

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan THE PURDUE PHARMA L. P. PENSION PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 11/01/1961 2a Plan sponsor's name (employer, if for a single-employer plan) PURDUE PHARMA L.P. 2b Employer Identification Number (EIN) 06-1307484 2c Plan Sponsor's telephone number 203-588-8000 2d Business code (see instructions) 325410

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 3169 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 196 |
| | 6a(2) | 191 |
| | 6b | 727 |
| | 6c | 2133 |
| | 6d | 3051 |
| | 6e | 111 |
| | 6f | 3162 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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 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>THE PURDUE PHARMA L. P. PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PURDUE PHARMA L.P.</u> | D Employer Identification Number (EIN) <u>06-1307484</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>305217529</u> |
| | b Actuarial value | 2b | <u>305217529</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>703</u> | <u>103898348</u> |
| | b For terminated vested participants | <u>2276</u> | <u>197378718</u> |
| | c For active participants | <u>196</u> | <u>31543046</u> |
| | d Total | <u>3175</u> | <u>332820112</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>5.04 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>0</u> |
| | b Expected plan-related expenses | 6b | <u>0</u> |
| | c Target normal cost | 6c | <u>0</u> |

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

| | | | |
|------------------|---|---------------------|--|
| SIGN HERE | | | |
| | Signature of actuary | <u>09/29/2025</u> | Date |
| | <u>JEREMY OLSZEWSKI</u> | <u>23-06603</u> | Most recent enrollment number |
| | Type or print name of actuary | <u>617-563-7000</u> | Telephone number (including area code) |
| | <u>FIDELITY INVESTMENTS</u> | | |
| | Firm name | | |
| | <u>245 SUMMER STREET V1B</u> <u>BOSTON, MA 02210</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 V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | 21b 4 |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 26 Demographic and benefit information | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input 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 0 |
| b Excess assets, if applicable, but not greater than line 31a | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 52728444 | 5073183 | |
| 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 5073183 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 5073183 | 5073183 |
| 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 29110202 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 38a 29110202 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | | | 38b 5073183 |
| 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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | |

| | | |
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| 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 <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>THE PURDUE PHARMA L. P. PENSION PLAN</u> | B Three-digit plan number (PN) <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PURDUE PHARMA L.P.</u> | D Employer Identification Number (EIN) <u>06-1307484</u> |

| | |
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| 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>FIAM LONG DURATION COMMINGLED POOL</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-053</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>69073223</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG CORPORATE A OR BETTER</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-103</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>62097555</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS DEBT COMM PL</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-022</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>6186422</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM GLOBAL LOW VOLATILITY EQUITY</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-145</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>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN WORLD MIN VOLATILITY INDEX</u> | | |
| b Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY LLC</u> | | |
| c EIN-PN <u>82-6293122-016</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>3668951</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INSTITUTIONAL CASH COMMINGLED</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-055</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>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG U.S. TREASURY STRIPS INDX</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-120</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>39983352</u> |

| | | |
|---|------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM FLOATING RATE HIGH INCOME | | |
| b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY | | |
| c EIN-PN 20-4659714-058 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4128473 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL | | |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC | | |
| c EIN-PN 82-6293122-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66306484 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN DEVELOPED INTERNATIONAL IDX | | |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC | | |
| c EIN-PN 82-6293122-006 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9523053 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN EMERGING MARKETS INDEX POOL | | |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC | | |
| c EIN-PN 82-6293122-007 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11450608 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN EXTENDED MARKET INDEX POOL | | |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC | | |
| c EIN-PN 82-6293122-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10454232 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN REAL ESTATE INDEX POOL | | |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC | | |
| c EIN-PN 82-6293122-012 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6007354 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN COMMODITY INDEX | | |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC | | |
| c EIN-PN 82-6293122-008 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN SMALL CAP INDEX POOL | | |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC | | |
| c EIN-PN 82-6293122-009 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2860238 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA | | |
| b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY | | |
| c EIN-PN 20-4659714-101 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3563725 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP | | |
| b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY | | |
| c EIN-PN 20-4659714-036 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

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| 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. | <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 THE PURDUE PHARMA L. P. PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 PURDUE PHARMA L.P. | D Employer Identification Number (EIN) 06-1307484 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 0 | 339890 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 5487 | 8556 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2296289 | 1425252 |
| (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) | 0 | 6807611 |
| (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) | 302915753 | 295303670 |
| (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) | | |
| (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 | 305217529 | 303884979 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 305217529 | 303884979 |

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) | 7937 | |
| (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) | | 7937 |
| (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) | 92415 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 92415 |
| (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) | | 8339128 |
| (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) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 8439480 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 9772030 | |
| (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) | | 9772030 |
| 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) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 0 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 9772030 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -1332550 |
| 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: ERNST & YOUNG

(2) EIN: 34-6565596

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 | | 15000000 |
| 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 554561.

| | | |
|--|---|---|
| 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. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan THE PURDUE PHARMA L. P. PENSION PLAN | B Three-digit plan number (PN) | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 PURDUE PHARMA L.P. | D Employer Identification Number (EIN) 06-1307484 | |

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

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

| | | |
|---|----------|----------|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|----------|----------|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 06-1307484

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

| | | |
|--|----------|----------|
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | 0 |
|--|----------|----------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 30.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 62.0 %
 High-Yield Debt: 6.0 % Real Assets: 1.0 % Cash or Cash Equivalents: _____ % Other: 1.0 %

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 _____.



FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

The Purdue Pharma L.P. Pension Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



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The Purdue Pharma L.P. Pension Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

The Plan Administrator
The Purdue Pharma L.P. Pension Plan

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

We have performed audits of the financial statements of The Purdue Pharma L.P. 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 assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes (collectively referred to as the “financial statements”).

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

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



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Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the “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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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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).

