: 34-1112331 PN: 001

**Disability Rates  
(Salaried Participants)**

1987 Commissioner's GLTD table for a six-month waiting period, adjusted to exclude terminations from disability within the first 24 months, adjusted to 80% of incidence.

**Disability Rates  
(Hourly Participants)**

1987 Commissioner's GLTD table for a six-month waiting period, adjusted to exclude terminations from disability within the first 24 months, adjusted to 140% of incidence.

**Decrement Timing**

Beginning of year decrements

**Surviving Spouse Benefit**

It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

**Benefit Limits**

Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

**Valuation of Plan Assets**

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.

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).

**Expected Return on Assets**

2022 Plan Year

4.70%

2023 Plan Year

7.05%, limited to 5.74%

2024 Plan Year

5.90%, limited to 5.59%

**Trust Expenses Included in Target Normal Cost**

Set equal to prior calendar year non-PBGC administrative expenses plus current year anticipated PBGC premiums.

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 The Terumo Retirement Plan  
 EIN: 34-1112331 PN: 001

Table 1

**Retirement Rates – Active Participants (Salaried)**

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	10.00%
65	40.00%
66	40.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
The Terumo Retirement Plan  
EIN: 34-1112331 PN: 001

Table 1 (continued)

**Retirement Rates - Active Participants (Hourly)**

<b>Age</b>	<b>Rate</b>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	5.00%
63	5.00%
64	5.00%
65	25.00%
66	25.00%
67	25.00%
68	15.00%
69	15.00%
70+	100.00%

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
 The Terumo Retirement Plan  
 EIN: 34-1112331 PN: 001

Table 2

**Retirement Rates – Terminated Vested Participants (Salaried)**

Age	Rate
60	5.00%
61	5.00%
62	10.00%
63	10.00%
64	10.00%
65+	100.00%

**Retirement Rates – Terminated Vested Participants (Hourly)**

Age	Rate
60	5.00%
61	5.00%
62	15.00%
63	15.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
The Terumo Retirement Plan  
EIN: 34-1112331 PN: 001

Table 3

Withdrawal Rates (Salaried)

Age	Rate
25	14.30%
26	13.60%
27	12.80%
28	12.10%
29	11.50%
30	10.80%
31	10.20%
32	9.60%
33	9.00%
34	8.50%
35	7.90%
36	7.40%
37	6.90%
38	6.50%
39	6.00%
40+	6.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
The Terumo Retirement Plan  
EIN: 34-1112331 PN: 001

Table 3 (continued)

Withdrawal Rates (Hourly)

Age	Rate
25	10.45%
26	9.90%
27	9.08%
28	8.53%
29	7.98%
30	7.70%
31	7.15%
32	6.60%
33	6.05%
34	5.78%
35	5.23%
36	4.95%
37	4.68%
38	4.40%
39	4.13%
40	3.85%
41	3.58%
42	3.30%
43	3.30%
44	3.03%
45	3.03%
46	2.75%
47	2.75%
48	2.75%
49	2.75%
50+	2.75%

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

This Form is Open to Public Inspection

**Part I Annual Report Identification Information**

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


- A** This return/report is for:
  - a multiemployer plan
  - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - a single-employer plan
  - a DFE (specify) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ....
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan THE TERUMO RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001 <b>1c</b> Effective date of plan 01/01/1977
<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)  TERUMO AMERICAS HOLDING INC.  265 DAVIDSON AVENUE SUITE 320 SOMERSET NJ 08873	<b>2b</b> Employer Identification Number (EIN) 34-1112331 <b>2c</b> Plan Sponsor's telephone number 732-302-4900 <b>2d</b> Business code (see instructions) 339110

**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.

<b>SIGN HERE</b>		10/13/25	JANET HELLWIG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
<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>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">1,666</td> </tr> </table>	<b>5</b>	1,666																		
<b>5</b>	1,666																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <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>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>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">527</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">459</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">675</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">464</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">1,598</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">52</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">1,650</td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6a(1)</b>	527	<b>6a(2)</b>	459	<b>6b</b>	675	<b>6c</b>	464	<b>6d</b>	1,598	<b>6e</b>	52	<b>6f</b>	1,650	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	0
<b>6a(1)</b>	527																				
<b>6a(2)</b>	459																				
<b>6b</b>	675																				
<b>6c</b>	464																				
<b>6d</b>	1,598																				
<b>6e</b>	52																				
<b>6f</b>	1,650																				
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	0																				
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td></td> </tr> </table>	<b>7</b>																			
<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:  
 1A 1I 3H

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

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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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.

