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|---|---|--|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|---|--|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

special extension (enter description)

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

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

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>MALLINCKRODT PHARMACEUTICALS RETIREMENT SAVINGS AND INVESTMENT PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>MEH, INC.</u></p> <p><u>675 MCDONNELL BOULEVARD</u><br/><u>HAZELWOOD, MO 63042-2379</u></p> | <p><b>1c</b> Effective date of plan<br/><u>04/01/2013</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>65-0952696</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>314-654-3000</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>325410</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2025 | BRYAN BIRCH  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2025 | CATHRYN K BEISEL   |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |  |  |
|--|--|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN              |  |
|  | <b>3c</b> Administrator's telephone number |  |
|  |  |  |

|  |               |  |
|--|---------------|--|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN |  |
|  | <b>4d</b> PN  |  |

|   |          |      |
|---|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 4280 |
|---|----------|------|

|  |              |      |
|--|--------------|------|
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....  | <b>6a(1)</b> | 2480 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 2499 |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b>    | 24   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | <b>6c</b>    | 1417 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  | <b>6d</b>    | 3940 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   | <b>6e</b>    | 29   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b>    | 3969 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....   | <b>6g(1)</b> | 4275 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <b>6g(2)</b> | 3938 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  | <b>6h</b>    | 85   |

|  |          |  |
|--|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--|----------|--|

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

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

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

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

**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)

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

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

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

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

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

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>MALLINCKRODT PHARMACEUTICALS RETIREMENT SAVINGS AND INVESTMENT PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEH, INC.</b>                   | <b>D</b> Employer Identification Number (EIN)<br><b>65-0952696</b> |            |

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

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

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

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 37 60 64<br>65         | RECORDKEEPER  | 149665   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CAPTRUST

26-0058143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26                     | INVESTMENT ADVISOR  | 63750  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60   | 0   |
| (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. |   |
| PARNASSUS CORE EQ IS - ULTIMUS FUN<br><br>31-1663251                | 0.10%  |   |
| (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.

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

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

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

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

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

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

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

|  |                                  |
|--|----------------------------------|
| <b>a</b> Name: ARMANINO LLP                                  | <b>b</b> EIN: 94-6214841         |
| <b>c</b> Position: ACCOUNTANT                                |                                  |
| <b>d</b> Address: 6 CITY PLACE DR 900<br>ST. LOUIS, MO 63141 | <b>e</b> Telephone: 314-983-1200 |

Explanation: CHANGE IN EIN ONLY FOR ARMANINO LLP.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>MALLINCKRODT PHARMACEUTICALS RETIREMENT SAVINGS AND INVESTMENT PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MEH, INC.</u>            | <b>D</b> Employer Identification Number (EIN)<br><u>65-0952696</u> |            |

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

|  |                               |  |
|--|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GG EUROPAC GROWTH CT</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY LLC</u>        |                               |  |
| <b>c</b> EIN-PN <u>38-7289843-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17052083</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC LPTH IDX 2025 W</u>                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INST. TRUST COMPANY, N. A</u> |                               |  |
| <b>c</b> EIN-PN <u>87-1035812-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC LPTH IDX 2045 W</u>                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INST. TRUST COMPANY, N. A</u> |                               |  |
| <b>c</b> EIN-PN <u>87-1081115-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49530697</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GG EUROPAC GROWTH CT</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>       |                               |  |
| <b>c</b> EIN-PN <u>38-7289843-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD STBLE RTN E</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>              |                               |  |
| <b>c</b> EIN-PN <u>52-2250951-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18012806</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BTC LPTH IDX 2030 W</u>                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INST. TRUST COMPANY, N. A</u> |                               |  |
| <b>c</b> EIN-PN <u>87-1035932-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>76609624</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPM LG CP GRTH CF-A</u>                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>          |                               |  |
| <b>c</b> EIN-PN <u>45-4173185-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>133745123</u> |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2050 W                    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. A |                        |  |
| <b>c</b> EIN-PN 87-1081397-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37702423 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2035 W                    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. A |                        |  |
| <b>c</b> EIN-PN 87-1053383-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73285656 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2040 W                    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. A |                        |  |
| <b>c</b> EIN-PN 87-1054299-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66801564 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2055 W                    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. A |                        |  |
| <b>c</b> EIN-PN 87-1102204-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16817492 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2060 W                    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. A |                        |  |
| <b>c</b> EIN-PN 87-1102365-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9275814  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPTH IDX 2065 W                    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. A |                        |  |
| <b>c</b> EIN-PN 87-1130439-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1780515  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LPATH IDX RET W                    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N. A |                        |  |
| <b>c</b> EIN-PN 87-1103620-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59290843 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MM SM CAP GROWTH CT                    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC       |                        |  |
| <b>c</b> EIN-PN 38-7271375-756  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7374497  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                        |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                        |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
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|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>MALLINCKRODT PHARMACEUTICALS RETIREMENT SAVINGS AND INVESTMENT PLAN</b>      | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEH, INC.</b>                        | <b>D</b> Employer Identification Number (EIN)<br><b>65-0952696</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 1051235               | 1567547         |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 172                   | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 28402618              | 26428314        |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 10380420              | 10244088        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 514642927             | 567279137       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 224445585             | 245711903       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....  | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 778922957             | 851230989       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 778922957             | 851230989       |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 21591276   |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 33157734   |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 8030792    |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          | 62779802  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 1378119    |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 710379     |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2088498   |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 6595208    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 6595208   |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 80828862  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 31549691  |
| <b>c</b> Other income .....   | 2c         | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 183842061 |