Ernst + Young LLP

October 15, 2025

The Purdue Pharma L.P. Pension Plan

Statements of Assets Available for Benefits

| | December 31 | |
|--------------------------------|------------------------------|------------------------------|
| | 2024 | 2023 |
| Assets | | |
| Investments, at fair value | \$ 303,876,423 | \$ 305,212,042 |
| Accrued interest and dividends | 8,556 | 5,487 |
| Assets available for benefits | <u>\$ 303,884,979</u> | <u>\$ 305,217,529</u> |

See accompanying notes.

The Purdue Pharma L.P. Pension Plan

Statements of Changes in Assets Available for Benefits

| | Year Ended December 31 | |
|---|-------------------------------|----------------|
| | 2024 | 2023 |
| Additions to (deductions from) assets attributed to: | | |
| Investment income: | | |
| Net realized and unrealized appreciation in fair value of investments | \$ 8,339,128 | \$ 27,637,611 |
| Interest and dividends | 100,352 | 85,679 |
| Total investment income | 8,439,480 | 27,723,290 |
| Benefits paid directly to participants | (9,772,030) | (8,628,312) |
| Net (decrease) increase | (1,332,550) | 19,094,978 |
| Assets available for benefits at beginning of year | 305,217,529 | 286,122,551 |
| Assets available for benefits at end of year | \$ 303,884,979 | \$ 305,217,529 |

See accompanying notes.

The Purdue Pharma L.P. Pension Plan

Notes to Financial Statements

December 31, 2024

1. Description of Plan

The following description of The Purdue Pharma L.P. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan is a noncontributory defined benefit plan sponsored by Purdue Pharma L.P. and certain associated companies (the Company or the Plan Administrator). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan covers certain salaried employees of the Company located in the United States who have reached the age of 21 and have completed one year of service.

In September 2019, Purdue Pharma L.P. and certain of its affiliates (together, the Debtors) each filed a voluntary petition for relief (the Bankruptcy Petition) under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court") due to a significant number of active product liability claims and litigations with various jurisdictions in the U.S., specifically related to its opioid products. Subsequent to the filing, the Debtors continued to operate their businesses as "debtors-in-possession" under the jurisdiction of the Bankruptcy Court and in accordance with the applicable provisions of the Bankruptcy Code and the orders of the Bankruptcy Court. On September 17, 2021, the Bankruptcy Court confirmed the Debtors' joint chapter 11 plan of reorganization (the "Reorganization Plan"), which provided that the Company's shareholders would relinquish all of their equity interest in the Company, and substantially all of their assets would be transferred to a new company held by several trusts organized for the benefit of claimants and the public. The confirmation order was vacated by order of the United States District Court for the Southern District of New York on December 16, 2021. On May 30, 2023, the United States Court of Appeals for the Second Circuit issued an order reversing the District Court's order and affirming the Bankruptcy Court's approval of the Reorganization Plan ("Second Circuit Decision"). On August 10, 2023, the United States Supreme Court recalled and stayed the Second Circuit Decision and directed the parties to brief and argue the question of whether the Bankruptcy Code authorizes a court to approve a release that extinguishes claims held by non-debtors against non-debtor third parties without the claimants' consent as part of a chapter 11 plan of reorganization. Oral argument was held before the U.S. Supreme Court on December 4, 2023. On June 27, 2024, the U.S. Supreme Court held that the Bankruptcy Code does not authorize such a release (the "Supreme Court Decision"). The Bankruptcy Court then ordered mediation to

The Purdue Pharma L.P. Pension Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

facilitate negotiations among key stakeholders to modify the shareholder settlements. Mediation yielded a further revised global settlement, which is incorporated into a further revised Reorganization Plan filed with the Bankruptcy Court on March 18, 2025. The disclosure statement was approved on June 20, 2025 and vote solicitation of the further revised Reorganization Plan has proceeded, with a voting deadline of September 30, 2025.

Contributions

The annual amount of Company contributions is determined by the Company, based upon input from the Plan's consulting actuary. In determining the amount of contributions, the Company generally reviews amounts necessary to provide assets sufficient to meet benefits to be paid to Plan participants. The Company's policy is to contribute funds for prior service costs in an amount at least equal to the ERISA minimum funding requirements and may elect to make contributions in excess of that amount. The Plan has met the ERISA minimum funding requirements for 2024 and 2023.

Benefits

Under the terms of the Plan, a participant's accrued monthly benefit is determined based on past service and compensation as outlined in the Plan Document.

Benefits were frozen as of December 31, 2012 for employees who did not meet age and service requirements of age 45 and 50 age-/-service points as of December 31, 2012. Additionally, on June 15, 2017, it was decided by the Board of Directors of Purdue Pharma, Inc., as the general partner of Purdue Pharma L.P., that effective December 31, 2017, no participant shall accrue any benefit under the Plan on and after January 1, 2018.

Under the Plan, participants are normally entitled to monthly pension benefits beginning at retirement age (65) and five years of service or an actuarially reduced pension any time the participant reaches the age of 55 and has ten years of service. Participants are 100% vested in their accrued benefit after five years of service. Pension benefits may be paid as a monthly annuity or in a lump sum. The Plan is restricted for new distributions to monthly annuity payments only.

The Purdue Pharma L.P. Pension Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Death and Disability Benefits

Generally, when a vested participant dies, a death benefit in the form of a 50% survivor annuity is paid to the participant's surviving spouse if the participant, on the date of death, meets the requirements for early or normal retirement. If the participant is a former employee who has retired, but whose first pension payment has not become due, the benefit to the surviving spouse will start to be paid on the first date the participant would have been entitled to receive it. The Plan allows an unmarried participant who is still employed to designate a beneficiary. Upon the participant's death while in active employment, the beneficiary will receive a single sum payment equal to the present value of 50% of the accrued pension. This death benefit is payable no later than December 31 of the year of the five year anniversary of the participant's death.

