

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>DATASCOPE CORP. PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DATASCOPE CORP. MAQUET CARDIOVASCULAR CARDIAC ASSIST</u> <u>HR SHARED SERVICES</u> <u>45 BARBOUR POND DRIVE</u> <u>WAYNE, NJ 07470</u>	1c Effective date of plan <u>07/01/1975</u> 2b Employer Identification Number (EIN) <u>13-2529596</u> 2c Plan Sponsor's telephone number <u>973-709-7878</u> 2d Business code (see instructions) <u>339110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/23/2026	TRACEY LOWE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input 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	817
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)	117
	6a(2)	106
	6b	381
	6c	290
	6d	777
	6e	27
	6f	804
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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>DATASCOPE CORP. 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>DATASCOPE CORP. MAQUET CARDIOVASCULAR CARDIAC ASSIST</u>	D Employer Identification Number (EIN) <u>13-2529596</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>07</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>82189073</u>	
b Actuarial value	2b	<u>82189073</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>390</u>	<u>59376976</u>	<u>59376976</u>
b For terminated vested participants	<u>321</u>	<u>25945659</u>	<u>25945659</u>
c For active participants	<u>117</u>	<u>9312916</u>	<u>9417281</u>
d Total	<u>828</u>	<u>94635551</u>	<u>94739916</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>5.36 %</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>02/12/2026</u> Date
<u>SETH CORREIA</u> Type or print name of actuary	<u>23-08079</u> Most recent enrollment number
<u>JOHN HANCOCK</u> Firm name	<u>781-619-2000</u> Telephone number (including area code)
<u>200 BERKELEY ST BOSTON, MA 02116</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.05</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3150035
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		164432
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		3314467
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.75 %
15	Adjusted funding target attainment percentage	15	86.75 %
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	81.52 %
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		
07/10/2024	1250000	0	01/13/2026	1250000	0		
10/10/2024	1250030	0					
01/14/2025	1250000	0					
04/15/2025	1249970	0					
07/15/2025	675000	0					
10/21/2025	1250000	0					
Totals ▶			18(b)	8175000	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	7855814

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 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	12550843		1346955	
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 1346955
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 1346955
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 7855814
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 6508859
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan DATASCOPE CORP. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DATASCOPE CORP. MAQUET CARDIOVASCULAR CARDIAC ASSIST	D Employer Identification Number (EIN) 13-2529596	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK

01-0233346

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

AON HEWITT INVESTMENT CONSULTING, I

27-2436452

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>DATASCOPE CORP. 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>DATASCOPE CORP. MAQUET CARDIOVASCULAR CARDIAC ASSIST</u>	D Employer Identification Number (EIN) <u>13-2529596</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG CREDIT BOND FUND - CLASS I</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-040</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>55651901</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG GOVERNMENT BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-042</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>AON INTERMEDIATE GOVERNMENT BOND IN</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-043</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>132958</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERMEDIATE CREDIT BOND FUND -</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-038</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>300118</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON MID DURATION LONG CREDIT BOND F</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-039</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>234383</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY FUND - CLASS I</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-002</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>4221389</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX FUND - C</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-046</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>1369121</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL & MID CAP EQUITY FUND - C		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 956942
a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL EQUITY FUND - CLASS I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3452300
a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-US EQUITY FUND - CLASS I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1624121
a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-US EQUITY INDEX FUND - CLAS		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1269715
a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI-ASSET CREDIT FUND - CLASS		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1002820
a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS BOND FUND - CLA		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 261178
a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 905971
a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL REAL ESTATE FUND - CLASS		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101408
a Name of MTIA, CCT, PSA, or 103-12 IE: AON DIVERSIFYING ALTERNATIVES PORTF		
b Name of sponsor of entity listed in (a): AON INVESTMENTS USA, INC.		
c EIN-PN 98-1090818-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1229108
a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LDI FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9063842

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA UNTRA LONG TREASURY CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

c EIN-PN 88-6547562-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1659520
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a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

c EIN-PN 88-6547562-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2398052
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON 20+ YR US TREASURY STRIPS

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-036	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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 07/01/2024 and ending 06/30/2025	
A Name of plan DATASCOPE CORP. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DATASCOPE CORP. MAQUET CARDIOVASCULAR CARDIAC ASSIST	D Employer Identification Number (EIN) 13-2529596

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	472228	477388
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3175000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1846371	885825
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	76934027	84605739
(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)	2359643	1229108
(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	81612269	90373060
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	81612269	90373060

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)	8175000	
(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)		8175000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	88677	
(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)		88677
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(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)		6038069
(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)		84466
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		9208
d Total income. Add all income amounts in column (b) and enter total	2d		14395420

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5634629	
(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)		5634629
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		5634629

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8760791
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: **TORRILLO & ASSOCIATES, LLC**

(2) EIN: **83-0414789**

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		1000000
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.)		X	
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 566514.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan DATASCOPE CORP. PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 DATASCOPE CORP. MAQUET CARDIOVASCULAR CARDIAC ASSIST	D Employer Identification Number (EIN) 13-2529596	

Part I	Distributions
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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): 80-0709115

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** **2**

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

DATASCOPE CORP. PENSION PLAN

**Financial Statements
As of and for the Years Ended
June 30, 2025 and 2024
And
Supplemental Schedules
As of and for the Year Ended
June 30, 2025**

Datascope Corp. Pension Plan Index

	Page(s)
Independent Auditor's Report	1 – 3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 – 13
Supplemental Schedules:	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	S.1
Schedule H, Line 4(j) – Schedule of Reportable Transactions	S.2
<ul style="list-style-type: none">• The supplemental schedules included are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the Datascope Corp. Pension Plan

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

We have performed audits of the accompanying financial statements of the Datascope Corp. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Plan management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Plan 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 Datascope Corp. Pension 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 Plan Management for the Financial Statements

Plan 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. Plan management's election of the ERISA Section 103(a)(3)(C) audit does not affect Plan management's responsibility for the financial statements.