---

**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 \_\_\_\_\_

---

<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>	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 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 THE TERUMO RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TERUMO AMERICAS HOLDING INC.	<b>D</b> Employer Identification Number (EIN) 34-1112331	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
a Market value .....	<b>2a</b>		61,235,957
b Actuarial value .....	<b>2b</b>		67,359,552
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment .....	694	42,304,461	42,304,461
b For terminated vested participants .....	445	13,209,789	13,209,789
c For active participants .....	527	14,449,525	14,449,525
d Total .....	1,666	69,963,775	69,963,775
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....			
a Funding target disregarding prescribed at-risk assumptions .....	<b>4a</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			
a Present value of current plan year accruals .....	<b>6a</b>		0
b Expected plan-related expenses .....	<b>6b</b>		1,160,000
c Target normal cost .....	<b>6c</b>		1,160,000

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<u>10/7/2025</u>
	Signature of actuary	Date
	Mona Auji	2308935
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	610-230-0849
	Firm name	Telephone number (including area code)
	MSC #17833 Aon, PO Box 7505 Fort Washington PA 19034	
	Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2024 v. 240311

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		<b>(a) Carryover balance</b>	<b>(b) Prefunding balance</b>
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	15,157,001
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	2,319,052
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	12,837,949
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.96%</u> .....	0	1,021,901
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	2,471,318
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	11,388,532

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	80.00 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	80.00 %
<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>	82.23 %
<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</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
<b>(a) Date</b> (MM-DD-YYYY)	<b>(b) Amount paid by</b> employer(s)	<b>(c) Amount paid by</b> employees	<b>(a) Date</b> (MM-DD-YYYY)	<b>(b) Amount paid by</b> employer(s)	<b>(c) Amount paid by</b> employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			<b>21b</b> 4
22 Weighted average retirement age .....			<b>22</b> 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			<b>31a</b> 1,160,000
b Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment .....	13,992,755		1,336,903
b Waiver amortization installment .....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			<b>34</b> 2,496,903
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement .....	0	2,496,903	2,496,903
36 Additional cash requirement (line 34 minus line 35).....			<b>36</b> 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			<b>38a</b> 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
40 Unpaid minimum required contributions for all years .....			<b>40</b> 0

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

Schedule SB Attachment (Form 5500) —2024 Plan Year

The Terumo Retirement Plan

EIN: 34-1112331 PN: 001

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 beginning of year.

Salaried Division

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	15.00%	0.6268	5.83
63	15.00%	0.5327	5.03
64	10.00%	0.4528	2.90
65	40.00%	0.4076	10.60
66	40.00%	0.2445	6.46
67	25.00%	0.1467	2.46
68	25.00%	0.1100	1.87
69	25.00%	0.0825	1.42
70	100.00%	0.0619	4.33
Weighted Average			62.66
Number of Employees			238
Weighted Average Retirement			14913.08

Schedule SB Attachment (Form 5500) —2024 Plan Year  
The Terumo Retirement Plan  
EIN: 34-1112331 PN: 001

## 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 beginning of year.

Hourly Division

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	5.00%	0.7738	2.32
61	5.00%	0.7351	2.24
62	5.00%	0.6983	2.16
63	5.00%	0.6634	2.09
64	5.00%	0.6302	2.02
65	25.00%	0.5987	9.73
66	25.00%	0.4491	7.41
67	25.00%	0.3368	5.64
68	15.00%	0.2526	2.58
69	15.00%	0.2147	2.22
70	100.00%	0.1825	12.77
Weighted Average			64.05
Number of Employees			289
Weighted Average Retirement			18510.45
<b>Total Plan Weighted Average Retirement Age:</b>			<b>63.42</b>
$(14,913.08+18,510.45) / (238+289)$			

Schedule SB Attachment (Form 5500) — 2024 Plan Year  
 The Terumo Retirement Plan  
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Schedule SB, Part V — Statement of Actuarial  
 Assumptions/Methods

For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Optional Payment Form Election Percentage (Salaried Participants)</b>	Life annuity: 60% Joint and 50% survivor annuity: 10% Joint and 75% survivor annuity: 5% Joint and 100% survivor annuity: 25%
<b>Optional Payment Form Election Percentage (Hourly Participants)</b>	Life annuity: 60% Joint and 50% survivor annuity: 15% Joint and 100% survivor annuity: 25%
<b>Optional Payment Form Conversion Interest Rate</b>	6.00%
<b>Optional Payment Form Conversion Mortality (Salaried Participants)</b>	1971 GAM Male Table with a two year setback for participants and a four year setback for beneficiaries
<b>Optional Payment Form Conversion Mortality (Hourly Participants)</b>	1971 GAM Male Table with a five year setback for both participants and beneficiaries
<b>Retirement Age</b>	
Active Participants	See Tables 1
Terminated Vested Participants	See Tables 2
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
<b>Withdrawal Rates</b>	See Tables 3

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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**Disability Rates  
(Salaried Participants)**

1987 Commissioner's GLTD table for a six-month waiting period, adjusted to exclude terminations from disability within the first 24 months, adjusted to 80% of incidence.

