

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: CSL BEHRING L.L.C. UNION PENSION PLAN
1b Three-digit plan number (PN): 110
1c Effective date of plan: 01/01/1960
2a Plan sponsor's name (employer, if for a single-employer plan): CSL BEHRING LLC
2b Employer Identification Number (EIN): 23-2809344
2c Plan Sponsor's telephone number: 610-878-4000
2d Business code (see instructions): 325410

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	400
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	46
	6a(2)	41
	6b	253
	6c	40
	6d	334
	6e	54
	6f	388
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>CSL BEHRING L.L.C. UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>110</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CSL BEHRING LLC</u>	D Employer Identification Number (EIN) <u>23-2809344</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>39471781</u>
	b Actuarial value	2b	<u>42220950</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>313</u>	<u>31109203</u>
	b For terminated vested participants	<u>41</u>	<u>1227498</u>
	c For active participants	<u>46</u>	<u>3447438</u>
	d Total	<u>400</u>	<u>35784139</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.02 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>79182</u>
	b Expected plan-related expenses	6b	<u>350000</u>
	c Target normal cost	6c	<u>429182</u>

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

SIGN HERE			
	Signature of actuary	<u>07/30/2025</u>	Date
	<u>JAMES D. BURKE</u>	<u>23-06899</u>	Most recent enrollment number
	Type or print name of actuary	<u>215-587-0700</u>	Telephone number (including area code)
	<u>CBIZ</u>		
	Firm name		
	<u>1845 WALNUT STREET, 10TH FLOOR PHILADELPHIA, PA 19103</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6370326
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	449743
9	Amount remaining (line 7 minus line 8)	0	5920583
10	Interest on line 9 using prior year's actual return of <u>8.95</u> %	0	529892
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.14</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6450475

Part III Funding Percentages			
14	Funding target attainment percentage	14	99.83 %
15	Adjusted funding target attainment percentage	15	117.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 429182
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	59094		5790	
b Waiver amortization installment.....				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 434972
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	434972	434972	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan CSL BEHRING L.L.C. UNION PENSION PLAN	B Three-digit plan number (PN) ▶	110
C Plan sponsor's name as shown on line 2a of Form 5500 CSL BEHRING LLC	D Employer Identification Number (EIN) 23-2809344	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PRUDENTIAL

23-6994310

(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	NONE	30402	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)

DELOITTE & TOUCHE LLP

13-3891517

(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	NONE	20000	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)

WELLS FARGO BANK, N.A.

94-1347393

(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	NONE	18002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>CSL BEHRING L.L.C. UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>110</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CSL BEHRING LLC</u>	D Employer Identification Number (EIN) <u>23-2809344</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LONG GOVERNMENT INDEX</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK</u>		
c EIN-PN <u>26-3774476-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1705903</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK SHORT-TERM INV FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK</u>		
c EIN-PN <u>94-6450621-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>198</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL EMERGING MRKTS DEBT FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL</u>		
c EIN-PN <u>23-6994310-128</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1101616</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL US LONG DUR CORP BD FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL</u>		
c EIN-PN <u>23-6994310-159</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7212540</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CSL BEHRING L.L.C. UNION PENSION PLAN	B Three-digit plan number (PN) ▶ 110
C Plan sponsor's name as shown on line 2a of Form 5500 CSL BEHRING LLC	D Employer Identification Number (EIN) 23-2809344

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17780	1238
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	554889	581103
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	14922284	10020257
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	23993330	26207780
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	39488283	36810378
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16502	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	16502	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	39471781	36810378

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15809	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15809
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	957809	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		957809
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-210253
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-113359
c Other income	2c		419
d Total income. Add all income amounts in column (b) and enter total	2d		650425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3200867	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3200867
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	785	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	49776	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	40400	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		110961
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3311828

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2661403
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560907.