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

Plan 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 Datascope Corp. Pension 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 Plan management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Datascope Corp. Pension 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 certifications, 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.

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of June 30, 2025 and the supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended June 30, 2025 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 Plan 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.

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 Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

Torillo & Associates, LLC

March 19, 2026

Datascope Corp. Pension Plan
Statements of Net Assets Available for Benefits
As of June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Cash	\$ 477,388	\$ 472,228
Investments, at fair value	86,720,672	81,140,041
Receivables:		
Employer contributions receivable	<u>3,175,000</u>	<u>-</u>
Total receivables	3,175,000	-
Total assets	<u>90,373,060</u>	<u>81,612,269</u>
Net assets available for benefits	<u>\$ 90,373,060</u>	<u>\$ 81,612,269</u>

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

Datascope Corp. Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions:		
Net appreciation in fair value of investments	\$ 6,131,743	\$ 2,504,440
Interest and dividend income	88,677	78,388
Employer contributions	8,175,000	4,999,910
Total additions	<u>14,395,420</u>	<u>7,582,738</u>
Deductions:		
Benefits paid to participants	<u>5,634,629</u>	<u>5,565,522</u>
Total deductions	<u>5,634,629</u>	<u>5,565,522</u>
Net increase	8,760,791	2,017,216
Net assets available for benefits – beginning of year	<u>81,612,269</u>	<u>79,595,053</u>
Net assets available for benefits – end of year	<u><u>\$ 90,373,060</u></u>	<u><u>\$ 81,612,269</u></u>

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

Datascope Corp. Pension Plan
Notes to Financial Statements
As of and for the Years Ended June 30, 2025 and 2024

1. Description of Plan

The following brief description of the Datascope Corp. Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan sponsored by Datascope Corp. MAQUET Cardiovascular Cardiac Assist (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan was amended and restated as of July 1, 2016.

The Plan was amended effective November 1, 2006 to freeze participation in the Plan for employees with commencement or re-employment commencement dates on or after November 1, 2006. Prior to November 1, 2006, eligible employees participated in the Plan beginning on the first of the month coincident with, or the next month, following the completion of twelve months of continuous employment with the Company, 1,000 hours of service and attainment of age 18.

The Plan was amended effective January 1, 2010 to freeze accrued benefits for each participant as of December 31, 2009 and to allow no additional accrued benefits to be credited to a participant under the Plan after that date for any reason or purpose whatsoever. The participant’s frozen accrued benefits were computed as of December 31, 2009 on the basis of the participant’s credited service, average final compensation, and all other applicable terms and limits of the Plan determined as of such date.

Retirement Dates

The normal retirement date of a participant is the first day of the month coinciding with a participant’s 65th birthday or, if later, the 5th anniversary of commencement of membership in the Plan. Participants become eligible for an early retirement at reduced benefit levels after their 55th birthday with at least five years of service. Early retirement benefits are the accrued normal retirement benefit reduced by 0.5% for each month the early retirement date precedes the normal retirement date.

Vesting

Participants are entitled to 100% of their accrued benefit with the completion of five years of service. A participant is credited with a “year of service” for each Plan year in which he or she completes 1,000 hours of service.

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to the greater of (i), (ii) or (iii) below, if a participant on December 31, 1980; and the greater of (i) or (ii) for all others:

- i. 1 ½% of their final five year average annual compensation, as defined by the Plan, multiplied by credited service minus 1 ½% of primary social security benefit multiplied by credited service (to a maximum of 33 1/3 years);
- ii. a pension equal to the accrued pension as of June 30, 1994, plus the pension accrued using the formula in (i) above based on service after June 30, 1994;
- iii. the sum of (a) the benefit accrued under the Plan as of December 31, 1980 on the basis of Plan provisions as of that date plus (b) 1% of the participant’s W-2 pay (not in excess of \$15,000) earned during 1980 multiplied by credited service after 1980.

If the actuarial equivalent lump sum value of the employee’s vested accrued benefit does not exceed \$7,000 [\$5,000 prior to modification allowed by the Setting Every Community Up for Retirement Enhancement (“SECURE”) 2.0 Act of 2022], the benefit will be distributed as a single lump sum payment.

A participant’s earnings and years of service after December 31, 2009 are no longer taken into account for purposes of determining final average compensation and years of service.