**Disability Rates  
(Hourly Participants)**

1987 Commissioner's GLTD table for a six-month waiting period, adjusted to exclude terminations from disability within the first 24 months, adjusted to 140% of incidence.

**Decrement Timing**

Beginning of year decrements

**Surviving Spouse Benefit**

It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

**Benefit Limits**

Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

**Valuation of Plan Assets**

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.

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).

**Expected Return on Assets**

2022 Plan Year

4.70%

2023 Plan Year

7.05%, limited to 5.74%

2024 Plan Year

5.90%, limited to 5.59%

**Trust Expenses Included in Target Normal Cost**

Set equal to prior calendar year non-PBGC administrative expenses plus current year anticipated PBGC premiums.

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

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Table 1

**Retirement Rates – Active Participants (Salaried)**

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	10.00%
65	40.00%
66	40.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

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Table 1 (continued)

**Retirement Rates – Active Participants (Hourly)**

<b>Age</b>	<b>Rate</b>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	5.00%
63	5.00%
64	5.00%
65	25.00%
66	25.00%
67	25.00%
68	15.00%
69	15.00%
70+	100.00%

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Table 2

**Retirement Rates – Terminated Vested Participants (Salaried)**

Age	Rate
60	5.00%
61	5.00%
62	10.00%
63	10.00%
64	10.00%
65+	100.00%

**Retirement Rates – Terminated Vested Participants (Hourly)**

Age	Rate
60	5.00%
61	5.00%
62	15.00%
63	15.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
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Table 3

Withdrawal Rates (Salaried)

Age	Rate
25	14.30%
26	13.60%
27	12.80%
28	12.10%
29	11.50%
30	10.80%
31	10.20%
32	9.60%
33	9.00%
34	8.50%
35	7.90%
36	7.40%
37	6.90%
38	6.50%
39	6.00%
40+	6.00%

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Table 3 (continued)

Withdrawal Rates (Hourly)

Age	Rate
25	10.45%
26	9.90%
27	9.08%
28	8.53%
29	7.98%
30	7.70%
31	7.15%
32	6.60%
33	6.05%
34	5.78%
35	5.23%
36	4.95%
37	4.68%
38	4.40%
39	4.13%
40	3.85%
41	3.58%
42	3.30%
43	3.30%
44	3.03%
45	3.03%
46	2.75%
47	2.75%
48	2.75%
49	2.75%
50+	2.75%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
The Terumo Retirement Plan  
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## Schedule SB, Part V — Summary of Plan Provisions

<b>General</b>	Effective December 31, 2015, the Terumo Hourly Retirement Plan merged into the Terumo Salaried Retirement Plan. The merged plan was renamed The Terumo Retirement Plan
<b>Plan Amendment</b>	Most recent amendment effective November 1, 2023
<b>Plan Year</b>	Calendar year
<b>For Salaried Participants</b>	
<b>Effective Date</b>	January 1, 1977.
<b>Eligibility for Membership</b>	Salaried employees become participants on the first day of the month following age 21 and completion of one year of service.
<b>Earnings</b>	Total pay for the plan year including bonuses, overtime, commissions, and salary deferrals but excluding expense reimbursement, moving allowances and income resulting from stock option or stock purchase plans.
<b>Final Average Earnings</b>	Average of the highest five consecutive calendar years of earnings out of the last 10 years for employees hired after December 31, 1993. For employees hired prior to January 1, 1994, the average of the highest five consecutive calendar years of earnings out of the last 15 years.
<b>Social Security Benefit</b>	The primary insurance benefit expected to be payable to the participant at age 65. For retirement benefits, zero future earnings are assumed. For vested benefits, level future earnings are assumed.
<b>Vesting Service</b>	One year for each plan year during which 1,000 hours of service are completed. Vesting service prior to age 18 is excluded. Hours of service include service with the employer or an affiliate.
<b>Credited Service</b>	One year for each plan year during which 1,000 hours of service are completed. TCVS employees receive service from acquisition (July 1, 1999).
<b>Accrued Benefit</b>	Benefit calculated using the normal retirement formula, based on final average earnings at termination and projected years of credited service at normal retirement, multiplied by the ratio of actual credited service at termination to projected credited service at normal

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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retirement. Service for purpose of this ratio is limited to 35 years.

Effective December 31, 2009, the plan is frozen. No further benefits shall accrue under the plan for periods of service on or after January 1, 2010.

### Normal Retirement

Eligibility

Age 65.