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

A Name of plan <u>CSL BEHRING L.L.C. UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>110</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CSL BEHRING LLC</u>	D Employer Identification Number (EIN) <u>23-2809344</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 94-1347393

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		0
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

CSL Behring L.L.C. Union Pension Plan

Employer ID No: 23-2809344

Plan Number: 110

Financial Statements as of and for the Years Ended

December 31, 2024 and 2023,

Supplemental Schedules as of and for the year ended December 31, 2024, and

Independent Auditor's Report

CSL Behring L.L.C. Union Pension Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2024 and 2023

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

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of
CSL Behring L.L.C. Union Pension Plan

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

We have performed audits of the financial statements of CSL Behring L.L.C. Union Pension 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 the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Deloitte & Touche LLP

October 13, 2025

CSL Behring L.L.C. Union Pension Plan

Statements of Net Assets Available for Benefits
as of December 31, 2024 and 2023

	December 31	
	2024	2023
Assets		
Investments:		
Money market fund	\$ 581,103	\$ 554,889
Mutual funds	26,207,780	23,993,330
Common and collective funds	10,020,257	14,922,284
Total investments	<u>36,809,140</u>	<u>39,470,503</u>
Receivables:		
Accrued income	1,238	17,780
Total receivables	<u>1,238</u>	<u>17,780</u>
Total assets	<u>36,810,378</u>	<u>39,488,283</u>
Liabilities		
Due to broker for securities purchased	-	16,502
Net assets available for benefits	<u>\$36,810,378</u>	<u>\$39,471,781</u>

See notes to the financial statements.

CSL Behring L.L.C. Union Pension Plan

Statements of Changes in Net Assets Available for Benefits
for the Years Ended December 31, 2024 and 2023

	Year Ended December 31	
	2024	2023
Additions		
Investment income:		
Interest and dividends	\$ 973,618	\$ 771,762
Net (depreciation) appreciation in fair value of investments	<u>(323,193)</u>	2,647,783
Total investment income	<u>650,425</u>	3,419,545
Total additions	<u>650,425</u>	3,419,545
Deductions		
Benefits paid	3,200,867	3,832,465
Administrative expenses	<u>110,961</u>	463,764
Total deductions	<u>3,311,828</u>	4,296,229
Net decrease	<u>(2,661,403)</u>	(876,684)
Net assets available for benefits:		
Beginning of year	<u>39,471,781</u>	40,348,465
End of year	<u>\$ 36,810,378</u>	<u>\$ 39,471,781</u>

See notes to the financial statements.

CSL Behring L.L.C. Union Pension Plan

Notes to Financial Statements

As of and for the years ended December 31, 2024 and 2023

1. Description of the Plan

On March 31, 2004, Aventis Behring L.L.C. was acquired by CSL Limited. During 2004, the Aventis Behring L.L.C. Union Pension Plan incurred a partial plan termination as a result of a reduction in workforce. As such, all affected participants became fully vested in their accrued benefits. On April 1, 2004, the Aventis Behring L.L.C. Union Pension Plan was renamed the ZLB Behring L.L.C. Union Pension Plan. On December 1, 2006, the name of the plan was changed to the CSL Behring L.L.C. Union Pension Plan (the Plan) in conjunction with the renaming of the plan sponsor, CSL Behring L.L.C. (the Company).

The Plan is a non-contributory, defined-benefit plan, covering union employees of the Company and is subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Company contributes such amounts as are necessary on an actuarial basis to provide the trust with assets sufficient to meet the benefits to be paid to plan participants and satisfy the ERISA minimum funding requirements.

The Company froze the Plan to new entrants on January 1, 2005. In addition, active participants in the Plan were provided the option to either continue accruing benefits under the Plan or cease accruing years of credited service as of January 1, 2005, in favor of enhanced benefits under the ZLB Behring L.L.C. Employee Savings Plan, which has subsequently been merged into the CSLB Holdings Inc. 401(k) Plan. The enhanced benefits included a 100% employer match on the first 6% of participant contributions, which is immediately vested, as well as a fixed company contribution of 2% of participants' compensation for each of 2004, 2005, and 2006 to participants who were active employees as of the last day of each of those years.

Participants generally vest in their plan benefits after five years of vesting service and are entitled to begin to receive plan benefits, commencing at the Plan's normal retirement age (age 65), equal to the benefit accrued under the Plan. The accrued benefit is calculated by multiplying the participant's years of credited service by the applicable benefit unit, in each case as outlined in and governed by the plan document. Participants may elect early retirement with unreduced benefits beginning at age 60, or reduced benefits beginning at age 55.