Datascope Corp. Pension Plan
Notes to Financial Statements
As of and for the Years Ended June 30, 2025 and 2024

Employees will receive their pension benefit in the form of a joint and survivor (50%) annuity if married or in the form of a straight life annuity if single, unless they elect otherwise, in accordance with the Plan provisions. Optional forms of payment may also be affirmatively elected by participants, including: a single life annuity, joint and survivor (100% or 75%) annuities, or a life annuity with 120 months certain. If an employee terminates before rendering five years of service, he or she forfeits the right to receive any accumulated Plan benefits attributable to the Company's contributions.

Death and Disability Benefit

If an active employee dies with five years of service, a death benefit is paid as though the employee had retired on the date of death and had elected a 50% joint and survivor option. Active employees who have ten years of service and become totally and permanently disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled or they may defer payments until their normal retirement age, in which case benefits will be computed as though they had been employees to that date.

Funding Policy

Contributions to the Plan are funded solely by the Company and are based on actuarial computations prepared by the Plan's actuary. The Company's funding policy provides that payments to the Plan shall be equal to the minimum funding requirements of ERISA plus additional amounts which may be approved by the Company from time to time. Based upon the actuarial valuation, the minimum funding requirements of ERISA were met for both the years ended June 30, 2025 and 2024.

2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received upon sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee is responsible for the formulation and implementation of the investment and valuation policies for the assets of the Plan, and the ongoing supervision of the investment process. See Note 4 for a discussion of the Plan's fair value measurements.

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

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the

Datascope Corp. Pension Plan
Notes to Financial Statements
As of and for the Years Ended June 30, 2025 and 2024

accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through March 19, 2026, the date the financial statements were available to be issued.

3. Information Certified by a Qualified Institution

The Plan administrator having determined that it is permissible in the circumstances elected to have the audits of the Plan 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. Accordingly, as permitted under such election, the following information included in the accompanying financial statements, the ERISA-required supplemental schedule of assets (held at end of year) and the ERISA-required supplemental schedule of reportable transactions, was obtained or derived from information obtained by the Plan administrator and certified as complete and accurate by John Hancock Trust Company LLC, a qualified institution, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- Cash and investments, at fair value, as shown in the statements of net assets available for benefits as of June 30, 2025 and 2024.
- Net appreciation in fair value of investments and interest and dividend income, as shown in the statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024.
- The information for all investments listed in the schedule of assets (held at end of year) as of June 30, 2025 and the schedule of reportable transactions for the year ended June 30, 2025, as shown in the ERISA-required supplemental schedules.

4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Datascope Corp. Pension Plan
Notes to Financial Statements
As of and for the Years Ended June 30, 2025 and 2024

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2025 and 2024.

<i>Money market funds:</i>	Valued at the net asset value (“NAV”) of shares held by the Plan at year end based upon quoted market prices on nationally recognized exchanges. These funds are required to publish their daily NAV and to transact at that price. The money market funds held by the Plan are deemed to be actively traded.
<i>Common collective trusts:</i>	Common collective trusts are valued at the NAV of units held. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the common collective trust less its liabilities. This practical expedient is not used when it is determined to be probable that the common collective trust will sell the investment for an amount different than the reported NAV.
<i>Open-ended private investment company:</i>	Valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

The following table sets forth by level, within the fair value hierarchy, the Plan’s fair value measurements as of June 30, 2025:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments, at fair value:				
Money market fund	\$ 885,825	\$ 885,825	\$ -	\$ -
Common collective trusts (*)	84,605,739	-	-	-
Open-ended private investment company (*)	1,229,108	-	-	-
Total	<u>\$ 86,720,672</u>	<u>\$ 885,825</u>	<u>\$ -</u>	<u>\$ -</u>

The following table sets forth by level, within the fair value hierarchy, the Plan’s fair value measurements as of June 30, 2024:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments, at fair value:				
Money market fund	\$ 1,846,371	\$1,846,371	\$ -	\$ -
Common collective trusts (*)	76,934,027	-	-	-
Open-ended private investment company (*)	2,359,643	-	-	-
Total	<u>\$ 81,140,041</u>	<u>\$1,846,371</u>	<u>\$ -</u>	<u>\$ -</u>

(*) In accordance with fair value measurement guidance, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as investments in the statements of net assets available for benefits.

Datascope Corp. Pension Plan
Notes to Financial Statements
As of and for the Years Ended June 30, 2025 and 2024

The following tables summarize the investments measured at fair value based on net asset value (NAVs) per share as of June 30, 2025 and 2024:

<u>June 30, 2025</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>Common Collective Trusts</u>				
AON Non-US Equity Fund	\$ 1,624,121	\$ -	Daily	Daily
AON Global Equity Fund	3,452,300	-	Daily	Daily
AON Large Cap Equity Index Fund	1,369,121	-	Daily	Daily
AON Large Cap Equity Fund	4,221,389	-	Daily	Daily
AON Small and Mid-Cap Equity Fund	956,942	-	Daily	Daily
AON Non-US Equity Index Fund	1,269,715	-	Daily	Daily
AON High Yield Plus Fund	261,178	-	Daily	Daily
AON Core Real Estate Fund	905,971	-	Quarterly	105 days
AON Global Real Estate Fund	101,408	-	Daily	Daily
AON Long Credit Bond Fund	55,651,901	-	Daily	Daily
AON Mid Duration Long Credit Bond Fund	234,383	-	Daily	Daily
AON Multi-Asset Credit Fund	1,002,820	-	Monthly	10 days
AON US Intermediate Credit Bond Fund	300,118	-	Daily	Daily
AON US Int Gov Bond Index Fund	132,958	-	Daily	Daily
** AON Enhanced Liability Driven Investing Fund	9,063,842	-	Monthly	See Below
NISA Ultra Long Treasury Fund	1,659,520	-	Daily	Daily
NISA Ultra Mid Treasury Fund	2,398,052	-	Daily	Daily
<u>Open-Ended Private Investment Company</u>				
*** Aon Diversifying Alternatives Portfolio Fund	1,229,108	-	See Below	See Below