An active participant, who becomes eligible to receive disability benefits under the Company's long-term disability insurance plan while employed by the Company on a salaried basis, will continue to be credited with years of service for the purposes of vesting and eligibility for an early retirement pension, but not for the purpose of continuing to accrue pension benefits for as long as such participant remains eligible for disability benefits.

Plan Termination

In February 2025, the Bankruptcy Court approved the Company's motion to terminate the Plan, and effective May 31, 2025 (the "Plan Termination Date"), the Plan was terminated. All assets of the Plan will be distributed in accordance with the terms of the Plan, the trust agreement thereunder and applicable law. Each participant shall become fully vested as of the Plan Termination Date, and have been given the option to elect to receive an annuity or a one-time lump-sum payment. Retired participants who were limited during the bankruptcy to receiving an annuity have now been given the option to receive a one-time lump-sum payment. At the end of the termination process, any participant who does not elect a lump-sum payment will be transferred to a third-party insurance provider that will continue to pay benefits in accordance with the terms of the Plan. In May 2025, the Company contributed \$31.1 million to the Plan to fully fund and pay out all benefit obligations. The Plan termination process is expected to be completed by the end of 2025.

Expenses

As provided by the Plan Document, expenses of the Plan are paid by either the Plan or the Company. Expenses paid by the Company are excluded from the statement of changes in assets of the Plan.

The Purdue Pharma L.P. Pension Plan
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting. As discussed in Note 1. Description of Plan, the Bankruptcy Court approved the Company's motion to terminate the Plan in February 2025, and the Plan was terminated effective May 31, 2025. As such approval and termination did not occur until 2025, termination of the Plan was not deemed imminent as of December 31, 2024 and accordingly, the liquidation basis of accounting has not been used to prepare the accompanying financial statements and accumulated benefit obligation (see Note 5. Accumulated Plan Benefits).

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (see Note 3. Fair Value Measurements). Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income is recorded as earned on the accrual basis. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States ("U.S. GAAP") requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Risks and Uncertainties

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

The Purdue Pharma L.P. Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to; (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. See Note 1. Description of Plan for discussion of benefit freezes.

The actuary uses the unit credit cost method to determine the actuarial present value of accumulated plan benefits. The formula used to determine benefits includes two parts – a "Past Service Benefit" and a "Future Service Benefit".

Past Service Benefit

For years of service through December 31, 1997, the following formula applies:

- 1.2% of Past Service Compensation up to \$31,200 plus
- 1.5% of Past Service Compensation over \$31,200 times
- Years of Service through December 31, 1997, up to a maximum of 30 years.

"Past Service Compensation" is the average of Annual Compensation over the highest three consecutive calendar years out of the ten years preceding January 1, 1998.

The Purdue Pharma L.P. Pension Plan
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Future Service Benefit

Effective January 1, 1998, the Plan was amended to update the pension plan formula. For each year of service between January 1, 1998 and December 31, 2017, the following formula applies:

- 1.2% of Annual Compensation for each such year up to \$31,200 plus
- 1.5% of Annual Compensation for each such year in excess of \$31,200.

“Annual Compensation” is compensation received from the Company each calendar year, including salary, bonus, overtime and any amounts deferred in the Company’s 401(k) and flexible benefits plans. The Annual Compensation limit as set by the Internal Revenue Service was \$345,000 and \$330,000 in 2024 and 2023, respectively; however, as discussed in Note 1, no participant shall accrue any benefit under the Plan on and after January 1, 2018.

Subsequent Events

The Company has evaluated subsequent events that have occurred through October 15, 2025, which represents the date the financial statements were available to be issued. See Note 1. Description of Plan for discussion of Plan termination. Other than discussed in Note 1, no other subsequent events have occurred that require either adjustment to, or disclosure in, these financial statements.

3. Fair Value Measurements

ASC 820, Fair Value Measurement, defines fair value, establishes a framework for measuring fair value and expands disclosure about fair value by establishing a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1: Unadjusted quoted prices in active markets that are available at the measurement date for identical assets or liabilities.

Level 2: Quoted prices of similar assets or liabilities in active markets or quoted prices for identical or similar assets in markets that are not active.

The Purdue Pharma L.P. Pension Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

Level 3: Prices or valuations where there is little, if any, market activity and require inputs that are significant and unobservable.

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.

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds: Valued at year-end based on quoted prices in an active market.

Common/collective trust funds: Valued on a daily basis at net asset value (NAV) as quoted by the issuer. The NAV of each share of the common/collective trust is determined as of each valuation date by subtracting total liabilities from the total value of assets and dividing the amount remaining by the number of units outstanding on such valuation date. The common collective trust fund was assessed as having a readily determinable fair value at December 31, 2024 and 2023.

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 management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Purdue Pharma L.P. Pension Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

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

| | Level 1 | Level 2 | Level 3 | Total |
|---------------------------------|-----------------------|-------------|-------------|-----------------------|
| Money market funds | \$ 1,754,104 | \$ – | \$ – | \$ 1,754,104 |
| Common collective trust funds | 295,314,708 | – | – | 295,314,708 |
| Common stock | 6,807,611 | | | 6,807,611 |
| Total investments at fair value | <u>\$ 303,876,423</u> | <u>\$ –</u> | <u>\$ –</u> | <u>\$ 303,876,423</u> |

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

| | Level 1 | Level 2 | Level 3 | Total |
|---------------------------------|-----------------------|-------------|-------------|-----------------------|
| Money market funds | \$ 2,296,289 | \$ – | \$ – | \$ 2,296,289 |
| Common collective trust funds | 302,915,753 | – | – | 302,915,753 |
| Total investments at fair value | <u>\$ 305,212,042</u> | <u>\$ –</u> | <u>\$ –</u> | <u>\$ 305,212,042</u> |

4. Investments

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net realized and unrealized appreciation in fair value of investments, interest, and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by the Fidelity Management Trust Company (the Trustee).

