

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>B. BRAUN MEDICAL, INC. PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>B. BRAUN MEDICAL, INC.</u></p> <p><u>824 TWELFTH AVENUE</u> <u>BETHLEHEM, PA 18018</u></p>	<p>1c Effective date of plan <u>09/01/1981</u></p> <p>2b Employer Identification Number (EIN) <u>23-2116774</u></p> <p>2c Plan Sponsor's telephone number <u>610-691-5400</u></p> <p>2d Business code (see instructions) <u>339110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	LEIGH ANN STRADFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor B. BRAUN MEDICAL, INC. ATTN SUSIE FORTHERINGHAM, DIR. CORP BENEFITS 824 TWELFTH AVENUE BETHLEHEM, PA 18018		3b Administrator's EIN 23-2116774
		3c Administrator's telephone number 610-691-5400
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	3347
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	1754
6a(2) Total number of active participants at the end of the plan year	6a(2)	1616
b Retired or separated participants receiving benefits.....	6b	757
c Other retired or separated participants entitled to future benefits	6c	627
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	3000
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	129
f Total. Add lines 6d and 6e.....	6f	3129
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>B. BRAUN MEDICAL, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>B. BRAUN MEDICAL, INC.</u>	D Employer Identification Number (EIN) <u>23-2116774</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>105519870</u>
	b Actuarial value	2b	<u>107522101</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>841</u>	<u>24886824</u>
	b For terminated vested participants	<u>764</u>	<u>17030680</u>
	c For active participants	<u>1754</u>	<u>70431363</u>
	d Total	<u>3359</u>	<u>112348867</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>4899123</u>
	b Expected plan-related expenses	6b	<u>1242000</u>
	c Target normal cost	6c	<u>6141123</u>

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

SIGN HERE		<u>09/26/2025</u>
	Signature of actuary	Date
	<u>VI-ZANNE HO</u>	<u>23-08517</u>
	Type or print name of actuary	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>215-246-6195</u>
	Firm name	Telephone number (including area code)
	<u>1900 MARKET STREET PHILADELPHIA, PA 19103-7501</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	21753551
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8134133
9	Amount remaining (line 7 minus line 8)	0	13619418
10	Interest on line 9 using prior year's actual return of <u>16.15</u> %	0	2199536
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15818954

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.57 %
15	Adjusted funding target attainment percentage	15	81.57 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	6141123	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	20711834	1973009	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	8114132	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8114132	8114132
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

A Name of plan B. BRAUN MEDICAL, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 B. BRAUN MEDICAL, INC.	D Employer Identification Number (EIN) 23-2116774	

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

BLACKROCK ADVISORS LLC

23-2784752

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

DODGE & COX

94-1411037

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

FIDELITY INVESTMENTS

04-2647786

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

JP MORGAN

13-3200344

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

AON CONSULTING INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50 65	NONE	319104	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)

MILLIMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	76500	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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	69665	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50 25 52 28	TRUSTEE	52299	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	35860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan B. BRAUN MEDICAL, INC. PENSION PLAN	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 B. BRAUN MEDICAL, INC.	D Employer Identification Number (EIN) <u>23-2116774</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2647491</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan B. BRAUN MEDICAL, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 B. BRAUN MEDICAL, INC.	D Employer Identification Number (EIN) 23-2116774

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23388	10352
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5063046	2647491
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	100433436	99661530
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	105519870	102319373
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	84390	98454
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	84390	98454
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	105435480	102220919

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2405286	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2405286
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		190249
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7357808
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9953343

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11892177	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11892177
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	35860	
(5) Investment advisory and investment management fees	2i(5)	76500	
(6) Bank or trust company trustee/custodial fees	2i(6)	52299	
(7) Actuarial fees	2i(7)	69995	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1041073	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1275727
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13167904

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3214561
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 546363.

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

A Name of plan B. BRAUN MEDICAL, INC. PENSION PLAN	B Three-digit plan number (PN)	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 B. BRAUN MEDICAL, INC.	D Employer Identification Number (EIN) <u>23-2116774</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-2116774</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>185</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 67.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 28.0 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: 5.0 %

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 _____.

B. Braun Medical Inc.
Pension Plan

Financial Statements
December 31, 2024 and 2023

Supplemental Schedules
December 31, 2024

B. Braun Medical Inc. Pension Plan Index

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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”) have been omitted because they are not applicable.	



Report of Independent Auditors

To the Administrator of B. Braun Medical Inc. Pension Plan

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

We have performed an audit of the accompanying financial statements of B. Braun Medical Inc. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023 and the related statement of changes in accumulated plan benefits for the year then ended, including the related notes (collectively referred to as the "financial statements").

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

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

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

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

Basis for Opinion

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



Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



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

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

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

Other Matter – Supplemental Schedules Required by ERISA

Form 5500 – Schedule H, Line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2024 and Form 5500 – Schedule H, Line 4j: Schedule of Reportable Transactions for the year ended December 31, 2024 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

PricewaterhouseCoopers LLP

Philadelphia, Pennsylvania
October 14, 2025

B. Braun Medical Inc. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value		
Registered investment companies	\$ 99,661,530	\$ 100,433,436
Collective investment funds	2,647,491	5,063,046
Total investments	<u>102,309,021</u>	<u>105,496,482</u>
Receivables		
Accrued investment income	10,352	23,388
Total receivables	<u>10,352</u>	<u>23,388</u>
Total assets	<u>102,319,373</u>	<u>105,519,870</u>
Liabilities		
Accrued administrative expenses	98,454	84,390
Total liabilities	<u>98,454</u>	<u>84,390</u>
Net assets available for benefits	<u>\$ 102,220,919</u>	<u>\$ 105,435,480</u>