<u>June 30, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>Common Collective Trusts</u>				
AON Non-US Equity Fund	\$ 2,454,864	\$ -	Daily	Daily
AON Global Equity Fund	3,027,711	-	Daily	Daily
AON Large Cap Equity Index Fund	1,463,368	-	Daily	Daily
AON Large Cap Equity Fund	1,868,953	-	Daily	Daily
AON Small and Mid-Cap Equity Fund	1,036,440	-	Daily	Daily
AON Non-US Equity Index Fund	1,659,912	-	Daily	Daily
AON High Yield Plus Fund	331,381	-	Daily	Daily
AON Core Real Estate Fund	1,669,290	-	Quarterly	105 days
AON Global Real Estate Fund	140,354	-	Daily	Daily
AON Long Credit Bond Fund	47,645,231	-	Daily	Daily
AON Mid Duration Long Credit Bond Fund	221,831	-	Daily	Daily
AON Multi-Asset Credit Fund	1,111,746	-	Monthly	10 days
AON US Intermediate Credit Bond Fund	176,945	-	Daily	Daily
AON US Int Gov Bond Index Fund	1,180,952	-	Daily	Daily
AON US Long Gov Bond Index Fund	1,910,787	-	Daily	Daily
AON 20+ Year US Treasury Strips Fund	11,034,262	-	Daily	Daily
<u>Open-Ended Private Investment Company</u>				
*** Aon Diversifying Alternatives Portfolio Fund	2,359,643	-	See Below	See Below

***: For the AON Enhanced Liability Driven Investing Fund, partial redemptions of 10% or less have a 10-day notification requirement, and partial redemptions of 11% to 49% have a 35-day notification requirement. Full redemptions and redemptions of 50% or higher have a 95-day notification requirement.

Datascope Corp. Pension Plan
Notes to Financial Statements
As of and for the Years Ended June 30, 2025 and 2024

***: For the AON Diversifying Alternatives Portfolio Fund, partial redemptions may occur monthly, after a twelve month lock up period. Partial redemptions of 20% of its monthly shares have a 35-day notice requirement. Full redemptions may occur quarterly and have a 60-day notice requirement and are subject to a 5% holdback.

The Aon Diversifying Alternatives Portfolio Fund Ltd. investment objective is to generate long-term capital appreciation with diversification of risk through the use of a “multi-manager, multi-strategy” global investment approach.

The Plan invests in common collective trusts that invest in equity investments, fixed income investments, and real estate. The objectives of the common collective trusts invested in equity investments is to approximate the risk and return characterized by various indices; to seek long term capital appreciation; provide diversified exposure representative of various segments of the U.S. or foreign equity market; and/or to seek income. The objectives of the common collective trusts invested in fixed income is to provide investment results that approximate the overall performance of certain bond indices and/or to provide a predictable rate of return while preserving the safety of capital and minimizing market risk. The objectives of the common collective trusts invested in real estate is to achieve a high level of current income, moderate growth of capital and attractive risk adjusted returns by primarily investing in other investment funds that employ a diversified core investment strategy primarily investing in private equity real estate or by outperforming, over time, broad measures of the global real estate securities market. These common collective trusts are redeemable at net asset value under agreements with the underlying common collective trusts. However, it is possible that these redemption rights may be restricted by the common collective trusts in the future in accordance with underlying common collective trusts agreements. Due to the nature of the investments held by the common collective trusts, changes in market conditions and the economic environment may significantly impact the net asset value of the common collective trusts, and consequently, the fair value of the Plan’s interest in the common collective trusts. Furthermore, changes in the liquidity provisions of the common collective trusts may significantly impact the fair value of the Plan’s interest in the common collective trusts.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to the employees’ service rendered to the freeze date of December 31, 2009.

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

The significant actuarial assumptions used in the valuation as of July 1, 2024 are as follows:

Discount rate	4.75% per annum
Retirement Age	Varying rates up until 100% at age 65
Mortality	Pri-2012 Mortality Table with Generational Projection (MP-2021)

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.

Datascope Corp. Pension Plan
Notes to Financial Statements
As of and for the Years Ended June 30, 2025 and 2024

The actuarial present value of accumulated plan benefits at July 1, 2024 is as follows:

Vested benefits	
Participants currently receiving benefits	\$ 62,391,747
Other participants	38,786,848
	<u>101,178,595</u>
Nonvested benefits	98,470
Total actuarial present value of accumulated plan benefits	<u>\$ 101,277,065</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended July 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits at July 1, 2023	\$ 100,218,671
Increase (decrease) during the year attributable to:	
Benefits accumulated, including experience gains and losses	318,433
Interest due to decrease in the discount period	4,775,990
Benefits paid	(5,565,522)
Assumption changes	1,529,493
Net increase (decrease)	<u>1,058,394</u>
Actuarial present value of accumulated plan benefits at July 1, 2024	<u>\$ 101,277,065</u>

The significant assumption change from July 1, 2023 to July 1, 2024 includes updating the discount rate from 4.90% to 4.75%.

6. Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company, by a letter dated December 15, 2017, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to June 30, 2022.

7. Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Datascope Corp. Pension Plan
Notes to Financial Statements
As of and for the Years Ended June 30, 2025 and 2024

8. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated in a preferential order as provided under the Plan agreement and as prescribed by ERISA and its related regulations. A participant's accrued benefit at the time of Plan termination not guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") is conditioned upon the sufficiency of the Plan assets.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. One such limitation is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

9. Related Party and Party-in-Interest Transactions

During 2025 and 2024, certain Plan investments were units in short-term investment funds managed by affiliates of John Hancock Trust Company LLC, who served as trustee of the Plan. Additionally, certain Plan investments were also held in shares/units of common collective trusts and an open-ended private investment company, which were managed by the Plan's investment advisors, Aon Investments USA, Inc. ("AON"). Affiliates of John Hancock Trust Company LLC provide actuarial and recordkeeping services to the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

SUPPLEMENTAL SCHEDULES

Datascope Corp. Pension Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
As of June 30, 2025

EIN: 13-2529596 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
		Vanguard Fed Money Market Fund	\$ 885,825	\$ 885,825
*		AON Non-US Equity Fund	1,013,088	1,624,121
*		AON Global Equity Fund	1,572,732	3,452,300
*		AON Large Cap Equity Index Fund	691,475	1,369,121
*		AON Large Cap Equity Fund	2,868,772	4,221,389
*		AON Small and Mid-Cap Equity Fund	559,692	956,942
*		AON Non-US Equity Index Fund	829,594	1,269,715
*		AON High Yield Plus Fund	206,653	261,178
*		AON Core Real Estate Fund	675,030	905,971
*		AON Global Real Estate Fund	75,897	101,408
*		AON Long Credit Bond Fund	56,429,778	55,651,901
*		AON Mid Duration Long Credit Bond Fund	211,030	234,383
*		AON Multi-Asset Credit Fund	795,400	1,002,820
*		AON US Intermediate Credit Bond Fund	292,775	300,118
*		AON US Intermediate Government Bond Index Fund	126,972	132,958
*		AON Enhanced Liability Driven Investing Fund	8,700,000	9,063,842
		NISA Ultra Long Treasury Fund	1,647,512	1,659,520
		NISA Ultra Mid Treasury Fund	2,112,841	2,398,052
*		AON Diversifying Alt. Portfolio Fund	857,880	1,229,108
		Total investments	<u>\$ 80,552,946</u>	<u>\$ 86,720,672</u>

*: Party-in-interest

The information in this schedule has been derived from information certified as to its completeness and accuracy by John Hancock Trust Company LLC, a qualified institution.

Datascope Corp. Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended June 30, 2025

EIN: 13-2529596 Plan #001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of		(i) Net Gain (Loss)
					Asset on Transaction Date		
<u>Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>							
Vanguard	Fed Money Market Fund	\$ -	\$ 8,700,000	\$ 8,700,000	\$ 8,700,000	\$ -	-
Vanguard	Fed Money Market Fund	8,500,000	-	8,500,000	8,500,000	-	-
*AON	Long Credit Bond Fund	-	8,000,000	8,497,585	8,000,000	(497,585)	-
*AON	20+ Year US Treasury Strips Fund	-	7,300,000	7,530,847	7,300,000	(230,847)	-
*AON	Enhanced LDI Fund	8,700,000	-	8,700,000	8,700,000	-	-
<u>Category (iii) – A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>							
Vanguard	Fed Money Market Fund						
	48 purchases	\$ 20,137,055	\$ -	\$ 20,137,055	\$ 20,137,055	\$ -	-
	34 sales	-	21,097,601	21,097,601	21,097,601	-	-
*AON	Long Credit Bond Fund						
	8 purchases	13,050,000	-	13,050,000	13,050,000	-	-
	1 sale	-	8,000,000	8,497,585	8,000,000	(497,585)	-
*AON	20+ Year US Treasury Strips Fund						
	4 sales	-	10,919,199	11,000,000	10,919,199	(80,801)	-
*AON	Enhanced LDI Fund						
	1 purchase	8,700,000	-	8,700,000	8,700,000	-	-
NISA	Ultra Long Treasury Fund						
	2 purchases	2,900,000	-	2,900,000	2,900,000	-	-
	2 sales	-	1,200,000	1,252,488	1,200,000	(52,488)	-
NISA	Ultra Mid Treasury Fund						
	2 purchases	4,010,000	-	4,010,000	4,010,000	-	-
	3 sales	-	1,950,000	1,897,159	1,950,000	52,841	-

* Denotes party-in-interest

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

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

There were no category (ii) or (iv) reportable transactions during the year ended June 30, 2025.

The information in this schedule has been derived from information certified as to its completeness and accuracy by
John Hancock Trust Company LLC, a qualified institution.