5. Accumulated Plan Benefits

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

The Purdue Pharma L.P. Pension Plan
Notes to Financial Statements (continued)

5. Accumulated Plan Benefits (continued)

As discussed in Note 1, on June 15, 2017, the decision was made to cease all further benefit accruals under the Plan effective December 31, 2017. This amendment is reflected in the accumulated plan benefit obligation presented below.

Accumulated plan benefit information is as follows as of December 31, 2023:

| | |
|--|-----------------------|
| Actuarial present value of accumulated plan benefits: | |
| Vested benefits: | |
| Participants currently receiving payments | \$ 90,331,450 |
| Terminated vested participants | 178,605,178 |
| Other vested participants | <u>28,952,535</u> |
| Subtotal | 297,889,163 |
| Nonvested benefits | <u>487,182</u> |
| Total actuarial present value of accumulated plan benefits | <u>\$ 298,376,345</u> |

The actuarial present value of accumulated plan benefits as of December 31, 2023, changed from the prior year balance as follows:

| | |
|--|-----------------------|
| Actuarial present value of accumulated plan benefits at December 31, 2022 | \$ 277,889,953 |
| Benefits accumulated including changes due to plan experience | (1,656,147) |
| Interest due to a decrease in the discount period | 19,155,413 |
| Benefits paid | (8,628,312) |
| Change in actuarial assumption* | <u>11,615,438</u> |
| Actuarial present value of accumulated plan benefits at December 31, 2023 | <u>\$ 298,376,345</u> |

* *The mortality improvement scale was updated to take into account Scale MP-2021, and mortality assumptions were updated per IRS requirements.*

The Purdue Pharma L.P. Pension Plan
Notes to Financial Statements (continued)

5. Accumulated Plan Benefits (continued)

The significant assumptions used in the calculation of the actuarial present value of accumulated plan benefits are as follows:

| | |
|--|---|
| Expected rate of return used for discounting | 6.80%, 7.00% in prior year |
| Mortality basis – 2024 and 2023 | The Pri-2012 Mortality Table with MP-2021 Mortality Improvement Scale |

Retirement age: The assumed percentage of individuals that will retire within each age group are as follows:

| Age | Plan Year 2024 Rate |
|-------|------------------------|
| 55–59 | 1.0% |
| 60 | 2.0% |
| 61 | 1.0% |
| 62 | 10.0% |
| 63-64 | 3.0% |
| 65 | 66.0% |
| 66-69 | 2.0% |
| 70 | 100.0% |

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. As discussed in Note 1. Description of Plan, the decision was made to terminate the Plan effective as of May 31, 2025. The above accumulated plan benefit information does not reflect the impact of such termination.

The Purdue Pharma L.P. Pension Plan

Notes to Financial Statements (continued)

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated June 10, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

U.S. GAAP require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Party-in-Interest Transactions

In 2024 and 2023, the Plan held units of money market funds and common collective trust funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Supplemental Schedules

The Purdue Pharma L.P. Pension Plan

EIN #06-1307484 Plan #001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2024

| Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value | Shares | Cost | Current Value |
|---|---|-----------|------------|----------------|
| Cash | | | | |
| Fidelity Management Trust Company* | Non-interest-bearing cash | 339,890 | \$ 339,890 | \$ 339,890 |
| Money market fund | | | | |
| Fidelity Management Trust Company* | Fidelity Institutional Cash US Gov't Fund | 1,425,252 | 1,425,252 | 1,425,252 |
| Common stock | | | | |
| Fidelity Management Trust Company* | iShares Gold Trust | 123,578 | 6,108,353 | 6,118,347 |
| Fidelity Management Trust Company* | iShares MSCI China ETF | 14,709 | 712,426 | 689,264 |
| Fidelity Management Trust Company* | FIAM Emerging Markets Debt Commingled Pooled Fund | | | |
| Common collective trust funds | | | | |
| Fidelity Management Trust Company* | FIAM Floating Rate High Income Commingled Pooled Fund | 83,906 | 5,285,281 | 6,186,422 |
| Fidelity Management Trust Company* | FIAM Long Corporate A or Better Pool | 152,118 | 4,111,740 | 4,128,473 |
| Fidelity Management Trust Company* | FIAM Long Duration CIT | 2,525,317 | 59,695,991 | 62,097,555 |
| Fidelity Management Trust Company* | FIAM Long Treasury Strips IDX Commingled Pool | 2,890,093 | 69,080,404 | 69,073,225 |
| Fidelity Management Trust Company* | FIAM Select Canada Equity Commingled Pool | 437,263 | 47,683,110 | 39,983,352 |
| Fidelity Management Trust Company* | Spartan 500 Index Pool A | 77,120 | 3,572,311 | 3,563,725 |
| Fidelity Management Trust Company* | Spartan Developed International Index Pool A | 240,250 | 38,983,813 | 66,306,484 |
| Fidelity Management Trust Company* | Spartan Emerging Markets Index Pool A | 63,978 | 7,578,569 | 9,523,053 |
| Fidelity Management Trust Company* | Spartan Extended Market Index Pool – Class A | 94,868 | 10,751,674 | 11,450,608 |
| Fidelity Management Trust Company* | Spartan Real Estate Index Pool – Class A | 61,072 | 9,725,850 | 10,454,232 |
| Fidelity Management Trust Company* | Spartan Small Cap Index Pool A | 48,580 | 5,765,272 | 6,007,354 |
| Fidelity Management Trust Company* | Spartan World Minimum Volatility Index Pool Class | 18,671 | 2,589,942 | 2,860,238 |
| Fidelity Management Trust Company* | | 34,219 | 3,671,719 | 3,668,951 |
| | | | | \$ 303,876,425 |

* Indicates party in interest to the Plan.