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

B. Braun Medical Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Investment income (loss)		
Net appreciation in fair value of investments	\$ 7,357,808	\$ 11,905,062
Dividend income	2,405,286	2,373,254
Interest income	190,249	281,547
Total investment income	<u>9,953,343</u>	<u>14,559,863</u>
Deductions		
Benefits paid directly to participants and beneficiaries	11,892,177	9,834,663
Administrative expenses	1,275,727	1,433,092
Total deductions	<u>13,167,904</u>	<u>11,267,755</u>
Net (decrease) increase	(3,214,561)	3,292,108
Net assets available for benefits		
Beginning of the year	<u>105,435,480</u>	<u>102,143,372</u>
End of year	<u>\$ 102,220,919</u>	<u>\$ 105,435,480</u>

accompanying notes are an integral part of these financial statements.

B. Braun Medical Inc. Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2023

	2023
Actuarial present value of accumulated plan benefits	
Vested benefits	
Active participants	\$ 61,883,907
Retired participants and beneficiaries receiving payments	22,534,200
Terminated participants	<u>15,339,738</u>
Total vested benefits	99,757,845
Nonvested benefits	<u>79,501</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 99,837,346</u></u>

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

B. Braun Medical Inc. Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023

	2023
Actuarial present value of accumulated plan benefits at beginning of year	\$ 101,129,895
Changes during the year due to:	
Benefits accumulated, including losses	4,639,372
Increase for interest due to decrease in discount period	6,555,376
Actuarial losses	24,858
Change in actuarial assumptions	(2,677,492)
Benefits paid	<u>(9,834,663)</u>
Net decrease	<u>(1,292,549)</u>

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

B. Braun Medical Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following description of the B. Braun Medical Inc. Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory cash balance plan covering substantially all employees of B. Braun Medical Inc., and its affiliated companies (collectively the “Company”), who were hired prior to April 1, 2013. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by the Company’s Retirement Committee, which is a committee appointed by the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan.

In 2013, the Plan was amended to reflect a participation freeze. Employees whose initial date of employment with the Company occurs on or after April 1, 2013, will not be eligible to become a member of the plan. Effective July 1, 2017, the Plan was amended to disallow employees, who were originally hired before April 1, 2013 and subsequently terminated and rehired, to be eligible to enter or re-enter the plan.

Participant Accounts

The Plan provides for the allocation of Pay-Based Credits and Interest Credits (as defined in the Plan document) to each participant’s hypothetical account at the end of each Plan year.

The Pay-Based Credits for a given Plan year equal a percentage of each participant’s pensionable earnings for that Plan year, as defined in the Plan document, plus an additional percentage of each participant’s pensionable earnings for that plan year in excess of the social security taxable wage for that Plan year. The applicable percentages range from 1.30% to 3.20%, applicable additional percentages range from 0.65% to 1.60%, each of which are based on the participant’s age plus years of credited service at the beginning of the Plan year. The Interest Credits for a given Plan year are based on the average annual yield on one-year Treasury securities for the month of December of the prior Plan year (which are released in January of the current Plan year), but with a minimum interest rate credit rate of 3.88%. As of December 31, 2023 and 2022, the applicable Interest Credit rates were 4.12% and 3.88%, respectively.

Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company’s funding policy is to make annual contributions to the extent necessary to satisfy minimum funding requirements of ERISA. The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. For the years ended December 31, 2024 and 2023 the Company met the funding requirements of ERISA.

Retirement Benefits

Pension benefits are provided to participants based upon years of service and age. The Plan permits early retirement at ages 55–64, provided certain other necessary conditions are met. Retirement benefits are paid to participants or beneficiaries in the form of a single life annuity or lump sum amount. The lump sum payment form option is available immediately to anyone who retires or terminates with a vested interest in the Plan. It is also available immediately to the beneficiary of anyone who dies after having satisfied the eligibility conditions for a preretirement death benefit. The cash balance plan benefit is based on accumulated amounts in a hypothetical

B. Braun Medical Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

account maintained for each participant. Amounts accumulated based on pay credits, including an additional percent for compensation in excess of the social security taxable wage base (“SSTWB”), for participants who earned at least 1,000 hours of service during the Plan year. At the end of each year, a participant’s account is credited with a percentage of the participant’s total annual compensation based on the following schedule:

	Percent of Total Compensation	Additional Percent for Compensation in Excess of SSTWB
Age plus credited service at beginning of year		
Less than 30	1.30 %	0.65 %
30-39	1.50	0.75
40-49	1.70	0.85
50-59	2.00	1.00
60-69	2.40	1.20
70-79	2.80	1.40
80 or more	3.20	1.60

Interest for each cash balance account is credited at the end of the Plan year based upon the greater of 4.12% or the average annual yield of one-year treasury securities beginning with the month of December of the prior Plan year.

Death Benefits

For a participant who is eligible to receive retirement benefits, the surviving spouse is entitled to receive the entire value of the participant’s cash balance Plan account. This benefit will be converted to a single life annuity based upon the surviving spouse’s age at the time of the participant’s death. If the value of the death benefit is less than \$5,000, it will be automatically distributed as a single lump sum payment. In the event that a participant’s spouse does not survive the participant, a death benefit equal to 50% of the value of the participant’s cash balance Plan account shall be payable to the participant’s dependent children.