The Plan provides for optional payment methods which include single life and joint and survivor annuities. In the event the lump-sum present value of the pension benefit is \$1,000 or less, the Plan will automatically pay the benefit to the participant or the survivor in a lump sum, once the participant attains a distributable event under the Plan.

Participants who suffer total and permanent disability, after being credited with five or more years of credited service, will receive a temporary disability pension until the earlier of age 65 or the participant's recovery from the disability. The temporary disability pension is equal to the

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

participant's accrued benefit and is doubled if the participant is not eligible for Social Security disability benefits.

Any active or former participant, who dies prior to retirement, shall be considered as having retired on his date of death or earliest possible retirement date, if later. The surviving spouse shall receive on the earliest eligibility date for retirement, the same monthly pension payments that would have been payable had the participant elected a joint and 50% survivor pension at that time. If a participant, with at least ten years of service, dies while in active employment or while retaining seniority, the surviving spouse will receive an alternative death benefit but not less than the death benefit described above.

Effective March 15, 2023, the Plan added the Kankakee Early Retirement Window Program (2023 ERW). A participant who was an employee and who (1) attained age 55 by April 30, 2023 and (2) had completed at least 5 years of continuous service was eligible to participate in the 2023 ERW. An eligible participant who elected to participate in the 2023 ERW was to terminate employment with the Company on April 30, 2023 or such other date as to be determined by the Company. Payment options under the 2023 ERW consisted of the lump sum payments or annuity payments. As a result of the Kankakee ERW Program, \$569,104 was paid in lump sum payments, and \$15,890 was paid in annuity payments. These payments are reflected within the 2023 benefits paid on the accompanying statements of changes in net assets available for benefits.

The Board of Directors of CSL Behring L.L.C. has delegated to the Senior Director of Global Benefits the responsibility for the administration of the Plan, including interpreting the Plan's provisions and resolving benefit disputes. Expenses incurred by the Senior Director of Global Benefits, and any delegates, are paid by the Company. Pension Benefit Guaranty Corporation (PBGC) premiums, as well as certain other administrative expenses (including most actuarial fees), are paid by the Plan.

The Company may discontinue its contributions at any time and may terminate the Plan, subject to the provisions of ERISA. Should the Plan terminate at some future time, its net assets generally will be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits would be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all. The plan document provides and references further information on the priority order of participants' claims upon termination, as well as vesting and benefit information, including survivor and disability benefits. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan as provided in the plan document. The Plan sponsor provides accounting and other administrative services to the Plan at no charge.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates and assumptions.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as 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 (exit price). See Note 7 for further discussion and disclosures related to fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis, and interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Gains or losses on sales of securities are based on average cost. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

Funding Policy

The Company's funding policy is to contribute funds to the Plan as necessary to provide for current service and for any unfunded actuarial liabilities over a reasonable period. To the extent that these requirements are fully covered by assets in the Plan, a contribution may not be made in a particular year. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

3. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

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

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants 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.

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits information as of December 31, 2023, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 30,474,042
Terminated vested participants	1,245,294
Active participants	<u>3,542,341</u>
Total vested benefits	35,261,677
Non-vested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 35,261,677</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2023, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 43,476,732
(Decrease) increase during the year attributed to:	
Change in actuarial assumptions	(5,719,017)
Benefits accumulated	84,910
Demographic experience (gain)	(99,199)
Interest cost due to the decrease in the discount period	1,350,716
Benefits paid	<u>(3,832,465)</u>
Net decrease	<u>(8,215,055)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 35,261,677</u></u>

The significant assumption changes from December 31, 2022 to December 31, 2023 include: updating the change in the rate of return on investments from 3.25% for 2022 to 5.0% for 2023.

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

The significant actuarial assumptions underlying the actuarial computations for the years ended December 31, 2023 and at December 31, 2022 are as follows:

Assumed rate of return on investments	5.0%, compounded annually for 2023 and 3.25%, compounded annually for 2022
Mortality basis	Pri-2012 Amount-Weighted Blue Collar Mortality Tables with generational projections from 2012 using Mortality Improvement Scale MP-2021
Retirement rates	Various rates ranging from 2% at age 55 to 100% at age 65 for 2023 and 2022

These 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 actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2023.