Attachment to 2024 Form 5500
Schedule SB, line 26: schedule of active participant data

Plan name: Datascope Corp. Pension Plan

EIN: 13-2529596

Plan sponsor: Datascope Corp. Maquet Cardiovascular Cardiac Assist

PN: 001

Schedule of active participant data

	Years of credited service										
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	Total
Attained											
Age											
<25											
25-29											
30-34											
35-39		1									1
40-44		1	5								6
45-49			7								7
50-54		5	8	5	2						20
55-59		6	8	8	7	6					35
60-64		5	10	7	3	12	3	1			41
65-69		1	1	1		1					4
>70			2		1						3
Total		19	41	21	13	19	3	1			117

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: Datascope Corp. Pension Plan

EIN: 13-2529596

Plan sponsor: Datascope Corp. Maquet Cardiovascular Cardiac Assist

PN: 001

Actuarial cost method

Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

July 2024 segment rates, adjusted so each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

Asset valuation method

Plan assets for purposes of this actuarial valuation are valued at their fair market value, including, if applicable, discounted receivable contributions.

* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

** Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

Attachment to 2024 Form 5500

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: Datascope Corp. Pension Plan

EIN: 13-2529596

Plan sponsor: Datascope Corp. Maquet Cardiovascular Cardiac Assist

PN: 001

Actuarial assumptions

Actuarial assumptions

Economic Assumptions

PPA Segment Rates	Funding Target	Maximum Deductible Funding Target	PBGC Funding Target
- Segment 1: Up to Year 5	4.99%	4.99%	4.99%
- Segment 2: Years 5-20	5.29%	5.29%	5.29%
- Segment 3: Years 20+	5.59%	5.29%	5.29%
ASC 960 Discount Rate		4.75%	
Annual rates of increase:			
- Salaries		N/A	
- Future Social Security wage bases		N/A	
- Statutory limits on compensation and benefits		N/A	

Demographic Assumptions

Mortality:	
- Funding Target / PBGC	IRS 2024 Generational Mortality Table
- ASC 960	Pri-2012 Total Dataset Mortality with Scale MP-2021

Terminations:	Sample rates:		
	<u>Age</u>	<u>Male</u>	<u>Female</u>
	20	38.0%	36.0%
	25	28.0%	26.0%
	30	21.2%	18.4%
	35	18.4%	15.2%
	40	14.8%	13.2%
	45	11.4%	11.2%
	50	7.5%	8.5%
	55	5.0%	4.0%
	60	5.0%	4.0%
	64	5.0%	4.0%

Actuarial assumptions

Disability:

Sample rates:

<u>Age</u>	<u>Rate</u>
20	.04%
25	.05%
30	.05%
35	.07%
40	.10%
45	.17%
50	.29%
55	.51%
60	.80%
65	1.13%

Retirement Rates

Sample rates:

<u>Age</u>	<u>Male</u>	<u>Female</u>
55	3%	5%
56	3%	5%
57	4%	5%
58	4%	5%
59	4%	5%
60	5%	5%
61	5%	5%
62	10%	5%
63	20%	10%
64	20%	15%
65	100%	100%

Terminated participants are assumed to retire at age 65

Miscellaneous Assumptions

Form of Payment:

40% are assumed to elect a Life Annuity
 30% are assumed to elect 100% Joint & Survivor Annuity
 30% are assumed to elect 50% Joint & Survivor Annuity

Expenses:

Expenses not paid from the trust

Percent Married:

80%

Spouse's Age:

Wives assumed to be 3 years younger than husbands

Rationale for significant assumptions

Economic assumptions

- **ASC 960 discount rate:** This assumption is the year-end IAS19 discount rate selected by the plan sponsor and is based on the FTSE Pension Discount Curve.

Demographic Assumptions

- **ASC 960 mortality:** The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries and in our judgement, adequately reflects expected mortality rates as of the measurement date. The most recent improvement scale is from 2021 and does not include mortality data affected by the COVID-19 pandemic. The SOA will continue to study emerging mortality experience and assess what mortality improvement scale options might be considered to be implemented in the future. As such, we have decided not to reflect any adjustments to the most recent mortality improvement scale.
- **Termination/Disability/Retirement:** We believe that this assumption is representative of anticipated future experience. Historically this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.

Miscellaneous assumptions

- **Expenses:** No assumed expenses. Historically, the plan sponsor has not paid expenses from the trust.
- **Form of payment:** The assumption is based on plan experience. Historically this assumption has not produced significant gains or losses for the plan.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

Datascope Corp. Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended June 30, 2025