Vesting

A participant’s plan benefits become fully vested upon completion of three years of service.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

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

B. Braun Medical Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

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. If available, quoted market prices are used to value investments. Investment in short term investment funds is valued at net asset value. The Retirement Committee determines the Plan's valuation policies utilizing information provided by the trustee. See Note 4 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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments sold during the period realized as well as the unrealized gains or losses on investments held in the portfolio at period end.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future payments, including lump sum distributions that are attributable under the Plan's provisions to the service that Plan participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on participants' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by independent actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The Statement of Accumulated Plan Benefits is presented at December 31, 2023 and the Statement of Changes in Accumulated Plan Benefits is presented for the year ended December 31, 2023. However, these financial statements use actuarial data as of January 1, 2024. There is not a significant difference between the actuarial data as of December 31, 2023 and January 1, 2024.

The significant actuarial assumptions used to compute the actuarial present value of accumulated plan benefits as of December 31, 2023 were as follows:

Mortality tables	PRI-2012 separate annuitant/non annuitant mortality table without collar adjustment, as published in 2019 by the Society of Actuaries, projected generationally with scale MP-2021
Retirement age	Graduated table developed based on plan experience study
Cash balance interest crediting rate	4.12% per annum
Cash balance annuity conversion rate	4.54% per annum
417(e) lump sum annuity conversion rate	Applicable rates in IRC Section 417(e) from November 2023

B. Braun Medical Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

The significant actuarial assumptions used to compute the actuarial present value of accumulated plan benefits as of December 31, 2022 were as follows:

Mortality tables	PRI-2012 separate annuitant/non annuitant mortality table without collar adjustment, as published in 2019 by the Society of Actuaries, projected generationally with scale MP-2021
Retirement age	Graduated table developed based on plan experience study
Cash balance interest crediting rate	3.88% per annum
Cash balance annuity conversion rate	4.36% per annum
417(e) lump sum annuity conversion rate	Applicable rates in IRC Section 417(e) from November 2022

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

Administrative Expenses

Administrative expenses of the Plan are paid by either the Plan or the Company, as provided in the Plan document. The Company provides accounting and other administrative services to the Plan at no charge and are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Administrative expenses of the Plan totaled \$1,275,727 and \$1,433,092 for the years ended December 31, 2024 and 2023, respectively.

Payment of Benefits

Benefits are recorded when paid.

3. Certified Information

Plan management has elected the method of compliance permitted by CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA.

All investment balances and related investment information disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) and schedule of reportable transactions was agreed to or derived from information provided to the Plan administrator and certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., the trustee and custodian of the Plan.

The following line items consist of certified information within the statements of net assets available for benefits:

	2024	2023
Registered investment companies	\$ 99,661,530	\$ 100,433,436
Collective investment funds	2,647,491	5,063,046
Accrued investment income	10,352	23,388

The following line items consist of certified information within the statements of changes in net assets available for benefits:

B. Braun Medical Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

	2024	2023
Net appreciation in fair value of investments	\$ 7,357,808	\$ 11,905,062
Dividend income	2,405,286	2,373,254
Interest income	190,249	281,547

4. Fair Value Measurements

ASC 820 establishes a framework for measuring fair value and expands disclosures about fair value measurements in financial statements. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

B. Braun Medical Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Registered Investment Companies

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 U.S. Securities 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 Investment Funds

A collective investment fund is a bank-administered trust that aims to maintain a net asset value (NAV) of \$1 per share.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no transfers between levels from 2024 to 2023.

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 99,661,530	\$ -	\$ -	\$ 99,661,530
Investments measured at net asset value - collective investment funds				2,647,491
Total investments at fair value				\$ 102,309,021

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 100,433,436	\$ -	\$ -	\$ 100,433,436
Investments measured at net asset value - collective investment funds				5,063,046
Total investments at fair value				\$ 105,496,482

Fair Value of Investments in Entities that use NAV

The following table summarizes an investment measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively.

December 31, 2024	NAV	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Trust (a)	\$ 2,647,491	n/a	n/a	n/a

(a) The strategy for this fund is to invest in securities in order to maintain a stable value.

B. Braun Medical Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

December 31, 2023	NAV	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Trust (a)	\$ 5,063,046	n/a	n/a	n/a

(a) The strategy for this fund is to invest in securities in order to maintain a stable value.

5. Related Party and Party in Interest Transactions

The Plan invested in a collective investment fund managed by The Bank of New York Mellon/BNY Mellon, N.A., the trustee. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment fund. Certain expenses related to the administration of the Plan are paid by the Company, which qualify as a party in interest, but are exempt from the prohibited transaction rules.

6. Tax Status

The Plan obtained its latest determination letter on November 18, 2020, in which the Internal Revenue Service (IRS) states that the Plan, as then designed was in compliance with the applicable requirements of the Internal Revenue code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC.

Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is not subject to income tax examinations for the years prior to 2021.

7. Risks and Uncertainties

The Plan invests in various investment securities including registered investment companies and collective investment funds. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur at any time and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations

B. Braun Medical Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions at any time would be material to the financial statements.

8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while others be provided for at all.

9. Subsequent Events

The Company’s management has evaluated all activity of the Plan through October 14, 2025 the date the financial statements were made available for issuance.