4. Certified Investment Information

The following is a summary of the information regarding the Plan as of December 31, 2024 and 2023 and for the years ended December 31, 2024 and 2023 included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Principal Bank, the trustee of the Plan (the "Trustee"), and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

Statements of Net Assets Available for Benefits	2024	2023
Money market fund	\$ 581,103	\$ 554,889
Mutual funds	26,207,780	23,993,330
Common and collective funds	-	14,922,284
Accrued income receivable	1,238	17,780

Statements of Changes in Net Assets Available for Benefits

	2024	2023
Net (depreciation) appreciation in fair value of investments	\$ (112,940)	\$ 2,647,783
Interest and dividend income	973,618	771,762

All investment balances and information included in the supplemental schedule of assets (held at end of year) as of December 31, 2024 and 2023 and of reportable transactions for the year ended December 31, 2024 and 2023, are certified by the Trustee, except for common and collective funds as of December 31, 2024. All investment balances and information included in Note 7, *Fair Value Measurements*, as of December 31, 2024 and 2023, excluding the leveling of investments and the value of common and collective funds as of December 31, 2024, have been certified by the Trustee.

5. Federal Income Tax Status

The Plan has received a determination letter from the IRS dated September 3, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

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 the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. 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 on the statements of net assets available for benefits.

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

7. Fair Value Measurements

Accounting Standards Codification (“ASC”) 820, Fair Value Measurement, provides a framework for measuring fair value. Fair value of a financial instrument 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. That framework provides a fair value hierarchy that prioritizes the inputs to valuation approaches used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques: Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation techniques and inputs used for each general type of investments measured at fair value. There have been no changes in the valuation techniques and inputs used at December 31, 2024 and 2023.

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

Money market fund and mutual funds are valued at fair value, which represent the net asset value of shares held by the Plan at year-end.

Common and collective funds, which consist of BlackRock and Prudential funds (BlackRock and Prudential), are measured at fair value using the net asset value (NAV) per share practical expedient. The NAV of each fund is based on the fair value of its underlying investments. In accordance with Subtopic 820-10, investments that are measured at NAV per share, as a practical expedient, are not classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented on the statements of net assets available for benefits. The Plan is required to provide BlackRock with a 30 days advance notice and Prudential with a 5 business days advance notice in the event that it elects to fully liquidate its investment in BlackRock and Prudential, respectively

The following table sets forth by level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2024 and 2023:

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

7. Fair Value Measurements (continued)

	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable inputs Level 3	Total
December 31, 2024				
Money market fund	\$ 581,103	\$	\$	\$ 581,103
Mutual funds	26,207,780			26,207,780
Total	<u>\$ 26,788,883</u>	<u>\$</u>	<u>\$</u>	<u>26,788,883</u>
Investments measured at NAV: ^(a)				
Common and collective funds				10,020,257
Total investments at fair value				<u>\$ 36,809,140</u>

	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable inputs Level 3	Total
December 31, 2023				
Money market fund	\$ 554,889	\$	\$	\$ 554,889
Mutual funds	23,993,330			23,993,330
Total	<u>\$ 24,548,219</u>	<u>\$</u>	<u>\$</u>	<u>24,548,219</u>
Investments measured at NAV: ^(a)				
Common and collective funds				14,922,284
Total investments at fair value				<u>\$ 39,470,503</u>

^(a)In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at net asset value as a practical expedient have not been classified in the fair value hierarchy.

CSL Behring L.L.C. Union Pension Plan
Notes to Financial Statements (continued)
As of and for the years ended December 31, 2024 and 2023

8. Exempt Party-in-Interest Transactions

Management of the Company and members of the Plan Administrators may perform administrative and other services to the Plan, at no cost to the Plan. During the years ended December 31, 2024 and 2023, management believes that the Plan did not enter into any prohibited transactions with parties-in-interest. Fees paid during the year for administrative services rendered by parties-in-interest were based on customary and reasonable rates for such services and are paid by the employer.

9. Subsequent Events

Management has performed its evaluation of subsequent events through October 13, 2025, the date these financial statements were available to be issued, and has determined that there were no subsequent events requiring adjustment to or disclosure in the financial statements.