Annual Benefit

Greater of (1) or (2) minus (3):

- (1) 47.5% of final average earnings minus 50.0% of Social Security benefit, prorated over 35 years of credited service, plus 0.333% of final average earnings times credited service in excess of 35 years.
- (2) \$18 per month times years of credited service.
- (3) Monthly annuity provided by the Ownes-Illinois or E.I. du Pont de Nemours retirement plans.

### Late Retirement

Eligibility

Employment beyond age 65.

Annual Benefit

Benefit calculated using earnings and service to actual retirement date.

### Early Retirement

Eligibility

Age 55, 10 years of vesting service.

Annual Benefit

Accrued benefit payable at normal retirement. Benefit reduced for early commencement (5% per year).

### Disability Retirement

Eligibility

Ten years vesting service.

Annual Benefit

Accrued benefit, payable at time of disability.

### Vested Benefit

Eligibility

Five years of vesting service.

Annual Amount

Accrued benefit payable at normal retirement. Reduced benefits available after age 55, if eligible.

### Spouse's Benefit

Eligibility

Five years of vesting service, married one year at time of death.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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Annual Amount

Benefit that would have been payable to the surviving spouse if the employee had retired with a vested benefit immediately prior to death and had elected a 50% joint and survivor option. The benefit to the spouse cannot begin before the date the participant would have been eligible for early retirement. This benefit is automatic for active and currently vested members.

### **Normal Form of Benefit**

Married Members

Actuarial equivalent of a life annuity in the form of a 50% joint and survivor annuity.

Single Members

Life annuity.

Optional Forms of Benefit

Life annuity.  
50% joint and survivor annuity.  
75% joint and survivor annuity.  
100% joint and survivor annuity.

### **Optional Payment Form Conversion Basis**

1971 GAM male table with a two year setback for participants and a four year setback for beneficiaries, and an interest rate of 6%.

### **Spouse's Benefit**

Eligibility

Five years of vesting service, married one year at time of death.

Annual Amount

Benefit that would have been payable to the surviving spouse if the employee had retired with a vested benefit immediately prior to death and had elected a 50% joint and survivor option. The benefit to the spouse cannot begin before the date the participant would have been eligible for early retirement. This benefit is automatic for active and currently vested members.

### **Normal Form of Benefit**

Married Members

Actuarial equivalent of a life annuity in the form of a 50% joint and survivor annuity.

Single Members

Life annuity.

Optional Forms of Benefit

Life annuity.  
50% joint and survivor annuity.  
75% joint and survivor annuity.  
100% joint and survivor annuity.

### **Optional Payment Form Conversion Basis**

1971 GAM male table with a two year setback for participants and a four year setback for beneficiaries, and an interest rate of 6%.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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### For Hourly Participants

<b>Effective Date</b>	January 1, 1989.
<b>Plan Year</b>	January 1 to December 31.
<b>Eligibility for Membership</b>	Any hourly employee of Terumo Medical Corporation becomes a participant upon the attainment of age 21 and one year of service.
<b>Continuous Service</b>	All employment with the company unless disregarded due to break-in-service rules.
<b>Credited Service</b>	One year of service for each plan year in which the employee is credited with at least 1,000 hours of service. TCVS employees receive service from acquisition. Credited service has been frozen effective December 31, 2009.
<b>Accrued Benefit</b>	Depending on wage class, a monthly benefit equal to a multiplier times years of credited service:

<b>Wage Class</b>	<b>Multiplier</b>
A	\$10
B	\$12
C	\$14
D	\$16

Effective December 31, 2009, the plan is frozen. No further benefits shall accrue under the plan for periods of service on or after January 1, 2010.

### Eligibility for Benefits

Normal Retirement	Age 65.
Early Retirement	Age 55 and 10 years of vesting service.
Vested	Five years of vesting service after age 21.
Disability	Ten years of vesting service.
Spouse's Benefit	Five years of vesting service.

### Amount of Benefit

Normal Retirement	Accrued benefit at age 65.
Early Retirement	Normal retirement benefit reduced by 5% per year for each year that benefit commencement precedes normal retirement date.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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### **Deferred Vested**

Accrued benefit payable at normal retirement. Participants may also elect to receive the accrued benefit payable at an early retirement date, reduced as for early retirement.

### **Disability**

Normal retirement benefit payable immediately based on credited service and final average earnings at date of disability.

### **Spouse's Benefit**

Surviving spouse receives 50% of the benefit the member would have received upon early retirement if the 50% contingent annuity were elected. Benefits commence at the later of the date the member would have been eligible for early retirement or the month following the member's death.

### **Optional Forms of Benefit**

Life annuity.

50% contingent annuity.

75% contingent annuity.

100% contingent annuity.