Supplemental Schedules

B. Braun Medical Inc. Pension Plan
Form 5500 -Schedule H, Line 4i: Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
Registered investment company			
FIDELITY 500 INDEX FUND	Registered investment company	\$ 21,398,840	\$ 30,869,450
HRDNG LVNR INTL EQTY-INST Z	Registered investment company	7,642,896	7,895,589
DODGE & COX INTL STCK-I	Registered investment company	7,105,810	8,011,679
DODGE & COX INCOME-I	Registered investment company	8,408,355	8,294,048
JPMORGAN CORE BOND-R6	Registered investment company	8,613,043	8,350,154
NTNWD WCM FOC SM CAP-R6	Registered investment company	4,174,343	4,743,023
CONESTOGA SMALL CAP-INST	Registered investment company	4,086,328	5,118,155
DWS RREEF REAL ASSETS-R6	Registered investment company	5,340,162	5,101,466
BLACKROCK STRAT INC OPP-K	Registered investment company	5,361,354	5,346,171
GQG PART EMERG MKTS EQ-R6	Registered investment company	3,138,760	3,674,043
COHEN & STEERS INST RLTY	Registered investment company	3,830,726	3,987,139
ARGA EMRG MRKTS VAL-INST	Registered investment company	3,453,925	4,012,119
JNS HDRSN-DVLPD WRLD BOND-R6	Registered investment company	1,709,705	1,581,776
ARTISAN HIGH INCOME-INST	Registered investment company	1,595,898	1,637,946
FIDELITY INFL PROT BD-INS PR	Registered investment company	1,072,633	1,038,772
	Total Registered investment companies	<u>86,932,776</u>	<u>99,661,530</u>
Collective investment funds			
*EB Temp Inv. Fd 1.147% 12/31/2049 DD 11/01/01	Collective investment funds	<u>2,647,491</u>	<u>2,647,491</u>
	Total Collective investment funds	<u>2,647,491</u>	<u>2,647,491</u>
Total assets (held at end of year)		<u>\$ 89,580,268</u>	<u>\$ 102,309,021</u>

* Represents a party-in-interest as defined by ERISA.

The above information has been certified as accurate and complete by The Bank of New York Mellon/BNY Mellon, N.A., as Trustee and Custodian of the Plan.

B. Braun Medical Inc. Pension Plan
Form 5500 -Schedule H, Line 4j: Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved	Description of Assets	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Historical Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Series of Transactions**								
*EB Temp Inv Fd; 1.147% 12/31/2049 DD 11/01/01	Collective investment fund	56	14,797,464	-	-	14,797,464	14,797,464	-
*EB Temp Inv Fd; 1.147% 12/31/2049 DD 11/01/01	Collective investment fund	47	-	17,213,018	-	17,213,018	17,213,018	-

* Represents a party-in-interest as defined by ERISA.

** Transactions or a series of transactions in excess of 5% of the beginning current value of the Plan's assets as defined in 29 CFR Section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

The above information has been certified as accurate and complete by The Bank of New York Mellon/BNY Mellon, N.A., as Trustee and Custodian of the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	31	3	0	0	0	0	0	0	34
	-	-	-	93,832	-	-	-	-	-	-	-	95,636
35-39	0	1	3	59	30	0	0	0	0	0	0	93
	-	-	-	113,638	102,905	-	-	-	-	-	-	107,575
40-44	0	0	2	55	80	30	4	0	0	0	0	171
	-	-	-	133,683	114,423	92,076	-	-	-	-	-	117,151
45-49	0	0	1	52	92	47	17	1	0	0	0	210
	-	-	-	134,731	121,403	130,189	-	-	-	-	-	127,576
50-54	0	0	3	40	86	79	49	17	1	0	0	275
	-	-	-	121,452	124,477	122,900	122,079	-	-	-	-	121,580
55-59	1	0	0	40	97	69	100	33	14	5	5	359
	-	-	-	116,252	110,368	119,959	115,018	114,405	-	-	-	113,152
60-64	0	0	2	43	105	67	114	26	17	25	25	399
	-	-	-	102,146	111,869	113,743	113,640	118,639	-	93,301	-	112,747
65-69	0	0	1	24	43	23	53	11	8	9	9	172
	-	-	-	127,482	88,716	107,147	105,411	-	-	-	-	102,830
70 & over	0	0	0	3	12	5	17	2	1	1	1	41
	-	-	-	-	-	-	-	-	-	-	-	76,707
Total	1	1	12	347	548	320	354	90	41	40	40	1,754
	-	-	-	118,778	112,400	116,647	112,944	108,698	120,032	88,670	-	113,999

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: B. Braun Medical, Inc. Pension Plan
 EIN / PN: 23-2116774/002
 Plan Sponsor: B. Braun Medical, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024 Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	31	3	0	0	0	0	0	0	34
	-	-	-	11,767	-	-	-	-	-	-	-	12,195
35-39	0	1	3	59	30	0	0	0	0	0	0	93
	-	-	-	16,517	22,101	-	-	-	-	-	-	17,763
40-44	0	0	2	55	80	30	4	0	0	0	0	171
	-	-	-	23,651	25,870	24,353	-	-	-	-	-	24,858
45-49	0	0	1	52	92	47	17	1	0	0	0	210
	-	-	-	25,254	30,932	45,204	-	-	-	-	-	34,355
50-54	0	0	3	40	86	79	49	17	1	0	0	275
	-	-	-	24,259	36,371	46,356	51,479	-	-	-	-	40,843
55-59	1	0	0	40	97	69	100	33	14	5	359	
	-	-	-	24,988	36,865	50,855	57,073	69,273	-	-	-	47,574
60-64	0	0	2	43	105	67	114	26	17	25	399	
	-	-	-	25,666	39,731	53,157	66,570	83,393	-	74,992	-	56,213
65-69	0	0	1	24	43	23	53	11	8	9	172	
	-	-	-	36,894	34,007	54,358	68,798	-	-	-	-	55,426
70 & over	0	0	0	3	12	5	17	2	1	1	41	
	-	-	-	-	-	-	-	-	-	-	-	48,106
Total	1	1	12	347	548	320	354	90	41	40	1,754	
	-	-	-	22,996	33,437	47,371	60,609	67,295	91,299	71,850	-	43,203

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: B. Braun Medical, Inc. Pension Plan
 EIN / PN: 23-2116774/002
 Plan Sponsor: B. Braun Medical, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
--	--------------------------	------------------------------

As permitted by law, rates reflecting stabilization are used to determine the funding target and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Annual rates of increase

- Compensation 3.75%
- Social Security wage base 3.50%
- Inflation 2.50%
- Cash balance interest credit rate 4.12%
- Cash balance annuity conversion rate 4.54%
- 417(e) lump sum annuity conversion rate Applicable rates in IRC Section 417(e)(3)(C) for November 2023

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses Plan-related expenses are assumed to equal the administrative expenses for the prior year plus the estimated change in PBGC premiums, rounded to the nearest \$1,000. For 2023, this amount was \$1,242,000.