The Purdue Pharma L.P. Pension Plan

EIN #06-1307484 Plan #001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2024

| Identity o Party Involved | Description of Assets | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
|--|--|-----------------------|----------------------|----------------------|---|------------------------|
| Category (1) – Single transaction in excess of 5% of plan assets | | | | | | |
| No transactions qualified for this section. | | | | | | |
| Category (2) – Series of transactions with same broker in excess of 5% of plan assets | | | | | | |
| No transactions qualified for this section. | | | | | | |
| Category (3) – Series of transactions in the same security in excess of 5% of plan assets | | | | | | |
| Fidelity Management Trust Company* | FIAM Long Duration CIT | \$ 21,435,071 | \$ – | \$ 21,435,071 | \$ 21,435,071 | \$ – |
| Fidelity Management Trust Company* | Spartan 500 Index Pool A | – | 16,054,460 | 9,365,783 | 16,054,460 | 6,688,677 |
| Fidelity Management Trust Company* | Spartan Developed International Index Pool A | – | 16,182,415 | 12,584,194 | 16,182,415 | 3,598,221 |

Category (4) – Single transaction with one broker in excess of 5% of plan assets

No transactions qualified for this section.

* Indicates party-in-interest to the Plan.

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2024 Form 5500 Schedule SB Attachments
 Schedule SB, Line 26a – Schedule of Active Participant Data
 Purdue Pharma L.P. Pension Plan
 EIN: 06-1307484 / Plan Number: 001

Age and Service Distribution of Active Members

| Attained Age | Completed Years of Credited Service on January 1, 2024 | | | | | | | | | | Total |
|-----------------|--|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|------------|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 40-44 | 1 | 3 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| 45-49 | 0 | 12 | 15 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 32 |
| 50-54 | 0 | 12 | 9 | 11 | 1 | 1 | 0 | 0 | 0 | 0 | 34 |
| 55-59 | 0 | 6 | 6 | 20 | 26 | 3 | 5 | 1 | 0 | 0 | 67 |
| 60-64 | 0 | 1 | 8 | 9 | 18 | 1 | 3 | 1 | 0 | 0 | 41 |
| 65-69 | 0 | 0 | 4 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 11 |
| Over 69 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 3 |
| Total | 1 | 35 | 43 | 46 | 54 | 6 | 8 | 2 | 0 | 1 | 196 |

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

| Purpose | 2024 Plan Year | | 2023 Plan Year | |
|---|----------------|----------------|----------------|----------------|
| | Minimum | Maximum | Minimum | Maximum |
| Segment rates or full yield curve | Segment | Segment | Segment | Segment |
| Look-back months | 4 | 4 | 4 | 4 |
| First 5 years | 4.75% | 3.62% | 4.75% | 1.41% |
| Next 15 years | 4.87% | 4.46% | 5.00% | 3.09% |
| Over 20 years | 5.59% | 4.52% | 5.74% | 3.58% |
| Applicable Law for the segment rates corridor | ARPA | Not Applicable | ARPA | Not Applicable |

Salary Scale: N/A

Administrative Expenses: Administrative expenses are assumed to be paid directly by the plan sponsor and not paid from the Trust.

Increase in Consumer Price Index (CPI): 3.00%. This is based on long-term historical inflation rates of about 3.00%.

Mortality:

ERISA: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. (Previously IRS 2023 Static Mortality Table). This plan does not have a large enough population to vary from the standard tables.

Actuarial Assumptions and Methods (continued)

Retirement Rates: Rates varying by age and status, based on a study of experience under this plan conducted several years ago by the prior actuary for this plan.

| Age | Rate |
|-------|--------|
| 55-59 | 1.0% |
| 60 | 2.0% |
| 61 | 1.0% |
| 62 | 10.0% |
| 63-64 | 3.0% |
| 65 | 66.0% |
| 66-69 | 2.0% |
| 70 | 100.0% |

Terminated Vested participants are assumed to commence benefits at age 65.

Termination: Rates varying by age and service, as determined by the prior actuary. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

| Age | Service | | | | |
|-----|---------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5+ |
| 25 | 19.7% | 15.7% | 13.1% | 11.1% | 10.0% |
| 30 | 16.5% | 13.1% | 10.7% | 9.0% | 7.8% |
| 35 | 13.5% | 10.7% | 8.8% | 7.4% | 6.4% |
| 40 | 10.4% | 8.4% | 6.9% | 5.9% | 5.3% |
| 45 | 7.1% | 5.7% | 4.8% | 4.1% | 3.6% |
| 50 | 3.4% | 2.8% | 2.3% | 1.8% | 1.6% |
| 55 | 0.5% | 0.6% | 0.5% | 0.3% | 0.0% |

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males as used by the prior actuary for this plan.

Maximum Benefit: \$275,000 for 2024. No future increased in the salary limit have been reflected.

Maximum Salary: \$345,000 for 2024. No future increased in the salary limit have been reflected.

Actuarial Assumptions and Methods (continued)

Form of Payment: 75% of new retirees (from both active and terminated status) are assumed to elect a lump sum.

Timing of Payment: It is assumed participants will commence benefits at their normal retirement age (age 65).

Data Assumptions: None

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The Purdue Pharma L.P. Pension Plan

EIN #06-1307484 Plan #001

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Year Ended December 31, 2024

| Identity o Party Involved | Description of Assets | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
|--|--|-----------------------|----------------------|----------------------|---|------------------------|
| Category (1) – Single transaction in excess of 5% of plan assets | | | | | | |
| No transactions qualified for this section. | | | | | | |
| Category (2) – Series of transactions with same broker in excess of 5% of plan assets | | | | | | |
| No transactions qualified for this section. | | | | | | |
| Category (3) – Series of transactions in the same security in excess of 5% of plan assets | | | | | | |
| Fidelity Management Trust Company* | FIAM Long Duration CIT | \$ 21,435,071 | \$ – | \$ 21,435,071 | \$ 21,435,071 | \$ – |
| Fidelity Management Trust Company* | Spartan 500 Index Pool A | – | 16,054,460 | 9,365,783 | 16,054,460 | 6,688,677 |
| Fidelity Management Trust Company* | Spartan Developed International Index Pool A | – | 16,182,415 | 12,584,194 | 16,182,415 | 3,598,221 |

Category (4) – Single transaction with one broker in excess of 5% of plan assets

No transactions qualified for this section.