Supplemental Schedules

CSL Behring L.L.C. Union Pension Plan

EIN: 23-2809344; Plan No.: 110

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

As of December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Money market fund			
Allspring Government Money Market Fund – Institutional class	581,103 shares	\$ 581,103	\$ 581,103
Common and collective funds			
BlackRock Long Government Index Fund	119,863 units	1,855,541	1,705,903
BlackRock Short Term Investment Fund	198 units	198	198
Prudential Emerging Markets Debt Fund	71,451 units	1,396,215	1,101,616
Prudential US Long Duration Corporate Bond Fund	3,272,529 units	8,566,964	7,212,540
Total common and collective funds		11,818,918	10,020,257
Mutual funds			
American Funds Europacific Growth Fund Class R6	20,404 shares	1,054,669	1,096,089
Fidelity Total Market Index Fund Class FAI	8,602 shares	770,087	1,387,310
Fidelity Intermediate Treasury Bond Index Fund CL INS	1,430,246 shares	14,866,719	13,515,826
Vanguard Intermediate Term Corporate Bond Index Fund Class INS	381,486 shares	11,682,283	10,208,555
Total mutual funds		28,373,758	26,207,780
Total investments		\$ 40,773,779	\$ 36,809,140

See accompanying Independent Auditor's Report.

CSL Behring L.L.C. Union Pension Plan
 EIN: 23-2809344; Plan No.: 110
 Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category 3 – Series of transactions in excess of 5% of plan assets						
Allspring	Government Money Market Fund – Institutional Class					
	40 purchases	\$ 2,170,308	\$ -	\$ 2,170,308	\$ 2,170,308	\$ -
	34 sales	-	2,144,093	2,144,093	2,144,093	-
Blackrock	Long Gov Index					
	7 sales	-	1,991,372	2,022,430	1,991,372	(31,057)
Fidelity	Interm TR BD-INS PRM					
	14 purchases	\$6,611,749	\$ -	\$6,611,749	\$ 6,611,749	\$ -
	4 sales	-	390,000	452,782	390,000	(62,782)
Prudential	US Long DC Bond Fund					
	10 sales	-	2,554,880	4,962,639	2,554,880	(2,407,759)
Vanguard	Intermediate Term Corporate Bond Index Fund					
	12 purchases	\$511,763	\$ -	\$511,763	\$ 511,763	\$ -
	9 sales	-	3,775,000	4,412,754	3,775,000	(637,753)

There were no Category 1, 2 or 4 transactions during 2024.

Columns (e) for “Lease rental” and (f) for “Expense incurred with transactions” are not applicable.

See accompanying Independent Auditor’s Report.

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: CSL Behring LLC Union Pension Plan

EIN/PN: 23-2809344/110

Valuation Date: January 1, 2024

Age	Years of Credited Service										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over		
Under 25	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	1	-	-	-	1	-	-	-	-	-	2
45 to 49	-	3	2	-	-	-	-	-	-	-	-	5
50 to 54	-	1	2	1	-	2	2	2	1	-	-	11
55 to 59	-	1	-	3	1	-	1	3	1	-	-	10
60 to 64	-	1	2	-	-	2	2	3	-	1	-	11
65 to 69	-	2	-	-	-	1	1	-	-	1	-	5
70 & Over	-	1	-	-	-	-	-	-	-	1	-	2
Total	-	10	6	4	1	6	6	8	2	3	-	46

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.02%. For the prior Plan Year, the EIR was 5.14%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The Plan Sponsor's expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2023	4.00%	5.74%	4.00%
2022	4.00%	5.92%	4.00%

Funding Administrative Expenses Administrative expenses of \$350,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Funding Mortality §430(h) Generational Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

Withdrawal Rates Withdrawal rates are based on the 2003 SOA Termination table and vary with age. Sample rates are shown below:

Age	Turnover Rate
25	18.51%
30	12.19%
35	9.25%
40	7.00%
45	6.21%
50	5.63%
55	2.92%

Disability Incidence Disability rates vary with age. Sample rates are shown below:

Age	Male	Female
25	0.16%	0.14%
30	0.22%	0.22%
35	0.30%	0.32%
40	0.41%	0.45%
45	0.56%	0.60%
50	0.92%	0.95%
55	1.59%	1.48%
60	1.90%	1.48%
65	0.00%	0.00%

Retirement Rates For active participants, the retirement rates are as follows:

Age	Rates
55-62	2%
63-64	5%
65-66	20%
67-69	35%
70+	100%

The retirement rates for terminated vested participants are as follows:

Age	Rates
55-59	2%
60-64	20%
65+	100%

Spousal Assumptions

85% of employees are assumed to be married.