### **Optional Payment Form Conversion Basis**

1971 GAM male table with a five year setback for both participants and beneficiaries, and an interest rate of 6%.

## Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change:

The Terumo Retirement Plan was amended to offer terminated vested participants as of June 30, 2023, a one-time opportunity to take their benefit as a lump-sum. Terminated vested participants were offered the lump sum window beginning on or around September 11, 2023, and ending on or around October 1, 2023, with lump sum payouts taking place during December 2023. The 598 participants that elected the lump sum have been excluded from the results as of January 1, 2024. The Plan was also amended to increase the Required Beginning Date from age 70 ½ to age 72 for those attaining 70 ½ after December 31, 2019.

## 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.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed from J Daniel Gansz Jr. (EA #06121) to Mona Auji (EA #08935).

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 expected return on asset assumption from 7.05 % to 5.90%.
- A change in the assumed trust expenses from total prior calendar year administrative expenses to prior calendar year non-PBGC administrative expenses plus current year anticipated PBGC premiums.

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 and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	3	23 \$55	6							
40-44	4	21 \$94	11	3						
45-49	1	36 \$180	14	11	1					
50-54	4	52 \$183	24 \$271	16	5	1				
55-59	2	52 \$128	20 \$363	9	7	18	1			
60-64	3	52 \$148	25 \$252	8	6	13	4	1		
65-69	3	31 \$125	14	2	2	2	2			
70+		9	4			1				

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Schedule SB Attachment (Form 5500) –2024 Plan Year

The Terumo Retirement Plan

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	170,032	82,925	3,812,243	4,065,200
2025	306,349	198,950	3,751,241	4,256,540
2026	425,006	350,753	3,684,735	4,460,494
2027	548,874	420,222	3,612,365	4,581,461
2028	669,481	505,383	3,533,803	4,708,667
2029	762,616	570,493	3,448,758	4,781,867
2030	846,833	665,382	3,356,985	4,869,200
2031	920,220	756,457	3,258,297	4,934,974
2032	981,404	827,971	3,152,574	4,961,949
2033	1,036,853	877,263	3,039,790	4,953,906
2034	1,083,565	937,555	2,920,048	4,941,168
2035	1,123,357	1,011,472	2,793,597	4,928,426
2036	1,150,899	1,042,061	2,660,844	4,853,804
2037	1,177,010	1,056,829	2,522,364	4,756,203
2038	1,197,130	1,082,791	2,378,917	4,658,838
2039	1,206,547	1,116,533	2,231,430	4,554,510
2040	1,206,775	1,130,804	2,080,956	4,418,535
2041	1,212,441	1,141,855	1,928,652	4,282,948
2042	1,202,927	1,154,636	1,775,742	4,133,305
2043	1,191,756	1,167,869	1,623,482	3,983,107
2044	1,170,760	1,168,766	1,473,155	3,812,681
2045	1,143,617	1,169,747	1,326,025	3,639,389
2046	1,113,104	1,147,420	1,183,329	3,443,853
2047	1,077,062	1,123,704	1,046,278	3,247,044
2048	1,036,436	1,095,762	916,040	3,048,238
2049	993,820	1,059,651	793,728	2,847,199
2050	951,000	1,019,310	680,326	2,650,636
2051	902,640	976,517	576,599	2,455,756
2052	852,320	929,903	483,057	2,265,280
2053	800,243	881,435	399,930	2,081,608
2054	746,703	831,473	327,158	1,905,334
2055	692,849	780,443	264,417	1,737,709
2056	638,514	728,810	211,148	1,578,472
2057	584,880	677,066	166,605	1,428,551
2058	532,328	625,694	129,926	1,287,948

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	481,433	575,151	100,179	1,156,763
2060	432,587	525,876	76,417	1,034,880
2061	386,182	478,261	57,713	922,156
2062	342,502	432,631	43,194	818,327
2063	301,759	389,240	32,068	723,067
2064	264,089	348,283	23,641	636,013
2065	229,560	309,890	17,326	556,776
2066	198,177	274,125	12,636	484,938
2067	169,892	241,002	9,180	420,074
2068	144,611	210,495	6,647	361,753
2069	122,205	182,557	4,798	309,560
2070	102,517	157,127	3,453	263,097
2071	85,364	134,134	2,476	221,974
2072	70,547	113,491	1,767	185,805
2073	57,860	95,105	1,254	154,219

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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 14,305,588	January 1, 2023	14	\$ 1,365,365
Shortfall	\$ (312,833)	January 1, 2024	15	\$ (28,462)

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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 beginning of year.

Salaried Division

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	15.00%	0.6268	5.83
63	15.00%	0.5327	5.03
64	10.00%	0.4528	2.90
65	40.00%	0.4076	10.60
66	40.00%	0.2445	6.46
67	25.00%	0.1467	2.46
68	25.00%	0.1100	1.87
69	25.00%	0.0825	1.42
70	100.00%	0.0619	4.33
Weighted Average			62.66
Number of Employees			238
Weighted Average Retirement			14913.08

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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 beginning of year.