* Indicates party-in-interest to the Plan.

| | | |
|---|---|--|
| 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 <small>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).</small> ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|---|--|

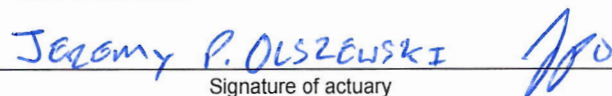
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 THE PURDUE PHARMA L. P. PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PURDUE PHARMA L. P. | D Employer Identification Number (EIN) 06-1307484 | |
| 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 | 305,217,529 |
| | b Actuarial value | 2b | 305,217,529 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | 703 | 103,898,348 |
| | b For terminated vested participants | 2,276 | 197,378,718 |
| | c For active participants | 196 | 31,543,046 |
| | d Total | 3,175 | 332,820,112 |
| 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 | 5.04% |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | 0 |
| | b Expected plan-related expenses | 6b | 0 |
| | c Target normal cost | 6c | 0 |

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

| | | |
|------------------|---|---|
| SIGN HERE |  Signature of actuary | <u>SEPTEMBER 29th, 2025</u> Date 2306603 Most recent enrollment number 617-563-7000 Telephone number (including area code) |
| | Jeremy Olszewski Type or print name of actuary | |
| | Fidelity Investments Firm name 245 Summer Street V1B Boston MA 02210 Address of the firm | |

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

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

| 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 | 28,354,901 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 5,901,636 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 22,453,265 |
| 10 | Interest on line 9 using prior year's actual return of <u>9.84%</u> | 0 | 2,209,401 |
| 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>5.17%</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 | 24,662,666 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|--------|
| 14 | Funding target attainment percentage | 14 | 84.17% |
| 15 | Adjusted funding target attainment percentage | 15 | 84.17% |
| 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 | 80.00% |
| 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 | |
| 05/08/2025 | 31,105,000 | 0 | | | | |
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| Totals ▶ | | | 18(b) | 31,105,000 | 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 | 29,110,202 |

| | | | |
|---|--|---|---------|
| 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: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 26 Demographic and benefit information | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | <input 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 | 0 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 52,728,444 | 5,073,183 | |
| 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 | 5,073,183 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 5,073,183 | 5,073,183 |
| 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 | 29,110,202 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 29,110,202 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 5,073,183 | |
| 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

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Purdue Pharma L.P. Pension Plan
EIN: 06-1307484 / Plan Number: 001

Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates.
The average retirement age is 65.

| (1) Age | (2) Rate | (3) Lives Remaining | (4) (1) x (2) x (3) |
|------------|-------------|------------------------|------------------------|
| 55 | 1.00% | 1,000.00 | 550.00 |
| 56 | 1.00% | 990.00 | 554.40 |
| 57 | 1.00% | 980.10 | 558.66 |
| 58 | 1.00% | 970.30 | 562.77 |
| 59 | 1.00% | 960.60 | 566.75 |
| 60 | 2.00% | 950.99 | 1,141.19 |
| 61 | 1.00% | 931.97 | 568.50 |
| 62 | 10.00% | 922.65 | 5,720.43 |
| 63 | 3.00% | 830.39 | 1,569.43 |
| 64 | 3.00% | 805.47 | 1,546.51 |
| 65 | 66.00% | 781.31 | 33,518.19 |
| 66 | 2.00% | 265.65 | 350.65 |
| 67 | 2.00% | 260.33 | 348.85 |
| 68 | 2.00% | 255.13 | 346.97 |
| 69 | 2.00% | 250.02 | 345.03 |
| 70+ | 100.00% | 245.02 | 17,151.59 |

Weighted Average Retirement Age: **65.40**

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

1. DO NOT REMOVE OR MODIFY ROWS 1-11

2. The following are valid values:

- Column Headers Data Type
- Plan Year 4-digit Year
- Active Participants 8-digit Type
- Terminated Vester 8-digit Type
- Retired Participant 8-digit Type
- Total Participants 8-digit Type

| Plan Year | Active Participants | Terminated Vester | Retired Participant | Total Participants |
|-----------|---------------------|-------------------|---------------------|--------------------|
| 2024 | 3745048 | 9559905 | 8865526 | 22170479 |
| 2025 | 2152097 | 9858175 | 8738306 | 20748578 |
| 2026 | 2717217 | 12097148 | 8600548 | 23414913 |
| 2027 | 1934128 | 11629880 | 8452994 | 22017002 |
| 2028 | 2726985 | 15991814 | 8295536 | 27014335 |
| 2029 | 2503338 | 15539205 | 8127910 | 26170453 |
| 2030 | 2219191 | 21603554 | 7946944 | 31769689 |
| 2031 | 3731072 | 22795324 | 7754986 | 34281382 |
| 2032 | 3127599 | 18331934 | 7551700 | 29011233 |
| 2033 | 2319291 | 17424300 | 7334281 | 27077872 |
| 2034 | 1913645 | 17482357 | 7106070 | 26502072 |
| 2035 | 1294578 | 13274952 | 6864440 | 21433970 |
| 2036 | 2210240 | 17404777 | 6608909 | 26223926 |
| 2037 | 2035589 | 12076196 | 6339457 | 20451242 |
| 2038 | 1558614 | 9608230 | 6056393 | 17223237 |
| 2039 | 1465187 | 9951764 | 5760377 | 17177328 |
| 2040 | 939261 | 9613792 | 5452434 | 16005487 |
| 2041 | 1118256 | 8375799 | 5133974 | 14628029 |
| 2042 | 1160494 | 8150837 | 4806776 | 14118107 |
| 2043 | 1221808 | 6751077 | 4472961 | 12445846 |
| 2044 | 906242 | 6907618 | 4134998 | 11948858 |
| 2045 | 761916 | 5881748 | 3795706 | 10439370 |
| 2046 | 728212 | 5713347 | 3458207 | 9899766 |
| 2047 | 772365 | 5321327 | 3125881 | 9219573 |
| 2048 | 718941 | 4842215 | 2802252 | 8363408 |
| 2049 | 606295 | 4503710 | 2490826 | 7600831 |
| 2050 | 538980 | 4088777 | 2194890 | 6822647 |
| 2051 | 502150 | 3760178 | 1917284 | 6179612 |
| 2052 | 473215 | 3513404 | 1660286 | 5646905 |
| 2053 | 423409 | 3268451 | 1425482 | 5117342 |
| 2054 | 397261 | 3039166 | 1213685 | 4650112 |
| 2055 | 356659 | 2815437 | 1025011 | 4197107 |
| 2056 | 325606 | 2584433 | 858938 | 3768977 |
| 2057 | 292172 | 2358492 | 714435 | 3365099 |
| 2058 | 261496 | 2136619 | 590083 | 2988198 |
| 2059 | 232240 | 1921078 | 484197 | 2637515 |