Wives are assumed to be two years younger than their husbands.

Form of Payment

60% of participants are assumed to elect life annuities, 20% are assumed to elect 50% joint and survivor annuities, while the remaining 20% are assumed to elect 100% joint and survivor annuities.

Changes in funding assumptions since the prior valuation

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2024 Actuarial Valuation Report to the discount rates shown above.

Plan administrative expenses are assumed to be \$100,000, compared to \$475,000 in 2024.

CSL Behring L.L.C. Union Pension Plan
 EIN: 23-2809344; Plan No.: 110
 Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category 3 – Series of transactions in excess of 5% of plan assets						
Allspring	Government Money Market Fund – Institutional Class					
	40 purchases	\$ 2,170,308	\$ -	\$ 2,170,308	\$ 2,170,308	\$ -
	34 sales	-	2,144,093	2,144,093	2,144,093	-
Blackrock	Long Gov Index					
	7 sales	-	1,991,372	2,022,430	1,991,372	(31,057)
Fidelity	Interm TR BD-INS PRM					
	14 purchases	\$6,611,749	\$ -	\$6,611,749	\$ 6,611,749	\$ -
	4 sales	-	390,000	452,782	390,000	(62,782)
Prudential	US Long DC Bond Fund					
	10 sales	-	2,554,880	4,962,639	2,554,880	(2,407,759)
Vanguard	Intermediate Term Corporate Bond Index Fund					
	12 purchases	\$511,763	\$ -	\$511,763	\$ 511,763	\$ -
	9 sales	-	3,775,000	4,412,754	3,775,000	(637,753)

There were no Category 1, 2 or 4 transactions during 2024.

Columns (e) for “Lease rental” and (f) for “Expense incurred with transactions” are not applicable.

See accompanying Independent Auditor’s Report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan CSL BEHRING L.L.C. UNION PENSION PLAN		B Three-digit plan number (PN) ▶	110
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CSL BEHRING LLC		D Employer Identification Number (EIN) 23-2809344	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	39,471,781
	b Actuarial value	2b	42,220,950
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	313	31,109,203
	b For terminated vested participants	41	1,227,498
	c For active participants	46	3,447,438
	d Total	400	35,784,139
	(3) Total Funding Target		35,829,569
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.02%
6	Target normal cost		
	a Present value of current plan year accruals	6a	79,182
	b Expected plan-related expenses	6b	350,000
	c Target normal cost	6c	429,182

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

SIGN HERE	<u>JDB</u> JAMES D. BURKE	<u>7/30/2025</u> Date
	Signature of actuary	2306899
	JAMES D. BURKE	Most recent enrollment number
	Type or print name of actuary	215-587-0700
	CBIZ	Telephone number (including area code)
	Firm name	
	1845 WALNUT STREET, 10th Floor	
	PHILADELPHIA PA 19103	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,370,326
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	449,743
9	Amount remaining (line 7 minus line 8)	0	5,920,583
10	Interest on line 9 using prior year's actual return of <u>8.95%</u>	0	529,892
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.14%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	6,450,475

Part III Funding Percentages			
14	Funding target attainment percentage	14	99.83 %
15	Adjusted funding target attainment percentage	15	117.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	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
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:

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

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

22 Weighted average retirement age **22** 66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	429,182
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	59,094	5,790
b Waiver amortization installment		

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 434,972

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	434,972	434,972

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

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

40 Unpaid minimum required contributions for all years **40** 0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Legacy Watts Hourly, Watts Salaried and Tomco Retirement Table:

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	<u>Weighted</u>
55	1,000.00	2.00%	20.00	1,100.00
56	980.00	2.00%	19.60	1,097.60
57	960.40	2.00%	19.21	1,094.86
58	941.19	2.00%	18.82	1,091.78
59	922.37	2.00%	18.45	1,088.39
60	903.92	2.00%	18.08	1,084.70
61	885.84	2.00%	17.72	1,080.73
62	868.13	2.00%	17.36	1,076.48
63	850.76	5.00%	42.54	2,679.90
64	808.22	5.00%	40.41	2,586.32
65	767.81	20.00%	153.56	9,981.58
66	614.25	20.00%	122.85	8,108.11
67	491.40	35.00%	171.99	11,523.35
68	319.41	35.00%	111.79	7,601.97
69	207.62	35.00%	72.67	5,013.95
70	134.95	100.00%	134.95	9,446.56
Average Retirement Age				65.66