EIN: 13-2529596 Plan #001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of		(i) Net Gain (Loss)
					Asset on Transaction Date		
<u>Category (i) – Single Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>							
Vanguard	Fed Money Market Fund	\$ -	\$ 8,700,000	\$ 8,700,000	\$ 8,700,000	\$ 8,700,000	\$ -
Vanguard	Fed Money Market Fund	8,500,000	-	8,500,000	8,500,000	8,500,000	-
*AON	Long Credit Bond Fund	-	8,000,000	8,497,585	8,000,000	8,000,000	(497,585)
*AON	20+ Year US Treasury Strips Fund	-	7,300,000	7,530,847	7,300,000	7,300,000	(230,847)
*AON	Enhanced LDI Fund	8,700,000	-	8,700,000	8,700,000	8,700,000	-
<u>Category (iii) – A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>							
Vanguard	Fed Money Market Fund						
	48 purchases	\$ 20,137,055	\$ -	\$ 20,137,055	\$ 20,137,055	\$ 20,137,055	\$ -
	34 sales	-	21,097,601	21,097,601	21,097,601	21,097,601	-
*AON	Long Credit Bond Fund						
	8 purchases	13,050,000	-	13,050,000	13,050,000	13,050,000	-
	1 sale	-	8,000,000	8,497,585	8,000,000	8,000,000	(497,585)
*AON	20+ Year US Treasury Strips Fund						
	4 sales	-	10,919,199	11,000,000	10,919,199	10,919,199	(80,801)
*AON	Enhanced LDI Fund						
	1 purchase	8,700,000	-	8,700,000	8,700,000	8,700,000	-
NISA	Ultra Long Treasury Fund						
	2 purchases	2,900,000	-	2,900,000	2,900,000	2,900,000	-
	2 sales	-	1,200,000	1,252,488	1,200,000	1,200,000	(52,488)
NISA	Ultra Mid Treasury Fund						
	2 purchases	4,010,000	-	4,010,000	4,010,000	4,010,000	-
	3 sales	-	1,950,000	1,897,159	1,950,000	1,950,000	52,841

* Denotes party-in-interest

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

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

There were no category (ii) or (iv) reportable transactions during the year ended June 30, 2025.

The information in this schedule has been derived from information certified as to its completeness and accuracy by
John Hancock Trust Company LLC, a qualified institution.

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 07/01/2024 and ending 06/30/2025

▶ **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 Datascope Corp. 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 Datascope Corp. MAQUET Cardiovascular Cardiac Assist	D Employer Identification Number (EIN) 13-2529596	
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>07</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a	82,189,073	
b Actuarial value	2b	82,189,073	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	390	59,376,976	59,376,976
b For terminated vested participants	321	25,945,659	25,945,659
c For active participants	117	9,312,916	9,417,281
d Total	828	94,635,551	94,739,916
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.36%
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	2/12/2026 Date
	SETH CORREIA Type or print name of actuary	2308079 Most recent enrollment number
	JOHN HANCOCK Firm name	781-619-2000 Telephone number (including area code)
	200 Berkeley St Boston MA 02116 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: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	-----------------------	---

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

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 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	12,550,843	1,346,955
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** 1,346,955

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			1,346,955
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			7,855,814
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			6,508,859
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			0
40 Unpaid minimum required contributions for all years			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

Attachment to 2024 Form 5500

Schedule SB, line 22: description of weighted average retirement age

Plan name: Datascope Corp. Pension Plan

EIN: 13-2529596

Plan sponsor: Datascope Corp. Maquet Cardiovascular Cardiac Assist

PN: 001

Description of weighted average retirement age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
55	25.8258	0.0374	0.9651	53.0803
56	29.6790	0.0367	1.0899	61.0362
57	33.3560	0.0437	1.4583	83.1236
58	37.6102	0.0439	1.6513	95.7743
59	47.6045	0.0440	2.0924	123.4528
60	54.0228	0.0500	2.7011	162.0685
61	58.7208	0.0500	2.9360	179.0985
62	63.0793	0.0779	4.9158	304.7771
63	64.3461	0.1579	10.1574	639.9172
64	63.2910	0.1763	11.1552	713.9349
65	55.1986	1.0000	55.1986	3,587.9083
66	1.0000	1.0000	1.0000	66.0000
67	0.0000	1.0000	0.0000	0.0000
68	2.0000	1.0000	2.0000	136.0000
69	0.0000	1.0000	0.0000	0.0000
70	0.0000	1.0000	0.0000	0.0000
71	1.0000	1.0000	1.0000	71.0000
72	1.0000	1.0000	1.0000	72.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	1.0000	76.0000
Total			100.3212	6,425.1718
Average				64.05

Attachment to 2024 Form 5500
Schedule SB, Part V: summary of plan provisions

Plan name: Datascope Corp. Pension Plan
Plan sponsor: Datascope Corp. Maquet Cardiovascular Cardiac Assist

EIN: 13-2529596
PN: 001

Summary of plan provisions

Summary of plan provisions

Effective Dates:	Original Plan: July 1, 1975
Plan Entry Date:	An eligible employee will enter the plan when (s)he has been credited with one Year of at least 1,000 Hours of Service. Effective November 1, 2006, no employees may become eligible to participate in the plan.
Credited Service:	One Year of Service for each calendar year during which the Employee has completed at least 1,000 Hours of Service. The Employee's Credited Service will be reduced by 1/12 for each complete calendar month included in such Years of Service during which he or she was not an Eligible Employee. No further Credited Service will accrue after December 31, 2009.
Normal Retirement Date:	The first day of the month coinciding with or next following the date on which a participant attains age 65.
Normal Retirement Benefit:	<p>The greater of (i), (ii) and (iii) for an employee who was a participant on December 31, 1980; the greater of (i) and (ii) for all others.</p> <ul style="list-style-type: none">(i) 1.5% of Average Final Compensation multiplied by Credited Service minus 1.5% of Primary Social Security Benefit multiplied by Credited Service (to a maximum of 33-1/3 years).(ii) A pension equal to the accrued pension as of June 30, 1994 plus the pension accrued using the formula in (i) above based on Credited Service after June 30, 1994.(iii) The sum of (a) the benefit accrued under the plan as of 12/31/80 on the basis of plan provision as of that date plus (b) 1% of the participant's W-2 pay (not in excess of \$15,000) earned during 1980 multiplied by Credited Service after 1980.