Demographic and Other Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Benefit commencement dates

- **Future vested benefit** Age 65 for annuity elections; lump sums assumed to be elected upon termination
- **Current vested benefit** Age 65 for annuity and lump sum elections. Current vested deferred participants over age 65 are assumed to commence immediately.
- **Retirement benefit** Upon termination of employment

Form of payment

	Lump Sum	Single Life Annuity	50% Joint and Survivor Annuity
Active retirements - male	70%	10%	20%
Active retirements - female	70%	20%	10%
Future vested deferred - male	70%	15%	15%
Future vested deferred - female	70%	15%	15%
Future disabled	N/A	N/A	N/A
Future deaths	50%	50%	0%
Current vested deferred - male	70%	15%	15%
Current vested deferred - female	70%	15%	15%

Percent married 85% of males; 50% of females. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement

Spouse age Wife – 2 years younger than husband
Husband – 2 years older than wife

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Covered pay Total pay for the period as reported on Form W-2, before any and all deductions paid by the employer, excluding severance pay, and including pretax contributions made pursuant to Code Sections 401(k) and for health and welfare premiums, flexible spending accounts (pursuant to Code Section 125) and dependent care accounts (pursuant to Code Section 129). Compensation excludes contributions or benefits earned under this plan and special allowances (such as moving expenses, car expenses, tuition reimbursement, meal allowance and the cost of excess group life insurance includable in gross income). Pensionable earnings are limited per IRC Section 401(a)(17).

Mortality:

- **Healthy mortality rates** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled life mortality rates** Same as healthy lives

Disability rates None

Termination (not due to disability or retirement) rates The rates at which participants are assumed to terminate employment by age are shown below:

Representative Termination Rates

Attained Age	Percentage assumed to leave during the year
16	20.00%
20	18.00%
25	15.00%
30	8.00%
35	6.00%
40	5.50%
45	4.00%
50	3.50%
55	3.00%

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants are assumed to retire by age are shown below, resulting in a weighted average retirement age of 65.

Attained Age	Percentage assumed to retire during the year
55 – 59	2.00%
60 – 61	5.00%
62 – 63	8.00%
64	10.00%
65	15.00%
66	25.00%
67	27.50%
68 - 70	25.00%
71	100.00%

Additional Assumptions

Late Retirement Benefits Active participants over age 65 are valued based on continued accruals.

Cash flow

Decrement timing The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.74% with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024 and information on plan provisions. Information on assets and contributions was provided by the plan trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	B. Braun Medical, Inc. Pension Plan
EIN / PN:	23-2116774/002
Plan Sponsor:	B. Braun Medical, Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Cash balance interest crediting rate	The selected assumption reflects a median expectation of the average rates for 1-year Treasury securities over 10 years based on WTW's Capital Market Assumptions as of January 1, 2024.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
Annuity conversion rate	The selected assumption reflects a median expectation of the average rates for 30-year Treasury securities over 10 years based on WTW's Capital Market Assumptions as of January 1, 2024.
Rates of increase in compensation, National Average Wages (NAW) and CPI	Assumed increases were chosen by the plan sponsor and represent an estimate of future experience.

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430.
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates were based on an experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred vested benefits	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.
Form of payment	<p>The percentage of retiring participants assumed to take lump sums is based on an experience study conducted in 2022.</p> <p>The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on an experience study conducted in 2022.</p>
Percent married	The assumed percentage married is based on an experience study conducted in 2022.
Spouse age	The assumed age difference for spouses is based on an experience study conducted in 2022.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions, Methods, Estimation Techniques

Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.</p> <p>The 417(e) lump sum mortality table was updated to reflect rates in effect for 2024 distributions.</p> <p>The cash balance annuity conversion rate was updated from 4.36% to 4.54%.</p> <p>The cash balance interest crediting rate was updated from 3.88% to 4.12%.</p> <p>The methodology for calculating assumed plan related expenses has not changed; however, the assumed plan-related expenses added to the target normal cost were updated from \$1,402,000 for the prior valuation to \$1,242,000 for the current valuation.</p>
Change in estimation techniques	None

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	B. Braun Medical, Inc.
EIN/PN	23-2116774/002
Plan Name	B. Braun Medical, Inc. Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Vi-Zanne Ho
Enrollment Number	23-08517

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name: B. Braun Medical, Inc. Pension Plan
Plan Sponsor: B. Braun Medical, Inc.
Sponsor EIN/Plan Number: 23-2116774/002

Form 5500 -Schedule H, Line 4j: Schedule of Reportable Transactions Year Ended December 31, 2024

Identity of Party Involved	Description of Assets	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Historical Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Series of Transactions**								
*EB Temp Inv Fd; 1.147% 12/31/2049 DD 11/01/01	Collective investment fund	56	14,797,464	-	-	14,797,464	14,797,464	-
*EB Temp Inv Fd; 1.147% 12/31/2049 DD 11/01/01	Collective investment fund	47	-	17,213,018	-	17,213,018	17,213,018	-

* Represents a party-in-interest as defined by ERISA.