**Expenses**

|   |        |           |
|---|--------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 111291872 |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  | 0         |
| (3) Other .....   | 2e(3)  | 0         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  | 111291872 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     | 1529      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     | 27213     |
| <b>h</b> Interest expense .....   | 2h     | 0         |
| <b>i</b> Administrative expenses:   |        |           |
| (1) Salaries and allowances .....   | 2i(1)  | 0         |
| (2) Contract administrator fees .....   | 2i(2)  | 2700      |
| (3) Recordkeeping fees .....  | 2i(3)  | 146965    |
| (4) IQPA audit fees .....   | 2i(4)  | 0         |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 63750     |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 0         |
| (7) Actuarial fees .....  | 2i(7)  | 0         |
| (8) Legal fees .....  | 2i(8)  | 0         |
| (9) Valuation/appraisal fees .....  | 2i(9)  | 0         |
| (10) Other trustee fees and expenses .....  | 2i(10) | 0         |
| (11) Other expenses .....   | 2i(11) | 0         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 213415    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 111534029 |

**Net Income and Reconciliation**

|   |       |          |
|---|-------|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 72308032 |
| <b>l</b> Transfers of assets:                                   |       |          |
| (1) To this plan .....  | 2l(1) | 0        |
| (2) From this plan .....  | 2l(2) | 0        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: ARMANINO LLP

(2) EIN: 33-2514127

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount   |
|--|-----|----|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     | X  |          |

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

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

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

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

|  |   |  |
|--|---|--|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|--|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>MALLINKRODT PHARMACEUTICALS RETIREMENT SAVINGS AND INVESTMENT PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MEH, INC.</u>                  | <b>D</b> Employer Identification Number (EIN)<br><u>65-0952696</u> |            |

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

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

|  |   |  |
|--|---|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | 1 |  |
| <b>2</b> 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):<br>EIN(s): <u>04-6568107</u> |   |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |   |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | 3 |  |

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

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>   |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a                           |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b                           |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....   | 6c                           |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>  |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

|  |                                   |                                   |                               |                             |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

|          |   |   |   |
|----------|---|---|---|
| <b>a</b> | Name of contributing employer   |   |   |
| <b>b</b> | EIN   | <b>c</b>                                    | Dollar amount contributed by employer           |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ |   |   |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:  | <input type="checkbox"/> Hourly             | <input type="checkbox"/> Weekly                 |
|          |   | <input type="checkbox"/> Unit of production | <input type="checkbox"/> Other (specify): _____ |

  

|          |   |   |   |
|----------|---|---|---|
| <b>a</b> | Name of contributing employer   |   |   |
| <b>b</b> | EIN   | <b>c</b>                                    | Dollar amount contributed by employer           |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ |   |   |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:  | <input type="checkbox"/> Hourly             | <input type="checkbox"/> Weekly                 |
|          |   | <input type="checkbox"/> Unit of production | <input type="checkbox"/> Other (specify): _____ |