| | | | | |
|------|--------|---------|--------|---------|
| 2060 | 204650 | 1713997 | 394927 | 2313574 |
| 2061 | 178918 | 1517267 | 320368 | 2016553 |
| 2062 | 155186 | 1332490 | 258659 | 1746335 |
| 2063 | 133541 | 1160896 | 208012 | 1502449 |
| 2064 | 114013 | 1003283 | 166777 | 1284073 |
| 2065 | 96574 | 860077 | 133468 | 1090119 |
| 2066 | 81153 | 731348 | 106775 | 919276 |
| 2067 | 67643 | 616831 | 85561 | 770035 |
| 2068 | 55921 | 516004 | 68845 | 640770 |
| 2069 | 45849 | 428115 | 55791 | 529755 |
| 2070 | 37276 | 352242 | 45684 | 435202 |
| 2071 | 30044 | 287374 | 37925 | 355343 |
| 2072 | 23997 | 232438 | 32018 | 288453 |
| 2073 | 18988 | 186349 | 27546 | 232883 |

Plan Provisions

Name of Plan: Purdue Pharma L.P. Pension Plan.

Employer Identification Number / Plan Number: 061307484

Effective Date: November 1, 1961, as amended through March 1, 2018.

Covered Employees: An Employee becomes a Participant on the first of the month coincident with or next following the later of a) age 21, and b) completion of one year of Credited Service.

Participation Date: Date of becoming a covered employee. Participation is closed to employees hired or rehired after December 31, 2017.

Plan Freeze: Benefits were frozen as of December 31, 2012 for employees who did not meet the age and service requirements of age 45 and 50 age/service points as of December 31, 2012. Benefits were frozen for all employees as of December 31, 2017.

Definitions:

Pensionable pay: Total Annual Compensation. Annual Compensation is total compensation paid each Plan Year (calendar year) including base pay, overtime, bonuses, and other compensation, but excluding relocation pay and the value of benefits received from other Company plans. Compensation earned after December 31, 2012 for employees who do not meet age and service requirements for grandfathering as of December 31, 2012 is not considered. Compensation received from the Severance Plan is also excluded after December 31, 2012. Compensation was frozen for all employees as of December 31, 2017 for benefit purposes.

Vested Benefit: A Participant who has completed five years of Credited Service is 100% Vested in his Accrued Benefit.

Vesting Service: Years and months of employment, with a partial month considered as a complete month. For Part-Time Employees, a year of Vesting Service is earned for each Plan Year during which the employee completes 1,000 Hours of Service.

Credited Service: Years and months of employment, with a partial month considered as a complete month. For Part-Time Employees, a year of Credited Service is earned for each Plan Year during which the employee completes 1,000 Hours of Service. Credited Service earned after December 31, 2012 for employees who do not meet age and service requirements for grandfathering as of December 31, 2012 is not considered for benefit purposes. Credited Service was frozen for all employees as of December 31, 2017.

Plan Provisions (continued)

Normal retirement date (NRD): The first of the month coincident with or next following the later of a) age 65, and b) completion of 5 years of Vesting Service.

Accrued Benefit: The sum of (1) and (2) below:

(1) The greater of (a) and (b)

- (a) 1.2% of “Past Service Compensation” up to \$31,200, plus 1.5% of the excess, times years of Credited Service as of December 31, 1997 up to a maximum of 30 years,
- (b) The Accrued Benefit as of December 31, 1997 based on the formula in effect as of January 1, 1997;

(2) 1.2% of Annual Compensation up to \$31,200 plus 1.5% of the excess, for each year of Credited Service on or after January 1, 1998.

“Past Service Compensation” equals the average of Annual Compensation over the highest three consecutive calendar years of employment out of the 10 years preceding January 1, 1998.

Benefits were frozen as of December 31, 2012 for employees who do not meet the age and service requirements of age 45 and 50 age/service points as of December 31, 2012. Benefits were frozen as of December 31, 2017 for all employees.

Eligibility for Benefits:

Normal Retirement: The first day of the month coincident with or next following a Participant’s Normal Retirement Age, coinciding with the later of a) age 65, and b) completion of 5 years of Vesting Service.

Early Retirement: The first of the month coincident with or next following the later of a) age 55, and b) completion of 10 years of Vesting Service.

Deferred Vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service.

Pre-retirement Death: A Participant who has completed 5 years of Vesting Service.

Plan Provisions (continued)

Disability: A disabled participant who began receiving benefits under the Company's Long-Term Disability Insurance Plan prior to January 1, 2013 shall continue to earn Credited Service until his Early or Normal Retirement Date, and shall be assumed to earn Compensation during this period at his last annualized base pay rate in effect before disablement. Benefits were frozen for all employees as of December 31, 2017.