** Transactions or a series of transactions in excess of 5% of the beginning current value of the Plan's assets as defined in 29 CFR Section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

The above information has been certified as accurate and complete by The Bank of New York Mellon/BNY Mellon, N.A., as Trustee and Custodian of the Plan.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan
B. BRAUN MEDICAL, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
B. BRAUN MEDICAL, INC.

D Employer Identification Number (EIN)
23-2116774

E Type of plan: Single Multiple-A Multiple-B

F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value.....	2a	105,519,870
b Actuarial value.....	2b	107,522,101

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	841	24,886,824	24,886,824
b For terminated vested participants.....	764	17,030,680	17,030,680
c For active participants.....	1,754	70,431,363	70,497,477
d Total.....	3,359	112,348,867	112,414,981

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate..... **5** 5.15%

6 Target normal cost

a Present value of current plan year accruals.....	6a	4,899,123
b Expected plan-related expenses.....	6b	1,242,000
c Target normal cost.....	6c	6,141,123

Statement by Enrolled Actuary

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

SIGN HERE	Vi-Zanne Ho <u>VH</u>	<u>September 26, 2025</u>
	Signature of actuary	Date
Vi-Zanne Ho	Type or print name of actuary	2308517
		Most recent enrollment number
Willis Towers Watson US LLC	Firm name	215-246-6195
		Telephone number (including area code)
1900 Market Street	Address of the firm	
Philadelphia PA 19103-7501		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	21,753,551
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8,134,133
9	Amount remaining (line 7 minus line 8)	0	13,619,418
10	Interest on line 9 using prior year's actual return of <u>16.15%</u>	0	2,199,536
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	15,818,954

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.57%
15	Adjusted funding target attainment percentage	15	81.57%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.74%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 6,141,132

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	20,711,834	1,973,009
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 8,114,132

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8,114,132	8,114,132

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

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

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

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

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

Age	Retirement Rate	Number of Remaining Actives	Probability of Remaining Actives	Percentage Retiring at Age	Age Times Percentage Retiring
55	0.020	10,000	1.000000	0.020000	1.100000
56	0.020	9,800	0.980000	0.019600	1.097600
57	0.020	9,604	0.960400	0.019208	1.094856
58	0.020	9,412	0.941192	0.018824	1.091783
59	0.020	9,224	0.922368	0.018447	1.088394
60	0.050	9,039	0.903921	0.045196	2.711762
61	0.050	8,587	0.858725	0.042936	2.619111
62	0.080	8,158	0.815789	0.065263	4.046311
63	0.080	7,505	0.750525	0.060042	3.782648
64	0.100	6,905	0.690483	0.069048	4.419094
65	0.150	6,214	0.621435	0.093215	6.058992
66	0.250	5,282	0.528220	0.132055	8.715627
67	0.275	3,962	0.396165	0.108945	7.299337
68	0.250	2,872	0.287220	0.071805	4.882732
69	0.250	2,154	0.215415	0.053854	3.715903
70	0.250	1,616	0.161561	0.040390	2.827317
71	1.000	1,212	0.121171	0.121171	8.603122

Average age
at retirement

65.154589

Rounded for Schedule
SB item 22

65

Plan Name: B. Braun Medical, Inc. Pension Plan
 EIN / PN: 23-2116774/002
 Plan Sponsor: B. Braun Medical, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	6,085,237	6,100,225	2,602,865	14,788,327
2025	5,236,828	604,571	2,519,865	8,361,264
2026	5,447,366	977,232	2,434,538	8,859,136
2027	5,663,986	849,080	2,344,566	8,857,632
2028	5,340,567	662,795	2,248,429	8,251,791
2029	5,237,164	850,430	2,149,494	8,237,088
2030	5,294,818	743,616	2,049,522	8,087,956
2031	5,156,208	865,574	1,946,271	7,968,053
2032	4,904,423	766,182	1,841,695	7,512,300
2033	4,714,294	635,957	1,735,748	7,085,999
2034	4,557,475	890,192	1,630,338	7,078,005
2035	4,408,226	846,235	1,526,187	6,780,648
2036	4,182,366	896,370	1,422,597	6,501,333
2037	3,978,689	904,431	1,320,258	6,203,378
2038	3,824,240	819,364	1,218,230	5,861,834
2039	3,621,393	658,580	1,118,573	5,398,546
2040	3,532,928	815,111	1,022,744	5,370,783
2041	3,480,198	643,638	929,982	5,053,818
2042	3,260,265	576,695	840,705	4,677,665
2043	3,126,074	650,064	755,280	4,531,418
2044	2,998,352	538,004	674,035	4,210,391
2045	2,967,105	591,521	597,268	4,155,894
2046	2,826,468	533,686	525,231	3,885,385
2047	2,679,362	598,991	458,148	3,736,501
2048	2,558,639	463,524	396,195	3,418,358
2049	2,387,351	501,609	339,498	3,228,458
2050	2,293,394	455,002	288,121	3,036,517
2051	2,126,605	419,051	242,056	2,787,712
2052	2,002,695	391,841	201,221	2,595,757
2053	1,858,500	358,274	165,450	2,382,224
2054	1,729,171	342,893	134,507	2,206,571
2055	1,637,441	327,562	108,088	2,073,091
2056	1,506,419	310,953	85,835	1,903,207
2057	1,396,557	293,614	67,352	1,757,523
2058	1,293,483	275,752	52,215	1,621,450
2059	1,187,447	257,780	39,997	1,485,224
2060	1,092,685	240,180	30,274	1,363,139
2061	1,000,366	223,022	22,647	1,246,035
2062	910,537	206,365	16,750	1,133,652
2063	835,512	190,255	12,254	1,038,021
2064	759,852	174,731	8,871	943,454
2065	692,431	159,822	6,359	858,612
2066	628,644	145,553	4,516	778,713
2067	568,512	131,947	3,180	703,639
2068	512,016	119,030	2,220	633,266
2069	459,108	106,823	1,539	567,470
2070	409,728	95,345	1,057	506,130
2071	363,813	84,616	720	449,149
2072	321,294	74,647	486	396,427
2073	282,099	65,446	324	347,869

Plan Name: B. Braun Medical, Inc. Pension Plan
EIN / PN: 23-2116774/002
Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was amended August 1, 2020.