Hourly Division

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	5.00%	0.7738	2.32
61	5.00%	0.7351	2.24
62	5.00%	0.6983	2.16
63	5.00%	0.6634	2.09
64	5.00%	0.6302	2.02
65	25.00%	0.5987	9.73
66	25.00%	0.4491	7.41
67	25.00%	0.3368	5.64
68	15.00%	0.2526	2.58
69	15.00%	0.2147	2.22
70	100.00%	0.1825	12.77
Weighted Average			64.05
Number of Employees			289
Weighted Average Retirement			18510.45
<b>Total Plan Weighted Average Retirement Age:</b>			<b>63.42</b>
$(14,913.08+18,510.45) / (238+289)$			

Schedule SB Attachment (Form 5500) –2024 Plan Year

The Terumo Retirement Plan

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	170,032	82,925	3,812,243	4,065,200
2025	306,349	198,950	3,751,241	4,256,540
2026	425,006	350,753	3,684,735	4,460,494
2027	548,874	420,222	3,612,365	4,581,461
2028	669,481	505,383	3,533,803	4,708,667
2029	762,616	570,493	3,448,758	4,781,867
2030	846,833	665,382	3,356,985	4,869,200
2031	920,220	756,457	3,258,297	4,934,974
2032	981,404	827,971	3,152,574	4,961,949
2033	1,036,853	877,263	3,039,790	4,953,906
2034	1,083,565	937,555	2,920,048	4,941,168
2035	1,123,357	1,011,472	2,793,597	4,928,426
2036	1,150,899	1,042,061	2,660,844	4,853,804
2037	1,177,010	1,056,829	2,522,364	4,756,203
2038	1,197,130	1,082,791	2,378,917	4,658,838
2039	1,206,547	1,116,533	2,231,430	4,554,510
2040	1,206,775	1,130,804	2,080,956	4,418,535
2041	1,212,441	1,141,855	1,928,652	4,282,948
2042	1,202,927	1,154,636	1,775,742	4,133,305
2043	1,191,756	1,167,869	1,623,482	3,983,107
2044	1,170,760	1,168,766	1,473,155	3,812,681
2045	1,143,617	1,169,747	1,326,025	3,639,389
2046	1,113,104	1,147,420	1,183,329	3,443,853
2047	1,077,062	1,123,704	1,046,278	3,247,044
2048	1,036,436	1,095,762	916,040	3,048,238
2049	993,820	1,059,651	793,728	2,847,199
2050	951,000	1,019,310	680,326	2,650,636
2051	902,640	976,517	576,599	2,455,756
2052	852,320	929,903	483,057	2,265,280
2053	800,243	881,435	399,930	2,081,608
2054	746,703	831,473	327,158	1,905,334
2055	692,849	780,443	264,417	1,737,709
2056	638,514	728,810	211,148	1,578,472
2057	584,880	677,066	166,605	1,428,551
2058	532,328	625,694	129,926	1,287,948

Schedule SB Attachment (Form 5500) –2024 Plan Year

The Terumo Retirement Plan

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	481,433	575,151	100,179	1,156,763
2060	432,587	525,876	76,417	1,034,880
2061	386,182	478,261	57,713	922,156
2062	342,502	432,631	43,194	818,327
2063	301,759	389,240	32,068	723,067
2064	264,089	348,283	23,641	636,013
2065	229,560	309,890	17,326	556,776
2066	198,177	274,125	12,636	484,938
2067	169,892	241,002	9,180	420,074
2068	144,611	210,495	6,647	361,753
2069	122,205	182,557	4,798	309,560
2070	102,517	157,127	3,453	263,097
2071	85,364	134,134	2,476	221,974
2072	70,547	113,491	1,767	185,805
2073	57,860	95,105	1,254	154,219

Schedule SB Attachment (Form 5500) —2024 Plan Year  
The Terumo Retirement Plan  
EIN: 34-1112331 PN: 001