  

|          |   |   |   |
|----------|---|---|---|
| <b>a</b> | Name of contributing employer   |   |   |
| <b>b</b> | EIN   | <b>c</b>                                    | Dollar amount contributed by employer           |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ |   |   |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:  | <input type="checkbox"/> Hourly             | <input type="checkbox"/> Weekly                 |
|          |   | <input type="checkbox"/> Unit of production | <input type="checkbox"/> Other (specify): _____ |

  

|          |   |   |   |
|----------|---|---|---|
| <b>a</b> | Name of contributing employer   |   |   |
| <b>b</b> | EIN   | <b>c</b>                                    | Dollar amount contributed by employer           |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ |   |   |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:  | <input type="checkbox"/> Hourly             | <input type="checkbox"/> Weekly                 |
|          |   | <input type="checkbox"/> Unit of production | <input type="checkbox"/> Other (specify): _____ |

  

|          |   |   |   |
|----------|---|---|---|
| <b>a</b> | Name of contributing employer   |   |   |
| <b>b</b> | EIN   | <b>c</b>                                    | Dollar amount contributed by employer           |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____ |   |   |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> 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:  | <input type="checkbox"/> Hourly             | <input type="checkbox"/> Weekly                 |
|          |   | <input type="checkbox"/> Unit of production | <input type="checkbox"/> Other (specify): _____ |

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% 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 \_\_\_\_\_.

**Mallinckrodt Pharmaceuticals Retirement  
Savings and Investment Plan**

Financial Statements  
and Supplemental Schedule

December 31, 2024 and 2023



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## INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of  
Mallinckrodt Pharmaceuticals Retirement Savings and  
Investment Plan

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

We have performed audits of the accompanying financial statements of Mallinckrodt Pharmaceuticals Retirement Savings and Investment 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 Mallinckrodt Pharmaceuticals Retirement Savings and Investment 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 financial statements referred to above, 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 financial statements referred to above 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Mallinckrodt Pharmaceuticals Retirement Savings and Investment 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 these 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 Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan's ability to continue as a going concern within 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Mallinckrodt Pharmaceuticals Retirement Savings and Investment 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 Mallinckrodt Pharmaceuticals Retirement Savings and Investment 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 audits, significant audit findings, and certain internal control related matters that we identified during the audits.

#### **Other Matter - Supplemental Schedule Required by ERISA**

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

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

In our opinion:

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

*Armano LLP*

St. Louis, Missouri

October 1, 2025

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
 Statements of Net Assets Available for Benefits  
 December 31, 2024 and 2023

|                                    | 2024           | 2023           |
|------------------------------------|----------------|----------------|
| ASSETS                             |                |                |
| Investments, at fair value         | \$ 839,419,354 | \$ 767,491,130 |
| Receivables                        |                |                |
| Employer contributions             | 1,567,547      | 1,051,235      |
| Participant contributions          | -              | 172            |
| Notes receivable from participants | 11,427,857     | 11,517,098     |
| Total receivables                  | 12,995,404     | 12,568,505     |
| Net assets available for benefits  | \$ 852,414,758 | \$ 780,059,635 |

The accompanying notes are an integral part of these financial statements.

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2024 and 2023

|   | <u>2024</u>           | <u>2023</u>           |
|---|-----------------------|-----------------------|
| Additions to net assets                               |                       |                       |
| Contributions   |                       |                       |
| Employer  | \$ 21,591,276         | \$ 19,084,021         |
| Participants  | 33,157,734            | 29,886,563            |
| Participant rollovers                                 | <u>8,030,792</u>      | <u>3,301,015</u>      |
| Total contributions                                   | <u>62,779,802</u>     | <u>52,271,599</u>     |
| Investment income                                     |                       |                       |
| Net appreciation in fair value of investments         | 112,378,693           | 124,108,582           |
| Interest and dividends                                | <u>7,973,289</u>      | <u>7,817,139</u>      |
| Total investment income                               | <u>120,351,982</u>    | <u>131,925,721</u>    |
| Interest income on notes receivable from participants | <u>764,763</u>        | <u>622,707</u>        |
| Total additions to net assets                         | <u>183,896,547</u>    | <u>184,820,027</u>    |
| Deductions from net assets                            |                       |                       |
| Benefits paid to participants                         | 111,328,008           | 90,544,094            |
| Administrative expenses                               | <u>213,416</u>        | <u>218,048</u>        |
| Total deductions from net assets                      | <u>111,541,424</u>    | <u>90,762,142</u>     |
| Net increase in net assets available for benefits     | 72,355,123            | 94,057,885            |
| Net assets available for benefits, beginning of year  | <u>780,059,635</u>    | <u>686,001,750</u>    |
| Net assets available for benefits, end of year        | <u>\$ 852,414,758</u> | <u>\$ 780,059,635</u> |

The accompanying notes are an integral part of these financial statements.