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Effective Date	The Plan was effective August 1, 1952. The Plan was restated effective January 1, 2014 and most recently amended May 4, 2021. The Plan is a non-contributory defined benefit plan.
Eligibility for Participation	Each union member shall become a Participant as of the date on which he completes an Hour of Service as an employee of the Company. The Plan was closed to new entrants on January 1, 2005.
Vesting	Five years of service.
Accrued Benefit	The portion of the Participant's monthly benefit earned to the date of determination.
Plan Year	A Plan Year is a 12-month period beginning on January 1 and ending on December 31.
Hour of Service	An hour for which an employee is paid or entitled to payment for performance of duties as well as any periods of vacation, holidays, illness, or disability.
Computation Period	For full-time employees, the 12-month period beginning on date of hire and successive anniversaries. For part-time employees, for purposes of plan eligibility, the 12-month period beginning on the date of hire and plan years thereafter; and for purposes of vesting and benefit accrual, calendar years.
Vesting Service	One year of Vesting Service is credited for any year in which an employee works at least 1,000 hours. A break in service occurs if in any year an employee is not credited with more than 500 hours. After a break in service, non-vested Participants will have pre-break and post-break service aggregated on reemployment within five years.
Credited Service	One year of Credited Service is earned for each year in which 1,000 hours are worked. Fractions of a year of Credited Service will be given using the number of hours worked divided by 1,000 hours, rounded to the nearest tenth.
Normal Retirement Eligibility	Later of the attainment of age 65 or fifth anniversary of participation.

Normal Retirement Benefit

An annual pension, payable monthly, equal to the Participant's Credited Service multiplied by:

Date of Termination	Payable in Year of Termination	Payable in Subsequent Years
09/01/1978 - 12/31/1978	\$11.50	\$12.00
01/01/1979 - 08/31/1979	\$12.00	\$12.00
09/01/1979 - 12/31/1979	\$12.00	\$12.50
01/01/1980 - 08/31/1980	\$12.50	\$12.50
09/01/1980 - 12/31/1980	\$12.50	\$13.00
01/01/1981 - 09/20/1983	\$13.00	\$13.00
09/21/1983 - 12/31/1984	\$13.50	\$13.50
01/01/1985 - 12/31/1985	\$14.00	\$14.00
01/01/1986 - 12/31/1986	\$14.50	\$14.50
01/01/1987 - 12/31/1987	\$15.00	\$15.00
01/01/1988 - 12/31/1988	\$16.00	\$16.00
01/01/1989 - 12/31/1989	\$17.00	\$17.00
01/01/1990 - 12/31/1990	\$18.00	\$18.00
01/01/1991 - 12/31/1991	\$21.00	\$21.00
01/01/1992 - 12/31/1992	\$23.00	\$23.00
01/01/1993 - 12/31/1993	\$25.00	\$25.00
01/01/1994 - 12/31/1994	\$27.00	\$27.00
01/01/1995 - 12/31/1995	\$29.00	\$29.00
01/01/1996 - 12/31/1996	\$30.00	\$30.00
01/01/1997 - 12/31/1997	\$31.00	\$31.00
01/01/1998 - 12/31/1998	\$32.00	\$32.00
01/01/1999 - 12/31/1999	\$33.00	\$33.00
01/01/2000 - 12/31/2000	\$34.00	\$34.00
01/01/2001 - 12/31/2001	\$36.00	\$36.00
01/01/2002 - 12/31/2002	\$37.00	\$37.00
01/01/2003 - 12/31/2003	\$38.00	\$38.00
01/01/2004 - 12/31/2004	\$40.00	\$40.00
01/01/2005 and later	\$41.00	\$41.00

Early Retirement Eligibility

Age 55 and completion of five years of Credited Service.

Early Retirement Benefit

Accrued benefit as of Early Retirement Date, reduced by 0.5% for each month commencement precedes the first day of the month coincident with or next following the day the Participant turns 60.