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

<b>General</b>	Effective December 31, 2015, the Terumo Hourly Retirement Plan merged into the Terumo Salaried Retirement Plan. The merged plan was renamed The Terumo Retirement Plan
<b>Plan Amendment</b>	Most recent amendment effective November 1, 2023
<b>Plan Year</b>	Calendar year
<b>For Salaried Participants</b>	
<b>Effective Date</b>	January 1, 1977.
<b>Eligibility for Membership</b>	Salaried employees become participants on the first day of the month following age 21 and completion of one year of service.
<b>Earnings</b>	Total pay for the plan year including bonuses, overtime, commissions, and salary deferrals but excluding expense reimbursement, moving allowances and income resulting from stock option or stock purchase plans.
<b>Final Average Earnings</b>	Average of the highest five consecutive calendar years of earnings out of the last 10 years for employees hired after December 31, 1993. For employees hired prior to January 1, 1994, the average of the highest five consecutive calendar years of earnings out of the last 15 years.
<b>Social Security Benefit</b>	The primary insurance benefit expected to be payable to the participant at age 65. For retirement benefits, zero future earnings are assumed. For vested benefits, level future earnings are assumed.
<b>Vesting Service</b>	One year for each plan year during which 1,000 hours of service are completed. Vesting service prior to age 18 is excluded. Hours of service include service with the employer or an affiliate.
<b>Credited Service</b>	One year for each plan year during which 1,000 hours of service are completed. TCVS employees receive service from acquisition (July 1, 1999).
<b>Accrued Benefit</b>	Benefit calculated using the normal retirement formula, based on final average earnings at termination and projected years of credited service at normal retirement, multiplied by the ratio of actual credited service at termination to projected credited service at normal

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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retirement. Service for purpose of this ratio is limited to 35 years.

Effective December 31, 2009, the plan is frozen. No further benefits shall accrue under the plan for periods of service on or after January 1, 2010.

### Normal Retirement

Eligibility

Age 65.

Annual Benefit

Greater of (1) or (2) minus (3):

- (1) 47.5% of final average earnings minus 50.0% of Social Security benefit, prorated over 35 years of credited service, plus 0.333% of final average earnings times credited service in excess of 35 years.
- (2) \$18 per month times years of credited service.
- (3) Monthly annuity provided by the Ownes-Illinois or E.I. du Pont de Nemours retirement plans.

### Late Retirement

Eligibility

Employment beyond age 65.

Annual Benefit

Benefit calculated using earnings and service to actual retirement date.

### Early Retirement

Eligibility

Age 55, 10 years of vesting service.

Annual Benefit

Accrued benefit payable at normal retirement. Benefit reduced for early commencement (5% per year).

### Disability Retirement

Eligibility

Ten years vesting service.

Annual Benefit

Accrued benefit, payable at time of disability.

### Vested Benefit

Eligibility

Five years of vesting service.

Annual Amount

Accrued benefit payable at normal retirement. Reduced benefits available after age 55, if eligible.

### Spouse's Benefit

Eligibility

Five years of vesting service, married one year at time of death.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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Annual Amount

Benefit that would have been payable to the surviving spouse if the employee had retired with a vested benefit immediately prior to death and had elected a 50% joint and survivor option. The benefit to the spouse cannot begin before the date the participant would have been eligible for early retirement. This benefit is automatic for active and currently vested members.

### **Normal Form of Benefit**

Married Members

Actuarial equivalent of a life annuity in the form of a 50% joint and survivor annuity.

Single Members

Life annuity.

Optional Forms of Benefit

Life annuity.  
50% joint and survivor annuity.  
75% joint and survivor annuity.  
100% joint and survivor annuity.

### **Optional Payment Form Conversion Basis**

1971 GAM male table with a two year setback for participants and a four year setback for beneficiaries, and an interest rate of 6%.

### **Spouse's Benefit**

Eligibility

Five years of vesting service, married one year at time of death.

Annual Amount

Benefit that would have been payable to the surviving spouse if the employee had retired with a vested benefit immediately prior to death and had elected a 50% joint and survivor option. The benefit to the spouse cannot begin before the date the participant would have been eligible for early retirement. This benefit is automatic for active and currently vested members.

### **Normal Form of Benefit**

Married Members

Actuarial equivalent of a life annuity in the form of a 50% joint and survivor annuity.

Single Members

Life annuity.

Optional Forms of Benefit

Life annuity.  
50% joint and survivor annuity.  
75% joint and survivor annuity.  
100% joint and survivor annuity.

### **Optional Payment Form Conversion Basis**

1971 GAM male table with a two year setback for participants and a four year setback for beneficiaries, and an interest rate of 6%.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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### For Hourly Participants

<b>Effective Date</b>	January 1, 1989.
<b>Plan Year</b>	January 1 to December 31.
<b>Eligibility for Membership</b>	Any hourly employee of Terumo Medical Corporation becomes a participant upon the attainment of age 21 and one year of service.
<b>Continuous Service</b>	All employment with the company unless disregarded due to break-in-service rules.
<b>Credited Service</b>	One year of service for each plan year in which the employee is credited with at least 1,000 hours of service. TCVS employees receive service from acquisition. Credited service has been frozen effective December 31, 2009.
<b>Accrued Benefit</b>	Depending on wage class, a monthly benefit equal to a multiplier times years of credited service:

<b>Wage Class</b>	<b>Multiplier</b>
A	\$10
B	\$12
C	\$14
D	\$16

Effective December 31, 2009, the plan is frozen. No further benefits shall accrue under the plan for periods of service on or after January 1, 2010.