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

General

The Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan (the "Plan"), was established on April 1, 2013. The Plan is a defined contribution plan and is available to U.S. based salaried, hourly, and union employees of Mallinckrodt Enterprises, LLC and ST Shared Services, LLC, as affiliated entities of MEH, Inc. (the "Company" and "Plan Sponsor"), who meet the Plan's eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Selected Plan provisions are described below. Participants should refer to the Plan document and summary plan description for more complete information regarding the terms of the Plan.

Effective March 27, 2020, the Plan administratively adopted the provisions of the Coronavirus Aid, Relief, and Economic Security ("Cares") ACT, related to participants loans and distributions. The plan has adopted certain provisions of the CARES act and has formally amended the Plan.

An expansion of Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE 2.0") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. The effective dates of provisions within SECURE 2.0 vary through 2026. The Plan Sponsor has until December 31, 2026, to amend the Plan for the changes related to SECURE 2.0. Several of these provision were implemented subsequent to year end as part of a plan restatement effective January 1, 2025.

Eligibility

All employees are eligible to enter the Plan, with the exception of leased employees, nonresident aliens with no compensation from sources within the United States, employees currently eligible to participate in any non U.S. Mallinckrodt Retirement Plan, cooperative students/interns, and temporary employees whose compensation is paid by a temporary agency or entity other than the Plan Sponsor.

Contributions

Contributions are subject to Internal Revenue Code ("IRC") limitations. Contributions to the Plan are funded on a per pay period basis.

- *Participant contributions* - Participants may make a minimum voluntary contribution and increase their voluntary contributions up to a certain limit of compensation. Employees may contribute up to 50% of eligible compensation on pre-tax dollars or on an after-tax Roth basis. Additionally, participants may contribute after-tax basis dollars up to \$15,000 per year. Automatic enrollment for a new participant results in withholding 3% of the participant's eligible base pay, on a pre-tax basis, with automatic annual increases of 1% until the participant's contribution percentage equals 10% or the election is changed by the participant.

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Contributions (continued)

- *Company contributions* - The Company contribution for all employees includes a core contribution of 3% of eligible compensation whether they elect to contribute to the Plan or not. The Company match is 50% of the employee's contribution up to 8% of eligible compensation for a total match of 4% of pay. The maximum match plus core contribution is 7% of eligible compensation. Effective January 1, 2024, the Plan was amended to provide employer matching contribution qualified student loan payments made by participants, in accordance with the SECURE 2.0 Act. Under this amendment, eligible participants may receive matching contributions for certified repayment of qualified education loans, subject to the same matching rate and compensation limits as elective deferrals.

Certain participant contributions are eligible to receive matching Company contributions as well as a true-up matching contribution. The Company will contribute to the Plan for each pay period, on behalf of each Participant who has made before-tax contributions and/or Roth contributions, an amount equal to 50% of each dollar of such contribution contributed to the Plan, for each pay period, so long as such contributions do not exceed 8% of the participant's compensation for each pay period. These matching contributions shall be credited to the participant's employer account. The Company shall make a "true-up" Matching Contribution after the end of the Plan year based on the participant's contributions for the entire Plan year.

Participant accounts

Each participant's account is credited with the participant's contribution, employer contribution, and an allocation of investment earnings and losses, and is charged with certain utilization-based fees, as applicable. Participants are entitled to the benefit that can be provided from the participant's vested account. Plan participants are able to direct the investment of their employer and employee contributions into various investment options offered under the Plan.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus actual earnings thereon is based on years of vesting service. Participants become 100% vested in the Company's matching contributions and core contribution after they complete two years of service or upon attainment of age 55, if earlier.