Summary of plan provisions

Final Average Compensation:	Average annual compensation during highest five consecutive years in the ten years immediately preceding termination. Compensation shall not include any amounts paid after December 31, 2009.
Normal Form of Benefit:	Life Annuity for unmarried Participants, 50% Joint and Survivor Annuity for married Participants.
Early Retirement Benefit:	A participant who has attained age 55 and completed 5 years of service may retire with his accrued normal retirement benefit reduced by .5% for each month the early retirement date precedes the normal retirement date.
Pre-Retirement Death Benefit:	If a married participant with 5 or more years of service dies, his surviving spouse will receive a benefit equal to 50% of the amount which would have been payable to the Participant beginning on the day the Participant would have been first eligible to retire.
Primary Social Security Benefit:	Estimated monthly primary insurance amount payable at age 65 calculated under Social Security law in effect as of the December 31, 2009 or the date retirement or termination of employment, if earlier.
Disability Benefit:	A participant who has completed 10 years of service is entitled to a benefit equal to the unreduced accrued benefit.
Vesting:	100% vested after 5 years of service
Optional Forms of Benefit:	Life Annuity Joint and Survivor Annuity: 50%, 75%, 100% Certain and Continuous Annuity: 10 years

John Hancock Retirement Plan Services LLC provides administrative and/or recordkeeping services to sponsors or administrators of retirement plans as well as a platform of investment alternatives that is made available without regard to the individualized needs of any plan through an open-architecture platform. John Hancock Trust Company LLC provides trust and custodial services to such plans. Unless otherwise specifically stated in writing, John Hancock Retirement Plan Services LLC does not, and is not undertaking to, provide impartial investment advice or give advice in a fiduciary capacity.

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Prepared by John Hancock

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Datascope Corp. Pension Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
As of June 30, 2025

EIN: 13-2529596 Plan #001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
		Vanguard Fed Money Market Fund	\$ 885,825	\$ 885,825
*		AON Non-US Equity Fund	1,013,088	1,624,121
*		AON Global Equity Fund	1,572,732	3,452,300
*		AON Large Cap Equity Index Fund	691,475	1,369,121
*		AON Large Cap Equity Fund	2,868,772	4,221,389
*		AON Small and Mid-Cap Equity Fund	559,692	956,942
*		AON Non-US Equity Index Fund	829,594	1,269,715
*		AON High Yield Plus Fund	206,653	261,178
*		AON Core Real Estate Fund	675,030	905,971
*		AON Global Real Estate Fund	75,897	101,408
*		AON Long Credit Bond Fund	56,429,778	55,651,901
*		AON Mid Duration Long Credit Bond Fund	211,030	234,383
*		AON Multi-Asset Credit Fund	795,400	1,002,820
*		AON US Intermediate Credit Bond Fund	292,775	300,118
*		AON US Intermediate Government Bond Index Fund	126,972	132,958
*		AON Enhanced Liability Driven Investing Fund	8,700,000	9,063,842
		NISA Ultra Long Treasury Fund	1,647,512	1,659,520
		NISA Ultra Mid Treasury Fund	2,112,841	2,398,052
*		AON Diversifying Alt. Portfolio Fund	857,880	1,229,108
		Total investments	<u>\$ 80,552,946</u>	<u>\$ 86,720,672</u>

*: Party-in-interest

The information in this schedule has been derived from information certified as to its completeness and accuracy by John Hancock Trust Company LLC, a qualified institution.

Attachment to 2024 Form 5500
Schedule SB, line 32: schedule of amortization bases

Plan name: Datascope Corp. Pension Plan
Plan sponsor: Datascope Corp. Maquet Cardiovascular Cardiac Assist

EIN: 13-2529596
PN: 001

Schedule of amortization bases

Type of base	Present value of remaining installments	Valuation date	Years remaining	Amortization installment
Shortfall	(4,297,523)	7/1/2024	15	(400,059)
Shortfall	(90,860)	7/1/2023	14	(8,859)
Shortfall	14,015,158	7/1/2022	13	1,438,244
Shortfall	2,924,068	7/1/2021	12	317,629
Shortfall	0	7/1/2020	11	0
Shortfall	0	7/1/2019	10	0
Shortfall	0	7/1/2018	9	0
	Total 12,550,843			1,346,955

Attachment to 2024 Form 5500

Schedule SB, line 24/25: change in actuarial assumptions and methods

Plan name: Datascope Corp. Pension Plan

EIN: 13-2529596

Plan sponsor: Datascope Corp. Maquet Cardiovascular Cardiac Assist

PN: 001

Changes in actuarial assumptions and methods

There were no changes in assumptions and methods other than those mandated to remain in compliance with IRS standards (specifically, the interest discounting rates and generational mortality table have been updated by one year).