### Eligibility for Benefits

Normal Retirement	Age 65.
Early Retirement	Age 55 and 10 years of vesting service.
Vested	Five years of vesting service after age 21.
Disability	Ten years of vesting service.
Spouse's Benefit	Five years of vesting service.

### Amount of Benefit

Normal Retirement	Accrued benefit at age 65.
Early Retirement	Normal retirement benefit reduced by 5% per year for each year that benefit commencement precedes normal retirement date.

# Schedule SB Attachment (Form 5500) —2024 Plan Year

## The Terumo Retirement Plan

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### **Deferred Vested**

Accrued benefit payable at normal retirement. Participants may also elect to receive the accrued benefit payable at an early retirement date, reduced as for early retirement.

### **Disability**

Normal retirement benefit payable immediately based on credited service and final average earnings at date of disability.

### **Spouse's Benefit**

Surviving spouse receives 50% of the benefit the member would have received upon early retirement if the 50% contingent annuity were elected. Benefits commence at the later of the date the member would have been eligible for early retirement or the month following the member's death.

### **Optional Forms of Benefit**

Life annuity.

50% contingent annuity.

75% contingent annuity.

100% contingent annuity.

### **Optional Payment Form Conversion Basis**

1971 GAM male table with a five year setback for both participants and beneficiaries, and an interest rate of 6%.

## Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change:

The Terumo Retirement Plan was amended to offer terminated vested participants as of June 30, 2023, a one-time opportunity to take their benefit as a lump-sum. Terminated vested participants were offered the lump sum window beginning on or around September 11, 2023, and ending on or around October 1, 2023, with lump sum payouts taking place during December 2023. The 598 participants that elected the lump sum have been excluded from the results as of January 1, 2024. The Plan was also amended to increase the Required Beginning Date from age 70 ½ to age 72 for those attaining 70 ½ after December 31, 2019.

## 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.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed from J Daniel Gansz Jr. (EA #06121) to Mona Auji (EA #08935).

## THE TERUMO RETIREMENT PLAN

Employer Identification No. 34-1112331, Plan No. 001  
 Schedule H, Part IV, Line 4(i) of Form 5500  
 Schedule of Assets (Held at End of Year)  
 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
<b>Common/commingled trust funds:</b>				
* BNY Mellon	EB TEMP INV FD	\$ 809,846	\$ 809,846	
* Aon	AON HIGH YIELD PLUS CL I	187,345	239,933	
* Aon	AON GLOBAL REAL ESTATE CL I	530,969	647,492	
* Aon	AON GLOBAL EQUITY CL I	2,665,591	3,716,113	
* Aon	AON NON-US EQUITY CL I	1,606,085	2,036,678	
* Aon	AON LARGE CAP EQUITY CL I	1,790,204	2,949,303	
* Aon	AON US LONG GOVERNMENT INDEX	1,895,101	1,821,039	
* Aon	AON US INTERMEDIATE GOVERNMENT	5,174,277	5,212,349	
* Aon	AON SMALL CAP EQUITY INDEX	671,751	1,002,171	
* Aon	AON NON-US EQUITY INDEX	1,542,549	2,033,568	
* Aon	AON LARGE CAP EQUITY INDEX	1,863,820	3,012,584	
* Aon	AON CORE REAL ESTATE	5,370,687	4,774,696	
* Aon	AON LONG CR BD	14,168,925	15,380,985	
* Aon	AON MULTI ASSET CREDIT FUND	3,060,942	3,858,410	
* Aon	AON RETURN ENHANCING ALTER POR	3,057,280	3,488,671	
* Aon	AON ENHANCED LIABILITY DRIVEN INVESTING FUND	2,500,000	2,734,433	
NISA	NISA ULTRA MID TREASURY CIF	2,039,790	1,892,346	
NISA	NISA ULTRA LONG TREASURY CIF	\$ 2,462,358	2,378,923	
			<u>\$ 57,989,540</u>	

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

Schedule SB Attachment (Form 5500) –2024 Plan Year  
The Terumo Retirement Plan  
EIN: 34-1112331 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 14,305,588	January 1, 2023	14	\$ 1,365,365
Shortfall	\$ (312,833)	January 1, 2024	15	\$ (28,462)

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

The funding valuation reflects the following assumption changes:

- A change in the expected return on asset assumption from 7.05 % to 5.90%.
- A change in the assumed trust expenses from total prior calendar year administrative expenses to prior calendar year non-PBGC administrative expenses plus current year anticipated PBGC premiums.

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.