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Forfeited accounts

Upon termination of employment for reasons other than a distributable event or involuntary termination other than for cause, nonvested contributions and related investment earnings are forfeited. If an employee terminated involuntarily other than for cause, the participant will become 100% vested in the participant's employer matching contributions. Such forfeitures may be used to reduce Plan expenses or to satisfy matching contributions that would otherwise be made by the Company prior to January 1, 2025. Forfeitures used to pay for administrative expenses and reduce employer contributions for the years ended December 31, 2024 and 2023 totaled \$1,201,979 and \$944,973, respectively. Forfeited nonvested accounts totaled \$133,167 and \$609,430 at December 31, 2024 and 2023, respectively.

Notes receivable from participants

Participants are allowed to borrow from their Plan accounts. The minimum amount that a participant may borrow is \$1,000. The maximum amount that a participant may borrow is the lesser of: (i) 50% of the participant's vested balance; or (ii) \$50,000 less the highest loan balance outstanding in the previous twelve months. Participants are allowed to have two loans outstanding at a time. Loans are secured and bear a reasonable interest rate. Except for unpaid leaves of absence, loans must be repaid through payroll deductions. Terminated participants may make payments directly to Fidelity Management Trust Company ("Fidelity") on their outstanding loan balance. Interest rates ranged from 3.25% to 9.50% at December 31, 2024.

Payment of benefits

After termination of employment for any reason, (e.g. resignation, death, disability, retirement etc.), a participant (or his/her beneficiary in the case of the participant's death) may elect to receive either a lump sum amount equal to the participant's vested account balance or to rollover their vested account balance to another qualified retirement plan or IRA, as described in the Plan document. Participants may also leave their account balance in the Plan.

Plan governance and administration

The Chief Human Resources Officer of the Company previously delegated certain fiduciary oversight functions to the Mallinckrodt Benefits Committee ("Committee"). Effective January 1, 2023, the Committee selected CAPTRUST to serve as a 3(38) investment fiduciary with respect to Plan investments. Fidelity Management Trust Company serves as the directed trustee, and a Fidelity affiliate serves as record keeper of the Plan.

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

Use of estimates

The preparation of financial statements in conformity with US GAAP requires the Plan Sponsor to make estimates and assumptions that affect certain reported amounts of assets and liabilities therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 5 for discussion of fair value measurements.

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

Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- *Level 1* - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability access.
- *Level 2* - Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair value measurements (continued)

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

- *Mutual funds* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Collective trust funds* - Valued at the NAV of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Notes receivable from participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participant's account balances. Related fees are recorded as administrative expenses and expensed when they are incurred.

Payment of benefits

Benefit payments to participants are recorded when distributed.

Administrative expenses

Expenses for participant loans, qualified domestic relations orders, and hardship withdrawal transactions are paid by the participant by reducing the participant's account balance. Most administrative expenses are paid by the Company.

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent events

The Plan has evaluated subsequent events through October 1, 2025, the date which the financial statements were available to be issued.

3. INCOME TAX STATUS

The Company adopted an individually designed profit-sharing plan with a cash or deferral arrangement that received a favorable opinion letter dated October 8, 2015, in which the IRS stated that the plan document was in compliance with applicable requirements of the IRC. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 be sustained upon examination by the IRS. Management has evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. CERTIFICATION OF INVESTMENT INFORMATION

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Sponsor has accepted the certification of Fidelity, as to the accuracy and completeness of the investment information included in the accompanying financial statements and supplemental schedule and instructed the Plan's independent accountants not to perform any auditing procedures with respect to such information.

Accordingly, the following information was certified by Fidelity for the years ended December 31, 2024 and 2023, and was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying financial statements and schedule.

- All investments and notes receivable from participants as of December 31, 2024 and 2023, which are included in the Statements of Net Assets Available for Benefits and the supplemental Schedule of Assets (Held at End of Year).
- Interest, dividends, and net appreciation in fair value of investments for the years ended December 31, 2024 and 2023, which are included in the Statements of Changes in Net Assets Available for Benefits.

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
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5. FAIR VALUE MEASUREMENTS

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

|                                 | Level 1        | Level 2 | Level 3 | Fair Value            |
|---------------------------------|----------------|---------|---------|-----------------------|
| Mutual funds                    | \$ 272,140,217 | \$ -    | \$ -    | \$ 272,140,217        |
| Investments measured at NAV (a) |                |         |         | <u>567,279,137</u>    |
| Investments, at fair value      |                |         |         | <u>\$ 839,419,354</u> |

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

|                                 | Level 1        | Level 2 | Level 3 | Fair Value            |
|---------------------------------|----------------|---------|---------|-----------------------|
| Mutual funds                    | \$ 252,848,203 | \$ -    | \$ -    | \$ 252,848,203        |
| Investments measured at NAV (a) |                |         |         | <u>514,642,927</u>    |
| Investments, at fair value      |                |         |         | <u>\$ 767,491,130</u> |

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

There were no significant transfers between Level 1, Level 2, or Level 3 investments during the years ended December 31, 2024 and 2023.