Covered employees	Active employees of B. Braun Medical, Aesculap, Aesculap II, and CAPS except for those in an excluded category.
Participation date	January 1 or July 1 after completing one year of service, 1,000 hours and attaining age 21.

Definitions

Vesting service	Period of employment from date of hire with any controlled group member.
Credited service	Period of employment from date of hire; however, no credit is given to McGaw employees prior to August 31, 1998. Credited Service is provided to Aesculap employees for the employee's period of employment with any controlled group member.
Pensionable pay	Total pay for the period as reported on Form W-2, before any and all deductions paid by the employer, excluding severance pay, and including pretax contributions made pursuant to Code Sections 401(k) and for health and welfare premiums, flexible spending accounts (pursuant to Code Section 125) and dependent care accounts (pursuant to Code Section 129). Compensation excludes contributions or benefits earned under this plan and special allowances (such as moving expenses, car expenses, tuition reimbursement, meal allowance and the cost of excess group life insurance includable in gross income). Pensionable earnings are limited per IRC Section 401(a)(17).
Social Security taxable wage base	The amount in effect on January 1 of each plan year on which a participant is taxed pursuant to the Federal Insurance Contribution Act (FICA).
Cash balance account	A cash balance account was established for each employee who was a participant in the plan on August 31, 1998 based on the present value of their accrued benefit at that date. An account will be established for each new participant as of the date he becomes a member of the plan. Each year, a participant's cash balance account is increased by pay-based credits (if applicable) and interest credits

Plan Name:	B. Braun Medical, Inc. Pension Plan
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Plan Sponsor:	B. Braun Medical, Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD) First of the month coincident with or next following age 65

Accrued benefit A participant's accrued benefit as of any date equals the greater of the actuarial equivalent of his or her account balance as of the given date or, if applicable, the participant's frozen accrued benefit as of August 31, 1998 (which, in turn, equals the greater of the frozen accrued benefit as of August 31, 1998 or, if applicable, the frozen grandfathered McGaw benefit as of April 30, 1991). We have described below the formula for determining a participant's account balance under the plan's cash balance benefit structure.

Pay-Based Credits: At the end of each plan year, an annual contribution, equal to a percentage of pensionable earnings for the calendar year preceding the end of the plan year plus an additional percentage of such pensionable earnings in excess of the Social Security Taxable Wage Base (TWB), is credited to each account for participants who earned at least 1,000 hours of service during the plan year. The annual contribution percentages are based upon the sum of each participant's age and credited service as of the beginning of each plan year, as follows:

Age plus credited service at beginning of plan year	Percentage applicable to pensionable earnings	Additional percentage applicable to pension earnings in excess of the TWB
Less than 30	1.30%	0.65%
30 - 39	1.50%	0.75%
40 - 49	1.70%	0.85%
50 - 59	2.00%	1.00%
60 - 69	2.40%	1.20%
70 - 79	2.80%	1.40%
80 or more	3.20%	1.60%

Interest Credits: At the end of each plan year, the cash balance account as of the end of the preceding year is credited with interest based on the average annual yield of one-year Treasury securities for the month of December of the prior plan year. Beginning on or after January 1, 2008, the interest credit rate for a given plan year shall be no less than 2.39%.

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Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Age 55 and completion of 4 years of vesting service
Postponed retirement	A member may continue employment after his normal retirement eligibility.
Deferred vested termination	Completion of three years of vesting service.
Preretirement death benefit	Death before retirement after having completed three years of vesting service

Benefits Paid Upon the Following Events

Normal retirement	The greatest of: (1) the actuarial equivalent of the account balance at normal retirement, (2) the frozen accrued normal retirement benefit as of August 31, 1998, or (3) the frozen accrued normal retirement grandfathered McGaw benefit as of April 30, 1991.
Early retirement	The greatest of (1) the actuarial equivalent of the account balance at early retirement, (2) the frozen accrued early retirement benefit as of August 31, 1998, or (3) the frozen accrued early-retirement grandfathered McGaw benefit as of April 30, 1991.
Postponed retirement	The greatest of (1) the actuarial equivalent of the account balance at late retirement, (2) the frozen accrued late retirement benefit as of August 31, 1998, or (3) the frozen accrued late-retirement grandfathered McGaw benefit as of April 30, 1991. The cash balance account will continue to earn pay-based credits (if applicable) and interest credits until late retirement. The frozen benefits are actuarially increased to reflect the late retirement using the applicable interest rate and applicable mortality table prescribed by the Secretary for purposes of satisfying the requirements of IRC Section 417(e)(3)(B) prior to January 1, 2008, using the rate of interest on 30-year Treasury securities for November of the preceding plan year. Effective July 31, 2020, certain future actuarial increases applied to the Normal Retirement benefit for continued employment beyond Normal Retirement Age were eliminated.
Deferred vested termination	The greatest of (1) the actuarial equivalent of the account balance at deferred vested retirement, (2) the frozen accrued deferred vested retirement benefit as of August 31, 1998, or (3) the frozen accrued deferred vested retirement grandfathered McGaw benefit as of April 30, 1991. The cash balance account will continue to earn interest credits until retirement.