Deferred Retirement Eligibility

Five years of Vesting Service, payable the first day of any month following Normal Retirement Date.

Deferred Retirement Benefit

Accrued Benefit as of Deferred Retirement Date or, if greater, the benefit at Normal Retirement Date actuarially increased to Deferred Retirement Date.

Deferred Vested Eligibility

Five years of Vesting Service.

Deferred Vested Benefit	Accrued Benefit will be payable at Normal Retirement Date on or after the attainment of age 55, reduced 0.5% for each month commencement precedes the first day of the month coincident with or next following the day the Participant turns 60.
Disability Eligibility	Total Disability and five years of Credited Service.
Disability Benefit	Accrued Benefit will be payable until earlier of age 65 or the Participant's recovery from the Disability. The benefit is doubled if the Participant is not eligible for Social Security Benefits.
Preretirement Death Benefit	<p>The spouse of a married Participant, who has at least ten years of Credited Service, dies prior to retirement, and has seniority or is employed at death, will be eligible for an immediate benefit equal to 42.5% of the Accrued Benefit increased (decreased) by 0.03% for each month by which the Participant's date of birth succeeds (precedes) the spouse's date of birth. If there is no spouse, the Participant's unmarried children under 18 are eligible to receive 42.5% of the Accrued Benefit until age 18. (This benefit is payable provided it is of greater value than the benefit described in the paragraph below; otherwise that benefit is payable.)</p> <p>Any vested married Participant who dies prior to retirement shall be considered as having terminated on his date of death, survived to the Annuity Started Date elected by the spouse, elected the joint and 50% survivor annuity, and died the next day.</p>
Normal Form of Annuity	<p>If the Participant is married at the time of retirement, the benefit will be paid in the form of a joint and 50% survivor with free "Pop-Up" feature. Under this feature, the Participant's benefit is increased to the single life annuity amount in the event the Participant's spouse predeceases the Participant.</p> <p>If the Participant is not married at the time of retirement, the benefit will be paid in the form of a single life annuity.</p>
Optional Forms of Annuities	Single life annuity, and 50%, 75%, or 100% joint & survivor (all with free "Pop-Up" feature if the spouse is designated as the beneficiary).
Actuarial Equivalence	7.5% interest assumption and the 1971 Group Annuity Tables for males set back one year for Participants and set back five years for spouses or other designated beneficiaries.
Changes since the Prior Valuation:	The plan was amended to provide for a temporary early retirement window, in which active participants who met certain conditions could take their benefit as a lump sum if they retired by April 30, 2023. This had no impact on valuation results because the offer was not available after April 30, 2023.

CSL Behring L.L.C. Union Pension Plan

EIN: 23-2809344; Plan No.: 110

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

As of December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Money market fund			
Allspring Government Money Market Fund – Institutional class	581,103 shares	\$ 581,103	\$ 581,103
Common and collective funds			
BlackRock Long Government Index Fund	119,863 units	1,855,541	1,705,903
BlackRock Short Term Investment Fund	198 units	198	198
Prudential Emerging Markets Debt Fund	71,451 units	1,396,215	1,101,616
Prudential US Long Duration Corporate Bond Fund	3,272,529 units	8,566,964	7,212,540
Total common and collective funds		<u>11,818,918</u>	<u>10,020,257</u>
Mutual funds			
American Funds Europacific Growth Fund Class R6	20,404 shares	1,054,669	1,096,089
Fidelity Total Market Index Fund Class FAI	8,602 shares	770,087	1,387,310
Fidelity Intermediate Treasury Bond Index Fund CL INS	1,430,246 shares	14,866,719	13,515,826
Vanguard Intermediate Term Corporate Bond Index Fund Class INS	381,486 shares	11,682,283	10,208,555
Total mutual funds		<u>28,373,758</u>	<u>26,207,780</u>
Total investments		<u>\$ 40,773,779</u>	<u>\$ 36,809,140</u>

See accompanying Independent Auditor's Report.

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: CSL Behring LLC Union Pension Plan

EIN/PN: 23-2809344/110

Valuation Date: January 1, 2024

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
1/1/2024	15.00	7 Year	(33,642)	(3,061)
1/1/2023	14.00	7 Year	92,736	8,851