6. INVESTMENTS MEASURED USING THE NAV PER SHARE PRACTICAL EXPEDIENT

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

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
December 31, 2024 and 2023

6. INVESTMENTS MEASURED USING THE NAV PER SHARE PRACTICAL EXPEDIENT  
(continued)

| December 31, 2024                  | Fair Value     | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|------------------------------------|----------------|-------------------------|-------------------------|--------------------------------|
| Blackrock-collective trust funds   | \$ 391,094,628 | \$ -                    | Daily                   | 5 days                         |
| Galliard- stable value fund        | \$ 18,012,806  | \$ -                    | Daily                   | 12 Months                      |
| JP Morgan- collective Trust fund   | \$ 133,745,123 | \$ -                    | Daily                   | Daily                          |
| Great Gray- collective trust fund  | \$ 17,052,083  | \$ -                    | Daily                   | 5 days                         |
| Mass Mutual- collective trust fund | \$ 7,374,497   | \$ -                    | Daily                   | 5 days                         |

| December 31, 2023                  | NAV in Funds   | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|------------------------------------|----------------|-------------------------|-------------------------|--------------------------------|
| Blackrock-collective trust funds   | \$ 359,366,472 | \$ -                    | Daily                   | 5 days                         |
| Galliard- stable value fund        | \$ 17,641,013  | \$ -                    | Daily                   | 12 Months                      |
| JP Morgan- collective Trust fund   | \$ 113,389,361 | \$ -                    | Daily                   | Daily                          |
| Great Gray- collective trust fund  | \$ 17,805,972  | \$ -                    | Daily                   | 5 days                         |
| Mass Mutual- collective trust fund | \$ 6,440,109   | \$ -                    | Daily                   | 5 days                         |

Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust funds, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

|  | 2024                  | 2023                  |
|--|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 852,414,758        | \$ 780,059,635        |
| Less: Deemed distributions                                     | <u>(1,183,769)</u>    | <u>(1,136,678)</u>    |
| Net assets available for benefits per the Form 5500            | <u>\$ 851,230,989</u> | <u>\$ 778,922,957</u> |

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

|  |                      |
|--|----------------------|
| Increase in net assets available for benefits per the financial statements | \$ 72,355,123        |
| Less: Change in deemed distributions                                       | <u>(47,091)</u>      |
| Increase in net assets available for benefits per the Form 5500            | <u>\$ 72,308,032</u> |

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
Notes to Financial Statements  
December 31, 2024 and 2023

8. RISKS AND UNCERTAINTIES

The Plan provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

9. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain administrative functions are performed by employees of the Company. No such employee received compensation from the Plan. Additionally, certain administrative expenses are paid directly by the Company. Certain plan investments are owned and managed by the trustee; therefore, these transactions qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempted from prohibition of party-in-interest.

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Plan and ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

SUPPLEMENTAL SCHEDULE

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
EIN: 65-0952696; Plan: 001  
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year)  
December 31, 2024