Plan Name: B. Braun Medical, Inc. Pension Plan
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Plan Sponsor: B. Braun Medical, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death

The greater of (1) the actuarial equivalent of 100% of the account balance, (2) the applicable frozen benefit to which the participant's spouse would have been entitled had the participant survived until earliest retirement date (if later than date of death), retired immediately and elected a 50% joint-and-survivor annuity, and then died the next day.

Other Plan Provisions

Forms of payment

- Automatic form for unmarried participants Single life annuity payable monthly.
- Automatic form for married participants 50% joint and survivor annuity payable monthly.
- Optional forms Actuarially equivalent optional payment forms are:
 - 33-1/3 % joint and survivor
 - 50 % joint and survivor
 - 75 % joint and survivor
 - 100 % joint and survivor
 - 10 year certain and life annuity
 - 15 year certain and life annuity
 - Lump sum

Former McGaw participants are eligible to receive the prior plan McGaw portion of their benefit and the post-McGaw cash balance portion of their benefit in different forms.

- Optional form conversion factors (annuity options) A participant's account balance is converted to an actuarially equivalent single life annuity using the applicable interest rate and applicable mortality table prescribed by the Secretary for purposes of satisfying the requirements of IRC Section 417(e)(3)(B) prior to January 1, 2008, using the rate of interest on 30-year Treasury securities for November of the preceding plan year. A participant's actuarially equivalent single life annuity is then converted to actuarially equivalent optional annuity forms of payment using the UP-84 Unisex Mortality Table with a two-year setback for members and one-year setback for beneficiaries, and 7.5% interest. Frozen benefits are converted to actuarially equivalent optional forms of payment using factors defined by the prior plan.

Plan Name: B. Braun Medical, Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS

- Optional form conversion factors (lump sum options) The lump-sum under the cash-balance benefit structure will equal the account balance. The lump sum under the pre-1998 prior-plan frozen benefit will equal the actuarial equivalent of the normal retirement benefit payable at age 65 the applicable interest rate and applicable mortality table prescribed by the Secretary for purposes of satisfying the requirements of IRC Section 417(e)(3)(B) on or after January 1, 2008. For amounts payable in a given plan year, the interest rate used to convert pre-1998 frozen benefits to lump-sum form will be the applicable rate for the month of November preceding such plan year. The lump sum option will be available immediately to anyone who retires or terminates with a vested interest in the plan. It will also be available immediately to the beneficiary of anyone who dies after having satisfied the eligibility conditions for a preretirement surviving spouse benefit.

Pension Increases None

Plan participants' contributions None

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: B. Braun Medical, Inc. Pension Plan
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Plan Sponsor: B. Braun Medical, Inc.
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Plan Name: B. Braun Medical, Inc. Pension Plan
Plan Sponsor: B. Braun Medical, Inc.
Sponsor EIN/Plan No: 23-2116774/002

Schedule H, Line 4i: Schedule of Assets (Held at End of Year) December 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
Registered investment company			
FIDELITY 500 INDEX FUND	Registered investment company	\$ 21,398,840	\$ 30,869,450
HRDNG LVNR INTL EQTY-INST Z	Registered investment company	7,642,896	7,895,589
DODGE & COX INTL STCK-I	Registered investment company	7,105,810	8,011,679
DODGE & COX INCOME-I	Registered investment company	8,408,355	8,294,048
JPMORGAN CORE BOND-R6	Registered investment company	8,613,043	8,350,154
NTNWD WCM FOC SM CAP-R6	Registered investment company	4,174,343	4,743,023
CONESTOGA SMALL CAP-INST	Registered investment company	4,086,328	5,118,155
DWS RREEF REAL ASSETS-R6	Registered investment company	5,340,162	5,101,466
BLACKROCK STRAT INC OPP-K	Registered investment company	5,361,354	5,346,171
GQG PART EMERG MKTS EQ-R6	Registered investment company	3,138,760	3,674,043
COHEN & STEERS INST RLTY	Registered investment company	3,830,726	3,987,139
ARGA EMRG MRKTS VAL-INST	Registered investment company	3,453,925	4,012,119
JNS HDRSN-DVLPD WRLD BOND-R6	Registered investment company	1,709,705	1,581,776
ARTISAN HIGH INCOME-INST	Registered investment company	1,595,898	1,637,946
FIDELITY INFL PROT BD-INS PR	Registered investment company	1,072,633	1,038,772
	Total Registered investment companies	<u>86,932,776</u>	<u>99,661,530</u>
Collective investment funds			
*EB Temp Inv. Fd 1.147% 12/31/2049 DD 11/01/01	Collective investment funds	<u>2,647,491</u>	<u>2,647,491</u>
	Total Collective investment funds	<u>2,647,491</u>	<u>2,647,491</u>
Total assets (held at end of year)		<u>\$ 89,580,268</u>	<u>\$ 102,309,021</u>

* Represents a party-in-interest as defined by ERISA.

The above information has been certified as accurate and complete by The Bank of New York Mellon/BNY Mellon, N.A., as Trustee and Custodian of the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	2,719,081	15.00000	2,719,081	248,513
2. Shortfall	01/01/2023	18,830,338	14.00000	17,992,753	1,724,496
Total				20,711,834	1,973,009

Plan Name: B. Braun Medical, Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The 417(e) lump sum mortality table was updated to reflect rates in effect for 2024 distributions.
- The cash balance annuity conversion rate was updated from 4.36% to 4.54%.
- The cash balance interest crediting rate was updated from 3.88% to 4.12%.

Plan Name: B. Braun Medical, Inc. Pension Plan
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