Beginning January 1, 2013, Credited Service and Compensation earned for a disabled participant who began receiving benefits under the Company's Long-Term Disability Insurance Plan after December 31, 2012 are not considered for benefit purposes during his period of disablement.

Monthly Benefits Paid Upon the Following Events:

Normal Retirement: A monthly benefit equal to one-twelfth of the Participant's Accrued Benefit.

Early retirement: A monthly benefit equal to one-twelfth of the Participant's Accrued Benefit, reduced 1/15 for each of the first 5 years and 1/30 for each of the next 5 years that commencement of payment precedes Normal Retirement.

Deferred Vested: A Participant who has completed five years of Credited Service is 100% Vested in his Accrued Benefit.

Pre-Retirement survivor benefit - Married Participants: The spouse of a Participant who dies after becoming vested but prior to retirement, shall receive a benefit payable at the Participant's earliest retirement date equal to 50% of the Participant's Early Retirement Benefit as of such date adjusted for the Joint and 50% Survivor form of payment.

Pre-Retirement survivor benefit - Single Participants: The Beneficiary of a Participant who dies after becoming vested but prior to retirement, shall receive a lump sum payment equal to 50% of the vested benefit the Participant would have received. This benefit is payable upon the later of the Participant's date of death or his Early Retirement Date.

Plan Provisions (continued)

Forms of Payment:

Normal form (single participants): Life annuity

Normal form (married participants): Actuarially reduced Joint and 50% Survivor Annuity.

Optional forms:

- 1) Life annuity
- 2) 10 year Certain and Life Annuity
- 3) Joint and 50%, 75%, or 100% Survivor Annuity
- 4) Single Lump Sum payment¹.

Description of optional form conversion factors: All optional forms other than the lump sum are actuarially equivalent using the UP-84 mortality table with 8.5% interest. The lump sum optional form is calculated using the mortality table and interest rate (second month prior to BCD) under IRS Section 417(e)(3).

Maximum 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 become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

¹ Note: On September 15, 2019, Purdue Pharma filed for bankruptcy protection under Chapter 11 of the Bankruptcy Code in order to reorganize. Under law, since the Purdue Pharma Pension Plan is less than 100% funded using non-stabilized interest rates, participants cannot receive non de minimis lump sum payments while in bankruptcy protection.

The Purdue Pharma L.P. Pension Plan

EIN #06-1307484 Plan #001

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2024

| Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Par, or Maturity Value | Shares | Cost | Current Value |
|---|---|-----------|------------|-----------------------|
| Cash | | | | |
| Fidelity Management Trust Company* | Non-interest-bearing cash | 339,890 | \$ 339,890 | \$ 339,890 |
| Money market fund | | | | |
| Fidelity Management Trust Company* | Fidelity Institutional Cash US Gov't Fund | 1,425,252 | 1,425,252 | 1,425,252 |
| Common stock | | | | |
| Fidelity Management Trust Company* | iShares Gold Trust | 123,578 | 6,108,353 | 6,118,347 |
| Fidelity Management Trust Company* | iShares MSCI China ETF | 14,709 | 712,426 | 689,264 |
| Fidelity Management Trust Company* | FIAM Emerging Markets Debt Commingled Pooled Fund | | | |
| Common collective trust funds | | | | |
| Fidelity Management Trust Company* | FIAM Floating Rate High Income Commingled Pooled Fund | 83,906 | 5,285,281 | 6,186,422 |
| Fidelity Management Trust Company* | FIAM Long Corporate A or Better Pool | 152,118 | 4,111,740 | 4,128,473 |
| Fidelity Management Trust Company* | FIAM Long Duration CIT | 2,525,317 | 59,695,991 | 62,097,555 |
| Fidelity Management Trust Company* | FIAM Long Treasury Strips IDX Commingled Pool | 2,890,093 | 69,080,404 | 69,073,225 |
| Fidelity Management Trust Company* | FIAM Select Canada Equity Commingled Pool | 437,263 | 47,683,110 | 39,983,352 |
| Fidelity Management Trust Company* | Spartan 500 Index Pool A | 77,120 | 3,572,311 | 3,563,725 |
| Fidelity Management Trust Company* | Spartan Developed International Index Pool A | 240,250 | 38,983,813 | 66,306,484 |
| Fidelity Management Trust Company* | Spartan Emerging Markets Index Pool A | 63,978 | 7,578,569 | 9,523,053 |
| Fidelity Management Trust Company* | Spartan Extended Market Index Pool – Class A | 94,868 | 10,751,674 | 11,450,608 |
| Fidelity Management Trust Company* | Spartan Real Estate Index Pool – Class A | 61,072 | 9,725,850 | 10,454,232 |
| Fidelity Management Trust Company* | Spartan Small Cap Index Pool A | 48,580 | 5,765,272 | 6,007,354 |
| Fidelity Management Trust Company* | Spartan World Minimum Volatility Index Pool Class | 18,671 | 2,589,942 | 2,860,238 |
| Fidelity Management Trust Company* | | 34,219 | 3,671,719 | 3,668,951 |
| | | | | <u>\$ 303,876,425</u> |

* Indicates party in interest to the Plan.

2024 Form 5500 Schedule SB Attachments
 Schedule SB, Line 32 – Schedule of Amortization Bases
 Purdue Pharma L.P. Pension Plan
 EIN: 06-1307484 / Plan Number: 001

Schedule of Amortization Bases

| <u>Type of Base</u> | <u>Present Value of Any Remaining Installments</u> | <u>Valuation Date</u> | <u>Years Remaining</u> | <u>Amortization Installment</u> |
|---------------------|--|-----------------------|----------------------------|-------------------------------------|
| 2024 Shortfall | \$ (9,105,843) | January 1, 2024 | 15 | \$ (828,453) |
| 2023 Shortfall | \$ 61,834,287 | January 1, 2023 | 14 | \$ 5,901,636 |
| Total | \$ 52,728,444 | | | \$ 5,073,183 |