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party            | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|---|---|-------------|-------------------------|
|     | Mutual funds  |   |             |                         |
| *   | Fidelity  | 500 Index   | **          | \$ 109,322,619          |
|     | Vanguard  | Equity-Income Admiral   | **          | 35,847,261              |
| *   | Fidelity  | Extended Market Index   | **          | 44,413,316              |
| *   | Fidelity  | Investments Money Market Government Portfolio   | **          | 26,428,314              |
|     | DFA   | US Targeted Value I   | **          | 23,968,939              |
|     | Blackrock   | Blackrock Total Return Fund   | **          | 12,818,593              |
|     | Parnassus   | Parnassus Core Equity Fund  | **          | 2,696,363               |
| *   | Fidelity  | US Bond Index Fund  | **          | 6,310,084               |
| *   | Fidelity  | Total International Index   | **          | 5,136,795               |
|     | Vanguard  | Real Estate Index Admiral   | **          | 2,135,458               |
| *   | Fidelity  | Inflation-Protected Bond Index Fund   | **          | 1,636,823               |
|     | DFA   | International Small Company   | **          | <u>1,425,652</u>        |
|     |   |   |             | 272,140,217             |
|     | Collective trusts   |   |             |                         |
|     | JP Morgan   | Large Cap Growth Fund CF  | **          | 133,745,123             |
|     | Blackrock Lifepath  | 2030 Fund Class W   | **          | 76,609,624              |
|     | Blackrock Lifepath  | 2035 Fund Class W   | **          | 73,285,656              |
|     | Blackrock Lifepath  | 2040 Fund Class W   | **          | 66,801,564              |
|     | Blackrock Lifepath  | 2045 Fund Class W   | **          | 49,530,697              |
|     | Blackrock Lifepath  | 2050 Fund Class W   | **          | 37,702,423              |
|     | Blackrock Lifepath  | Retirement Fund Class W   | **          | 59,290,843              |
|     | Blackrock Lifepath  | 2055 Fund Class W   | **          | 16,817,492              |
|     | Blackrock Lifepath  | 2060 Fund Class W   | **          | 9,275,814               |
|     | Blackrock Lifepath  | 2065 Fund Class W   | **          | 1,780,515               |
|     | Great Gray Trust  | EuroPacific Growth Collective Trust   | **          | 17,052,083              |
|     | MassMutual  | Small Cap Growth Equity Collective Trust  | **          | 7,374,497               |
|     | Galliard  | Stable Return Fund  | **          | <u>18,012,806</u>       |
|     |   |   |             | 567,279,137             |
| *   | Notes receivable from participants  | Interest rates ranging from 3.25% - 9.50%, maturing through November 2039.  | --          | <u>11,427,857</u>       |
|     |   |   |             | <u>\$ 850,847,211</u>   |
| *   | Party-in-interest   |   |             |                         |
| **  | Cost information not provided as all investments are participant directed |   |             |                         |

Mallinckrodt Pharmaceuticals Retirement Savings and Investment Plan  
EIN: 65-0952696; Plan: 001  
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year)  
December 31, 2024

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party            | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|---|---|-------------|-------------------------|
|     | Mutual funds  |   |             |                         |
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| *   | Fidelity  | Investments Money Market Government Portfolio   | **          | 26,428,314              |
|     | DFA   | US Targeted Value I   | **          | 23,968,939              |
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| *   | Fidelity  | Total International Index   | **          | 5,136,795               |
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|     | DFA   | International Small Company   | **          | <u>1,425,652</u>        |
|     |   |   |             | 272,140,217             |
|     | Collective trusts   |   |             |                         |
|     | JP Morgan   | Large Cap Growth Fund CF  | **          | 133,745,123             |
|     | Blackrock Lifepath  | 2030 Fund Class W   | **          | 76,609,624              |
|     | Blackrock Lifepath  | 2035 Fund Class W   | **          | 73,285,656              |
|     | Blackrock Lifepath  | 2040 Fund Class W   | **          | 66,801,564              |
|     | Blackrock Lifepath  | 2045 Fund Class W   | **          | 49,530,697              |
|     | Blackrock Lifepath  | 2050 Fund Class W   | **          | 37,702,423              |
|     | Blackrock Lifepath  | Retirement Fund Class W   | **          | 59,290,843              |
|     | Blackrock Lifepath  | 2055 Fund Class W   | **          | 16,817,492              |
|     | Blackrock Lifepath  | 2060 Fund Class W   | **          | 9,275,814               |
|     | Blackrock Lifepath  | 2065 Fund Class W   | **          | 1,780,515               |
|     | Great Gray Trust  | EuroPacific Growth Collective Trust   | **          | 17,052,083              |
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|     | Galliard  | Stable Return Fund  | **          | <u>18,012,806</u>       |
|     |   |   |             | 567,279,137             |
| *   | Notes receivable from participants  | Interest rates ranging from 3.25% - 9.50%, maturing through November 2039.  | --          | <u>11,427,857</u>       |
|     |   |   |             | <u>\$ 850,847,211</u>   |
| *   | Party-in-interest   |   |             |                         |
| **  | Cost information not provided as all investments are participant directed |   |             |                         |